



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 24 SEPTEMBER 2020 at 10:00 am as a Virtual meeting using Zoom

Present:

- | | |
|---------------------------------|--|
| Councillor Dempster
(Chair) | – Assistant City Mayor, Health, Leicester City Council. |
| Councillor Elly Cutkelvin | – Assistant City Mayor, Education and Housing |
| Councillor Piara Singh
Clair | Deputy City Mayor, Culture, Leisure and Sport,
Leicester City Council |
| Councillor Sarah Russell | Deputy City Mayor, Social Care and Anti-Poverty,
Leicester City Council |
| Ivan Browne | Director of Public Health, Leicester City Council |
| Martin Samuels | – Strategic Director Social Care and Education,
Leicester City Council. |
| Professor Azhar Farooqi | Co-Chair, Leicester City Clinical Commissioning
Group |
| Professor Andrew Fry | – College Director of Research, Leicester University |
| Harsha Kotecha | – Chair, Healthwatch Advisory Board, Leicester and
Leicestershire |
| Kevan Liles | – Chief Executive, Voluntary Action Leicester |
| Dr Avi Prasad | – Co-Chair, Leicester City Clinical Commissioning
Group. |
| Kevin Routledge | – Strategic Sports Alliance Group |
| Frances Shattock | – Director of Strategic Transformation, NHS England
and NHS Improvement |
| Chief Supt Adam Streets | – Head of Local Policing Directorate, Leicestershire
Police. |

Standing Invitees

- | | |
|--------------|---|
| Richard Lyne | – General Manager, Leicestershire, East Midlands
Ambulance NHS Trust |
|--------------|---|

In Attendance

- | | |
|-------------|-------------------------------------|
| Gordon King | – Director Adult Mental Health, LPT |
|-------------|-------------------------------------|

Paula Vaughan	East Leicestershire & Rutland CCG
Hayley Jackson	NHS England
Caroline Trevithick	West Leicestershire CCG
Mark Wheatley	Programme Manager Mental Health, Leicester City Council
Sarah Prema	Leicester City CCG
Simon Pizzey	Head of Strategy & Planning, UHL
Kate Huszar	Health & Wellbeing Lead Officer, Leicester City Council
Anita James	Democratic Services, Leicester City Council.

* * * * *

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Rita Patel, Angela Hillery, Andy Williams, Mandip Rai, Mark Wightman, Tracie Rees, Ruth Lake, Lord Bach and Professor Ochieng.

2. DECLARATIONS OF INTEREST

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

3. MENTAL HEALTH AND EMOTIONAL RESILIENCE ISSUES ARISING FROM COVID 19

The Chair welcomed everyone present and thanked all partners for their contributions in the supporting papers to this meeting.

Members of the Board received a presentation on Mental Health and Emotional Resilience issues arising from Covid 19.

Gordon King, Director of Adult Mental Health (LPT) and Paula Vaughan (CCG) introduced themselves and led the presentation and ensuing discussions which were focused around: what the impact of Covid had been on Mental Health of people in Leicester; how Covid driven innovations had made a difference; ensuring innovations and service improvements were working together to have maximum impact on Leicester's communities; and how to support the development of community based Mental Health services that meet the needs of neighbourhoods and people across Leicester.

It was commented that Mental Health services had never faced quite so many challenges as were now being presented in light of the Covid 19 impact and it

was noted that system partners had taken time to look at the impact of Covid 19 upon the Mental Health of people and today's purpose was to consider that and feedback further thoughts.

Attention was drawn to key points of feedback from system partners which included:

LPT

- An increased acuity in those coming forward being more poorly than before with a definite increase in numbers and demand for services and a notable increase in those who were not previously known to services.
- Covid had brought about challenges such as face to face services and to the practicalities of managing in-patients i.e. Bradgate Unit

Police

- There was some indication of a correlation between increasing numbers of missing persons and Covid

OPCC

- Noticed an increase in child sex abuse and abuse relating to internet usage

UHL

- Increase in number of people presenting to A&E with mental health issues as well as increase in people not previously known to mental health services

Universities

- Increase in last few weeks of young people returning to Leicester as students, and seeing an increase on demand for welfare and support services particularly focused on the Hardship Fund and tying in with the economic impacts of Covid

All partners also agreed that Covid has had a significant impact on all staff groups who were their greatest asset but who were also under challenge of Covid with such things as children being at home, isolation and caring for others.

On a positive point, organisations had seen a reduction in overall sickness absence amongst staff and flexible working arrangements and remote working had been positive in allowing people the flexibility to balance their lives better.

