

**Minutes of the 123rd meeting in Public of the Belfast Local
Commissioning Group
(via Zoom)
16th June 2022**

PRESENT:

Cllr Stevie Corr (Local Government Representative) - Chair
Dr Rose McCullagh (GP representative)
Dr Ruth Gray (Dental representative)
Ms Marie Cavanagh (LCG Voluntary & Community Representative)
Mr Garth Newberry (LCG Pharmacy Representative)
Mr Peter Jackson (AHP Representative PHA)

IN ATTENDANCE:

Ms Veronica Gillen (Commissioning Lead, Belfast LCG)
Ms Laura Gillespie (Deputy Commissioning Lead, Belfast LCG)
Ms Fiona Quigg (Deputy Commissioning Lead, Belfast LCG)
Ms Bernie Mooty (Business Support Manager Belfast LCG)
Ms Linda Doherty (ICP Business Manager)
Ms Dawn Ross (HSCB Communications)
Ms Diane McIntyre (Health Improvement Manager, PHA)
Ms Caroline Lecky (Nurse Consultant PHA)
Mr Andrew Steenson (Public Health Agency)

1.0 **APOLOGIES**

Mr Paul Millar (Social Care Representative, HSCB)
Ms Roisin Doyle (Social Care Representative, HSCB)
Ms Linda Armitage (LCG Voluntary & Community Representative)

2.0 **Minutes of the Previous Meeting and Matters Arising – 24/03/22**

The minutes of the previous meeting from 24 March 2022 were agreed.

3.0 **Presentation on the Belfast Warm and Well Project - Mr Andrew Steenson, Public Health Agency Belfast Warm and Well Programme**

The Chair welcomed Mr Andrew Steenson, Health and Social Wellbeing Improvement Manager, PHA, to give a presentation on the Belfast Warm and Well Project and emphasised that there is a greater need than ever for this service particularly considering the current rise in the cost of living. Mr Steenson said the presentation will give Members an overview on the context of the project, how we have developed the work, what the intervention has achieved and the plans for winter 2022/23

and beyond. He said he appreciated the vast network that sits within the LCG group and would like to take an opportunity to put a call to action out.

Mr Steenson shared a slide illustrating how the determinants of health can have an impact on individuals and society with a focus on housing and the effect on health. He noted the Marmot Review and the research that has been carried out in terms of the health impacts on cold homes and poverty. He outlined the evidence that interventions to improve the quality and suitability of the home environment can benefit our health system.

He highlighted many of the impacts that cold homes can have on physical ill health as well as mental ill health and the specific population groups that are at an increased risk of both experiencing and being impacted by living in a cold home. He emphasised that there is a direct causal link between cold weather events and Excess Winter Deaths (EWDs) with around a third leaving in cold homes.

Mr Steenson referred to a graph illustrating the Excess Mortality in the Belfast Trust area showing 320 additional deaths, the highest since 1989, emphasizing the reason why this project is a priority for the Belfast area.

He explained the approach that has been taken with Belfast WAW in terms of the three levels of action of that need to be taken in order to address health inequalities by undoing the fundamental causes, preventing the wider environmental influences, and mitigating the individual experience and the effects.

He outlined the population health approach in terms of the wider determinants of health, people's health behaviours and lifestyles, an integrated health and care system and the places, communities we live in and with. He also talked about the evidence led approach which refers to Nice Guidance⁶ EWDs and illness and the health risks associated with cold homes.

Mr Steenson talked about data sharing and being data informed and shared two maps; the first one which takes all the risk factors associated with cold homes, condenses it into one map, and plots it out into Super Output Areas, the second map showing where the actual EWDs took place. He explained that this data is used to help inform us of where to target support services.

He outlined the key deliverables in terms of capacity building, awareness raising, citywide coordination, holistic needs assessment, urgent and non-urgent interventions and connecting with support services.

He advised that they will continue to engage with approximately 200 frontline staff on capacity building programmes. In terms of trends, he noted that in year 1, (winter 2019/20) a total of 91 referrals were received with 83 of these directly supported. By year 3 (winter 2021/22) referrals had increased to 350 with 297 households receiving direct support. He added that feedback from service providers would show demographics of referrals is shifting to younger families and that there is an increase in households presenting with mental

health issues which is exacerbated by cost of living. As we plan ahead for next winter we need to focus on how best we use the resources that we have to support those most in need.

Mr Steenson finished his presentation with a call to action, he said that real progress starts and ends with teams committed to taking one step at a time together and asked for the LCGs continued support for this programme and for the group to use their networks to communicate this message as best they can.

The Chair thanked Mr Steenson for the excellent presentation and invited members to comment. Ms Gillespie said the aim of the programme from the beginning was to engage with all community and statutory partners and ensure that we captured any good practice that was going on to support people in terms of addressing EWDs. She reiterated that it was quite stark to see some of the cases coming through the programme in terms of families and individuals that were living in fuel poverty. In terms of engagement we are trying to build a network of support for the programme so that providers can refer into it and we can refer back out so by using all these assets we can have a collective approach to tackling fuel poverty.

