



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 22 NOVEMBER 2018 at 10:00 am

P R E S E N T :

Present:

- | | |
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| Councillor Clarke
(Chair) | – Deputy City Mayor, Environment, Public Health and Health Integration, Leicester City Council. |
| Lord Willy Bach | – Leicester, Leicestershire and Rutland Police and Crime Commissioner. |
| Kate Galoppi | – Head of Commissioning, Social Care and Education, Leicester City Council. |
| Harsha Kotecha | – Chair, Healthwatch Advisory Board, Leicester and Leicestershire. |
| Councillor Piara Singh
Clair | – Deputy City Mayor, Culture, Leisure, Sport and Regulatory Services, Leicester City Council. |
| Councillor Vi Dempster | – Assistant City Mayor, Adult Social Care and Wellbeing, Leicester City Council. |
| Professor Azhar Farooqi | – Co-Chair, Leicester City Clinical Commissioning Group. |
| Michael Iliffe | Director of Finance, Leicester City Clinical Commissioning Group. |
| Wendy Holt | – Better Care Fund Implementation Manger, Central NHS England, Midlands and East (Central England) |
| Councillor Danny Myers | – Assistant City Mayor, Entrepreneurial Councils Agenda, Leicester City Council. |
| Inspector Nicola Preston | – Local Policing Directorate, Leicestershire Police. |

- Councillor Sarah Russell – Deputy City Mayor, Children and Young People’s Services, Leicester City Council.
- Ruth Tennant – Director of Public Health, Leicester City Council.
- Rachna Vyas – Head of Strategic Development, University Hospitals of Leicester NHS Trust
- In attendance**
- Graham Carey – Democratic Services, Leicester City Council.

149. APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

- | | |
|---------------------|--|
| John Adler | Chief Executive, University Hospitals of Leicester NHS Trust |
| Andrew Brodie | Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service |
| Phil Coyne | Strategic Director City Development and Neighbourhoods, Leicester City Council |
| Steven Forbes | Strategic Director of Social Care and Education, Leicester City Council |
| Mark Gregory | General Manager, Leicestershire, East Midlands Ambulance Service NHS Trust |
| Roz Lindridge | Locality Director Central NHS England – Midlands & East (Central England) |
| Chief Supt Andy Lee | Head of Local Policing Directorate, Leicestershire Police |
| Sue Lock | Managing Director, Leicester City Clinical Commissioning Group |
| Dr Peter Miller | Chief Executive, Leicestershire Partnership NHS Trust |
| Dr Avi Prasad | Co-Chair, Leicester City Clinical Commissioning Group |

150. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business to be discussed at the meeting. No such declarations were received.

151. MINUTES OF THE PREVIOUS MEETING

RESOLVED:-

That the Minutes of the previous meeting of the Board held on 20 September 2018 be confirmed as a correct record.

152. DIABETES IN LEICESTER

Consideration was given to an Executive Summary report outlining the work being undertaken in Leicester to deliver initiatives to raise awareness, educate and train communities to deliver type 2 diabetes prevention and introduce lifestyle education programmes.

It was noted that diabetes was one of the most pressing health challenges of the decade. The Cities Changing Diabetes partnership has been developed as a platform for cross-disciplinary, cross sector collaboration. Leicester, with its high prevalence of diabetes and ethnic diversity, was the 1st UK member of Cities Changing Diabetes.

The Leicester Changing Diabetes programme was intended to be inclusive of a range of community stakeholders and was being delivered through a series of projects/activities/initiatives/events that were all pertinent and tailored to the needs of individual or collaborating groups of stakeholders, yet all contributing to the delivery of the overarching flag ship mission.

The diabetes delivery group considered the whole of the patient's journey in relation to diabetes from prevention, screening and early detection through to management of diabetes, education programmes and treatment of complications.

The local professional sports clubs, Leicester Changing Diabetes and Leicester City Council had formed the Strategic Alliance for Physical Activity. They had recently developed a pledge to commit to tackle diabetes across Leicester by continuing to be healthy role models for fans, supporting fans to make healthy lifestyle choices and working with key partners to provide accessible and inclusive community sessions.

RESOLVED:-

That the work and initiatives of the organisations above to tackle diabetes across the City be supported.

153. DIABETES IN LEICESTER - LEICESTER DIABETES GROUP

The Board received a presentation from Professor Azhar, Farooqi, Co-Chair Leicester City Clinical Commissioning Group on the work of the Diabetes Delivery Group.

