



CABINET - 23 NOVEMBER 2018

**ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH –
LEICESTERSHIRE’S HEALTH – THE CHALLENGE OF FRAILITY
AND MULTI-MORBIDITY**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PART A

Purpose of the Report

1. The purpose of this report is to present the Director of Public Health’s Annual Report for 2018 “Leicestershire’s Health - the Challenge of Frailty and Multi-Morbidity”, which is appended to this paper.

Recommendation

2. It is recommended that:
 - a) The recommendations contained with the Director of Public Health Annual Report 2018 be supported;
 - b) It be noted that the Annual Report will be submitted to the County Council on 5 December 2018.

Reasons for Recommendation

3. The Director of Public Health's Annual Report is a statutory independent report concerning the health of the population of Leicestershire.
4. To enable the County Council to consider the Report, which will help inform future commissioning decisions.

Timetable for Decisions (including Scrutiny)

5. The Annual Report was considered by the Health Overview and Scrutiny Committee on 7 November and its comments are set out in Part B of this report. It will be submitted to the County Council meeting on 5 December 2018.

Policy Framework and Previous Decisions

6. Last year's Annual Report gave an overview of the health of Leicestershire and an update on progress against the recommendations made in that report.

Resource Implications

7. There are no resources implications arising directly from this report. The recommendations set out in the report will inform commissioning decisions relating to the priorities for public health.

Circulation under the Local Issues Alert Procedure

8. None.

Officer to Contact

Mike Sandys
Director of Public Health
Email: mike.sandys@leics.gov.uk
Telephone: 0116 305 7913

PART B

Background

9. The Director of Public Health's (DPH) Annual Report is a statutory independent report on the health of the population of Leicestershire. It aims to improve the health and wellbeing of the people of Leicestershire by reporting publicly and independently on trends and gaps in the health and wellbeing of the population and by making recommendations for improvement to a wide range of bodies, such as NHS organisations, district councils, and the community and voluntary sector.
10. One of the roles of the Director of Public Health is to be an independent advocate for the health of their population. The Annual Reports are the main way by which Directors of Public Health make their conclusions known to the public.

Summary of the Annual Report

11. This year's report presents on the changing population of Leicestershire, the prevalence of individual and multiple health conditions (otherwise known as "multi-morbidity") in the population and data on excess winter deaths and place of death. The growing number of people living with multiple health conditions presents as bigger challenge to public services as the overall growth in the number of older people.
12. The health and care system should promote 'healthy ageing'. The recommendations in Part 3 of the Annual Report set out ways to achieve this, by:
 - a. tackling social isolation and loneliness;
 - b. promoting social prescribing;
 - c. preventing and reducing falls;
 - d. promoting physical activity throughout life and into older age;
 - e. supporting carers;
 - f. supporting the healthcare system in improving treatment of people with frailty and multi-morbidity.
13. Being socially connected to friends, family and the wider community is a key element of healthy ageing. 'Social prescribing' is a key way in which broader services can help support the frail, and those with multiple health conditions to maintain independence, for example by connecting individuals with voluntary groups in their local area. The model for social prescribing in Leicestershire, with public health services at its heart, continues to be central to the emerging integrated locality teams which are responsible for coordinating the care provided by different organisations. In addition to utilising the social prescribing model for Leicestershire to connect people with their communities, the Council's 'tackling loneliness and social isolation' project, alongside the Government Strategy for tackling loneliness, will provide further opportunities for the whole council to 'do more' on loneliness.

14. Falls are a serious health issue for older people, with around a third of all people aged 65 and over falling each year. Regular physical activity can develop and maintain strength and balance in frail patients. Public Health will continue to support the implementation of the Preventing Falls programme with an emphasis on evaluating the effectiveness of the postural stability programmes.
15. Physical activity is a key preventative element of healthy ageing – from protecting against some forms of dementia, to reducing the risk of depression, heart disease and the risk of a fall in older age. Working with partners in Leicester-Shire and Rutland Sport and district councils, Public Health will ensure that muscle strengthening activity and physical activities of older people are reflected in sport and physical activity plans.
16. Supporting the health of carers is a key element to ensuring a good outcome for the frail and those with multiple health conditions. The recently adopted Joint Carer's Strategy for Leicestershire, Leicester and Rutland sets out a broad programme of support for carers.
17. The health and care system needs to continue its redesign work so as to enable the individual to be treated as a whole, not as a series of separate illnesses or conditions. The recently produced LLR Frailty Resource Pack is a welcome step to help local health services in understanding, and responding to, frailty.
18. In response to the recommendations of the 2017 report, a new integrated lifestyle service will be in place for September 2019, with an Air Quality Action Plan shortly to be produced. Progress on the implementation of a comprehensive weight management pathway remains limited.

Comments of the Health Overview and Scrutiny Committee

19. The Committee noted that the Director of Public Health had used his 2018 report to focus on specific areas that he wished to highlight and encourage partners to work on, rather than reporting on the whole of the Public Health Department's remit. For example, the creation of an integrated weight management pathway was an area where partners such as clinical commissioning groups (CCGs) had previously been asked to assist with but further work still needed to be carried out by partners, and the Director had used his Annual Report to reiterate this point.
20. Members endorsed the Director's proposals to treat the patient as a whole rather than focusing on a specific illness or condition. The emphasis on social prescribing was welcomed. In response to a suggestion that more social activities should be available through GP Practices, the Director of Public Health explained that the philosophy was to take the patient away from GP Practices, however, more work could be carried out to develop Patient Participation Groups.

Equality and Human Rights Implications

21. Implementation of the Annual Report's recommendations would have a positive impact on health inequalities.

Partnership Working and Associated Issues

22. The recommendations within this report focus on actions across agencies that will improve the population's health. The basis of the report is improving population health in partnership with other key agencies.

Background Papers

Director of Public Health Annual Report 2017

http://www.lsr-online.org/reports/director_of_public_health_annual_reports

Joint Carers Strategy 2018 – 2021 - Recognising, Valuing and Supporting Carers In Leicester, Leicestershire and Rutland

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5184&Ver=4>

Appendix

Annual Report of the Director of Public Health 2018: "Leicestershire's Health - the Challenge of Frailty and Multi-Morbidity".

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