The Chair agreed that having a collective approach is extremely important and gave an example of a housing executive home insulation scheme that was funded 6 years ago for the Ballymurphy area in Belfast in which 33 households declined funding which was worth around £1million. This was mainly down to elderly people being afraid to open their doors. He added that there is a real skill to working together as a team with partners to achieve a common goal and sometimes we need to learn from past experiences. Mr Steenson said that is why one of the exercises in developing this programme is to look at the idea of mapping social assets and identifying the right person to make that connection to help us get to the person that is most in need of the service.

Ms Lecky referred to the demographic changes particularly in terms of older people and the reasons why many older people are not reaching out. Mr Steenson said there are many variables but pride can be one factor and it's important that we think about how we get messages across in terms of the support that is available but front line workers will be trained in this approach. He also referred to the emergency payments that were made over this winter to older people and perhaps they felt they weren't entitled to additional support.

Mr Newberry commented on the size of the budget in terms of the scale of the problem and the challenges that next winter will bring in terms of planning ahead. Mr Steenson said that he is extremely concerned about winter particularly with another increase in utility costs expected around October. They have tried to reach out to where there may be service pressures or slippages within the system but they also need to have conversations with Department for Communities colleagues around available resources to put into this service. Ultimately it will be a policy decision that will make the long term solution to this but in the meantime we have to try and support people as best we can through difficult circumstances.

Mr Jackson said that from an AHP perspective he would be happy to look into increasing the level of training for a cohort of staff that are visiting people's homes that could potentially identify those that are most vulnerable. The only challenge would be that those identified for the programme could be potentially turned away as there may not be the capacity. Mr Steenson said he would be keen to follow this up with Mr Jackson in terms of staff training.

Ms Quigg asked if the programme is available across Northern Ireland and if it could be driven by a higher level to help push it forward. Mr Steenson said that this year NEA have received funding from the Utility Regulator and has started to slowly expand beyond Belfast, particularly in rural areas. We do have to look at a way we can escalate and he would like to hear some of the MLAs talking about the connection between housing and health.

Mr Steenson agreed with Dr McCullagh's point about acknowledging that there is a group of people that are without a home. He said that this is a critical aspect but the programme is evidence led and it is the NICE guidance that determines the segmentation. We have a small resource and we need to look at how and who we work with in order to support this which can be challenging but that we are continually trying to evolve this thinking.

Ms Gillen acknowledged the point about escalating this issue and advised that the Strategic Outcomes Framework are establishing groups to look at the outcome measures and said she had nominated Mr Steenson to be a representative on the Core Health Inequalities Group given his knowledge and expertise.

Ms Cavanagh commented on the points raised on escalation and budgets and emphasised that fuel companies need to play their part in addressing fuel poverty but need to be influenced by people in higher positions. Mr Steenson agreed and said the Minister for Communities has set up a Task Force for poverty which would be a good forum to raise awareness of this programme as it sits across all departments.

The Chair added that this is the reason why it is important to align to our priorities with the Belfast Agenda and the Community Planning Partnership so that we can influence and help raise the profile of these projects.

Dr Gray thanked Mr Steenson and Ms Gillespie for the work that they have been involved in particularly in helping to address inequalities and fuel poverty and indicated that this will be an important opportunity for the ICS as it is about understanding that health is influenced by the wider determinants. She said she would be interested in how we leverage this as our new structures start to form and how to we get the funding so that it is seen as core essential work.

The Chair thanked Mr Steenson for addressing the points raised by Members on such an important topic and confirmed the LCGs continued support for this programme going forward.

4.0 **Commissioning Lead Report**

Ms Gillen advised Members that she and Cllr Corr had met with Mr John Tully and Mr Kevin Heaney from the Council on the 10th June regarding the Belfast Agenda and bringing the city wide issues into our work in establishing the AIPB. Another meeting has been arranged for the 22nd July to take this forward.

Ms Gillen also noted that she has been invited to an engagement session in the Council around the Belfast Agenda refresh and the Community and Neighbourhood Regeneration group which will be an opportunity to get an update on the review of the plans for the People in Place Strategy. There will also be an introduction to the ICS in Northern Ireland and what that will mean for Belfast as well as an opportunity to consider the best way to engage and deliver on those city wide issues within that agenda. Ms Gillen said she will provide a further update on these issues at the next LCG meeting.

Ms Gillen confirmed the new date for the LCG planning day is Thursday 18th August. Colleagues from the Department of Health have been invited to give an update to Members on the future planning model and workstreams. Community Planning and Partnership colleagues have also been invited to present at the public meeting in the afternoon.

5.0 **The Chair's Business**

The Chair advised that he had met with Ms Gillen and Ms Mooty in the morning and discussed the development of the AIPBs, the ICS and the future Planning model. He said that some meetings that were due to take place regarding the Future Planning Model have been stepped down. Ms Gillen added that is mainly due to significant work developing in the background and the appointment of a new Permanent Secretary. The Chair also noted that he and Ms Gillen had attended the Chairs and Leads meeting on the 25th May where members received an update on the Future Planning Model with the focus on the preparation in establishing the AIPBs to get them up and running.

The Chair noted that LCG meetings have been scheduled up until September but envisaged communication should go out to Members in August to confirm that LCGs will be extended at least until the end of the calendar year. He advised that Ms Mooty will schedule the LCG meetings beyond September as soon as this has been finalised.

Action: Ms Mooty to schedule meetings to end of year when finalised

6.0 **Any other Business**

None to report

7.0 **Date of next Meeting in Public**

18th August 2pm

SIGNED: _____

DATE: _____