During the presentation it was noted that:-

- Approximately 30,000 people in Leicester were diagnosed with diabetes and a further 60,000 were at risk of diabetes.
- Approximately 8.7% of the population in Leicester were either diagnosed with diabetes or were at risk of diabetes. The rate was 3 times higher in BAME communities.
- Diabetes shortened life expectancy; a person diagnosed with diabetes at age 60 years was likely to lose 4-5 years in life expectancy. A person diagnosed at 40 years old could expect to lose 7 years of life expectancy.
- Diabetes could be brought on by a wide range of factors including political and socio-economic conditions as well as medical conditions.
- The national Diabetes Prevention Programme was designed to empower patients to take control of their condition and to reduce or prevent the onset of Type 2 diabetes in individuals at risk from developing diabetes. Leicester was one of the highest referrers into this scheme. There was some initial evidence that it was having effect, especially in weight reduction.
- Newly diagnosed Type 1 diabetes patients were referred to a 5 day structured training course to learn from experiences and shared group work.
- Type 2 patients were also offered the opportunity to attend a 4 hour course designed to help people understand their condition and its effect on their body as well as make achievable changes to the food they eat in their daily life. These courses were available across the whole LLR footprint.
- The CCG had invested in a primary care diabetes enhance service education programme for healthcare workers and it was considered that it was now one of the best diabetes trained workforces in the country with some staff attained degree level qualifications in diabetes.
- This was already showing reductions in hospital admissions for patients with hyperglycaemia and diabetic ketoacidosis, reduced outpatient department referrals (50% less) and better achievement of 3 treatment target and care processes and an holistic One Stop care for patients.

- The youngest patient in Leicester diagnosed with type 2 diabetes was is 10 years old and was a reflection of obesity and lifestyles such less physical activity and junk food.
- Approximately half of GP practices (mainly the larger ones) were signed up for the enhanced diabetes service and but work was progressing to provide embed specialist nurses in smaller practices. It was hoped that by next summer all GP practices would offer enhanced services. Each practice would advise patients of the enhanced service available and arrangements would be put in place to consult with hospital staff for the patient's after care following discharge from hospital.

Members of the Board commented that:-

- Public health programmes were escalating in being embedded in schools for healthy eating programmes. 36 school had signed up last year. Schools were also engaged in keeping active and healthy programmes and positive outcomes were already being seen in some schools in relation to educational and health outcomes and behavioural changes in some instances.
- Whilst it was recognised that schools and children's centres had been engaged around healthy eating and increased activity for some years, it was somewhat surprising that there was an increase in diabetes and there was a need to understand the impact these initiatives had in relation to diabetes and moreover what more could be done to reduce diabetes in young children.
- There were good communications between ambulance staff attending patients with hyperglycaemia and notifying GPs to prevent further episodes in the future.
- There was a view that in some groups, especially the elderly, blood sugars were managed very well to maintain normal levels and this in itself could lead to instances of hypoglycaemia should levels drop for any reason. It could therefore be beneficial to maintain blood sugar levels at a slightly higher level in some instances to avoid hypoglycaemia should levels drop unexpectedly.

RESOLVED:-

That Professor Farooqi be thanked for his informative presentation and the work of the Diabetes Delivery Group be supported.

154. LEICESTER CHANGING DIABETES

The Board received a presentation from Melanie J Davies CBE on behalf of the Cities Changing Diabetes Group.

During the presentation it was noted that:-

- The Cities Changing Diabetes Programme (CCDP) aimed to address the global problem and most pressing health challenge of the decade. 425m people globally had diabetes and this was projected to reach 629m by 2045. The majority of people with diabetes lived in urban areas.
- Leicester was the 1st city to join the UK programme which was the first of its kind to create a platform partnership for cross-disciplinary and cross sector collaboration. The programme aimed to map the problem in five 'study cities', share learning experiences with many cities around the world and act as a catalyst to meaningful action which could defeat the incidence of urban diabetes.
- Leicester Changing Diabetes had been launched in May and was a true collaboration of sports organisations, faith centres and health organisations. The initiative aimed to create a new paradigm for tackling diabetes involving all the partners and their services and initiatives to reduce the incidence of diabetes in the urban environment.
- Leicester was the 1st city in the world where the four elite sports teams for football, rugby union basketball and cricket had signed up to the initiative to work together with all the other partners.
- Leicester was the only city to put up programme to look at Type 2 Diabetes in children.
- The project focused on raising awareness, educating and training communities to deliver Type 2 diabetes prevention and lifestyle education in the City through school-based offerings, healthy food environments, community-based programmes and increasing the uptake and use of local amenities and services.
- Research had shown that:-
 - There were higher number of cases of diabetes and obesity in Leicester where people lived within 500m of a fast food outlet; and
 - The prevalence of Type 2 diabetes in Leicester in neighbourhoods with a higher provision of green spaces was 5% lower than areas with the lowest green space provision.
- The work in Leicester was already receiving international recognition.

The Chair commented he was delighted the City Council was part of initiative and the benefits that have already been seen through the leverage of the partnerships with the professional sporting clubs in Leicester in promoting health and education of the issues. This work had already highlighted a deficiency of services for the elderly population and there were now walking cricket, football and basketball initiatives to promote healthier lifestyles for the elderly. He was also pleased to be attending a summit next month in Westminster.

Members of the commented that:-

- That whilst fast food outlets and lower green spaces could be mapped and matched in social economic terms it was important to not draw the wrong conclusion but recognise all factors involved as it may be that the issue was more linked to people's financial opportunity to access both the food and the lifestyle that makes a difference.
- The data around the prevalence of obesity in Year 6 and reception ages it did not follow the same pattern of socio-economic deprivation that were seen in other health models and there were specific differences within it, such as areas having lower rates of obesity, but higher rates of other health related and socio-economic issues and was any work being done to explore those differences to see what has worked in those areas and could be extrapolated to other areas.

In response it was stated that:-

- Childhood obesity was not a simple issue and was multi factorial. Type 2 diabetes was linked to social deprivation as well and it was recognised that there also some issues around awareness and safe walking areas and that exposure to fast food outlets not a simple causal effect.
- Some excellent work was taking place with schools' youth sports trust and to work with teenagers. In the younger age group there was less research results available. Measuring obesity especially within specific groups was not entirely clear, but there some ongoing projects with young children to understand what drivers and social determinants and other factors were contributing to these variants.
- A statistician and analyst had been appointed to support this research and to identify the quick wins and opportunities that could be achieved through the sports clubs and faith centres. It was recognised that these conversations had only started recently but they were already having an amplifying effect for what could be achieved in the future.
- The conversations with the sports clubs had been particularly useful to match the data with their history of working with some schools particularly where there were incidents of higher levels of obesity in schools where they were already and identifying what could be done

differently to address this.

- The sports clubs had already indicated that they were going to launch projects in the two most deprived schools and were working in collaboration with the researcher. It was felt that this would make a real difference in the future.

RESOLVED:-

That everyone involved be thanked for their participation in scheme and the initiatives and joint working to take the project forward.

155. SOCIAL VALUE CHARTER

The Board received a presentation on Social Value in Procurement from Councillor Danny Myers, Assistant City Mayor, Entrepreneurial Councils, together with a copy of the Council's Social Value Charter and Delivering Social Value for Leicester (a guide for suppliers and contractors).

During the presentation it was noted that:-

- That the Council buys £360m of services from 5,800 businesses. Over half what is bought is from suppliers in the city and county and two thirds of expenditure was spent in the city and county areas.
- The challenge was to get more out of this spending power activity and use social value to work together with partners so that every public pound spent in the city benefits the city and gets all public voluntary and business sectors in the city working together to tackle the city's problems.
- The aim of the initiative was to change a commercial activity to a commercial activity that has a civic element. Social value within procurement aimed to provide additional benefits generated by a service beyond its primary purpose.
- The aim was for social gain to be added to contracts. This was principle similar to when there is a large development, developers often contribute with a quota of affordable social housing or provide new roads and highways improvements or playgrounds and in some large schemes developers make a contribution to a new school.
- Legislation in 2012 enabled the Council to pursue approach with services and since then apprenticeships have been secured, more services have been procured more locally and this principle has been broadly applied across the supply chains.
- Although the legislation was laudable and had decent intent, it sadly

coincided with austerity and public-sector budget cuts and reductions.

- The principles of the social value charter had been translated into a guide that set out the Council's priorities and ambitions and was aimed at those providing goods and services purchased by the Council and encouraged a change in relationships so suppliers appreciated there was a civic and social element to transactions.
- The guide set out that the Council expected certain standards including applying the living wage, universally if possible, and that there were ethical environmental supply chains with none involving human slavery.
- The guide encouraged an imaginative approach so that suppliers of services could offer social value which may not necessarily be immediately linked to the service being purchased. Eg companies already had staff volunteering programmes and bulk buying arrangement that could benefit charities etc in the city. They had back office systems which could provide work experience opportunities in finance and IT for young people to improve their skills. Suppliers may also have mass transport arrangements for their workers which could be of benefit to others or they may have meeting space that could be offered to voluntary organisations to use.
- It was recognised that some supply chains were not suited to this process as services purchased from overseas such as IT etc did not allow much opportunity to interact with local economy. However, there were 1,000s of business in city that would welcome this approach.
- The Council was also working with the Police to develop the initiative. as well.
- Discussions had also started with others to share learning and expertise and forge links with partners on the board to maximise the public-sector investment in the City.
- The guide would be regularly updated and issued with every invitation to tender for services.

The Police and Crime Commissioner welcomed the joint discussions with the Police and echoed the principles supporting social value which he felt should be adopted by all public bodies. He also referred to the Leicestershire Cares Wire project which provided encouragement to the business community to employ ex-offenders. This provided had a community value that benefited all partners.

RESOLVED:-

That the presentation be noted and that the guide be commended to all other public-sector partners in Leicestershire and Leicester and they that be encouraged to secure social value from their

procurements.

156. AUTISM SELF ASSESSMENT FRAMEWORK

Consideration was given to a report from the Strategic Director Social Care and Education, Leicester City Council; outlining the process for completing the Autism Self-Assessment Framework 2018 across health and social care organisations.

It was noted that further updates were still awaited before the Self-Assessment Framework could be submitted on 10 December 2019. The feedback on the Self-Assessment Framework would be incorporated into the Strategic Delivery Plan of the Leicester, Leicestershire and Rutland (LLR) draft joint health and social care Autism Strategy (2019-2022) which was due proceed to consultation in January 2019. The delivery of the LLR Strategy would be overseen by the LLR Autism Partnership Board.

In response to a question, it was confirmed that the template for the Self-Assessment Framework had been prescribed nationally.

RESOLVED:-

- 1) That the submission of the Self-Assessment Framework be supported.
- 2) That the final version of the Self-Assessment Framework be sent to Board members for comments and that the Chair be authorised to make any final amendments as a result of any comments received before it was submitted by the deadline of 10 December 2018.

157. THE HOMELESSNESS CHARTER

Wayne Henderson, Inclusion Healthcare, addressed the Board to ask whether it wished to sign up to the Homelessness Charter and whether a formal pledge by the Board or individual Board members would be appropriate. The Board also received a copy of the Homelessness Charter and a Pledge Form.

During the presentation it was noted that:-

- Increases in levels of homelessness were being experiencing nationally.
- It was fortunate in Leicester that there were many organisations, charity groups and individuals who wished to be involved and wanted to help addressing and reducing homelessness. A number of businesses also wanted to be involved.
- It had been identified that there was a lack of awareness and

communication of what was available and being delivered to help the homeless and there were also instances of services being replicated and duplicated.

- The challenge had been to bring organisations and groups together over the last 18 months and the Charter aimed to bring people to together to work more effectively in collaboration and partnership than could be achieved by working individually and to have a shared vision, with shared leadership and expertise and encourage all partners to pledge to be active in supporting the Charter.
- The Charter had been launched jointly by Leicester Cathedral, the Police and Crime Commissioner and the City Mayor.
- There were 5 work streams within the Charter and members of the Board were urged to pledge themselves to the Charter either as a Board or individual organisations. The CCG, UHL and the LLP were asked to provide individuals to be members of the group driving the 5 work streams forward

The Director of Public Health commented that work was progressing to develop multi-issue initiatives under the umbrella of the Charter and these would be reported to future Board meetings. The City was fortunate to have a lot of resources available in the City to help the homelessness and it was important to co-ordinate resources to the best effect in reaching those most in need and providing intensive psychological support, especially the relatively small cohort that were known to the Police and health services. St Mungos had been approached to see if they were able to assist in setting up a recovery college in the City aimed at helping the homeless to get back into work.

The Police and Crime Commissioner commented that the Police and City Council met regularly to discuss street lifestyle issues. It was important for the homelessness issue to have momentum and efforts be kept going to address them.

It was also noted that the Young Peoples Council had put forward within their 7 area of work, children's access to mental health and a day of action to focus on homelessness and how promote knowledge and provide information the support that was available.

RESOLVED:-

That all partners be encouraged to pledge their individual organisations to the Charter.

158. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

159. DATES OF FUTURE MEETINGS

The Board noted that the next meeting of the Board would be held on Thursday 28 February 2019 at 5.00pm in Meeting Room G01 at City Hall unless stated otherwise on the agenda for the meeting.

The dates of meetings for the Board for 2018/19 will be determined at the Council's Annual Meeting in May 2019.

160. DIRECTOR OF PUBLIC HEALTH

The Chair reported that this would be the last meeting of Ruth Tennant as Director of Public Health before she took up her new post as Director of Public Health at Solihull Metropolitan Borough Council. The Chair paid tribute to her work and contributions to public health in Leicester with both the Board and the Council and wished her well for the future.

161. ANY OTHER URGENT BUSINESS

There were no items of Any Other Urgent Business.

162. CLOSE OF MEETING

The Chair declared the meeting closed at 11.40 am.