The Board discussed the impact of Covid on Mental Health in Leicester's communities which in summary included the following points:

- Raising the concept of investment funding for Mental Health and keeping communities well. System partners were in an adjacent position around funding as it was expected the wider public finances would be under pressure moving forward and there was increased uncertainty about future funding.
- Children, Young People and Parents, although the Board was more focused on adults there is a need to think about impact on children of school age and how that impacts on parents as well as looking at the perspective of new parents and their mental health as Covid had affected maternity, visiting and health services and also to consider people with learning disabilities whose situations were made worse by

added complications in the system.

- Whilst there was a solid offer in place assurances were sought that there was proper sign posting to services and there is a need to think about the robustness of services as well as access to services too.
- Loneliness was recognised as having a big effect on those isolating and their mental health.
- Digital solutions were not always best for everyone and there was raised anxiety in some people around waiting to get GP appointments or access to other health services.
- Important to acknowledge impact on BAME community that perhaps didn't recognise mental health issues in the same way as other groups in society.
- In terms of safeguarding and mental health referrals it was suggested it would be helpful to understand the number of referrals and how that was being managed in terms of access to services and the prioritisation of cases.

Gordon King, Director of Adult Mental Health (LPT) then presented an overview of local innovations to meet demand in mental health services which included progress on projects pre-Covid such as STEP up to GREAT Mental Health; Inpatient Grip and Flow and the agreed plan for reducing dormitories.

In relation to Inpatient Grip and Flow it was noted that there were a substantial number of out of area placements, and the government had set a target to reduce that to zero by March 21, the process to achieve this started in Sept 2019 and by January 2020 had been met. Despite Covid the Trust was one of a few now running at zero out of area placements which was a positive picture and had attracted National attention.

Members of the Board also commented on the redeveloping dormitories plan and were pleased to see this piece of work as patients deserved the right environment to recover in.

Key Challenges in terms of waiting times, caseloads & capacity; Care Planning & documentation and sustaining quality improvement were briefly outlined.

In terms of managing through Covid the key changes introduced were outlined as set out in the presentation slides as follows:

- Central Access point (CAP)
- Mental Health Urgent Care Hub (MHUCH) – this was very innovative and also attracting attention of National Teams for the work done
- Isolation wards and inpatient flow
- Community Rehabilitation
- Maintaining majority of community activity

Quality and infection prevention control (IPC) around workforce and patient safety was set out along with details of the recovery plan and a discussion about service integration and how innovations had made a difference to patients and partners.

The ensuing discussion also included several concerns: that there was a reservoir of mental ill health issues waiting to surface; about the effects of “loss” not just in terms of bereavement but also loss of livelihoods, jobs, business and way of life; about increase in domestic abuse and the impact of that upon mental health of victims and their families; and upon changes to delivery of teaching which raises potential for social isolation, loneliness and unreported mental health issues among the student population.

It was commented that Covid had laid bare more of the inequalities around mental health and it was important to ensure all the services and initiatives operated as a collective system delivered through partnership and transformation of the delivery of these services and to ensure people did not drop out of the system at any point.

It was recognised there was a definite demand for mental health services as well as an unknown demand for mental health services across the city. It was suggested that access to additional resources such as IAPT should be monitored and that equality data should be reviewed to understand the take up of such services by people from BAME communities.

Discussion continued around “meeting the new need” and integrating offers between partners, recognising a need for a broader community early support kind of approach and building on a strength’s based approach with services reaching out to people to support them.

The role of Neighbourhoods and Primary Care Networks was noted and in relation to supporting the development of community based mental health services it was suggested there was a need for a more preventative focus within the community based offer as well as more focus on joined up collaborative partnership working including consultation with voluntary sector and community engagement. The importance of listening and engaging service users, their families and the voluntary sector was noted, as well as ensuring people were being referred to the right services that could help them with the issues that were impacting their mental health such as their poverty.

In terms of financial resource for services, it was recognised that money was an issue with uncertainty about future funding and it would require strategic thinking of what the priorities in the system are and where resources could be reallocated to keep that service flowing.

It was acknowledged that the Board had a central role in constructing and guiding strategy for services and since Covid there had been much more discussion between all partners looking at this as a system with shared objectives and how it should be shaped as well as support work in terms of bringing this down to neighbourhoods.

There was a brief discussion around the issue of PLACE and the importance of configuration noting there was a risk around a single definition of PLACE and recognising the need to be flexible, with services shaped around the needs of

people across the city rather than services structures.

In terms of strategy it was agreed it would be helpful for organisations to share their strategy on what mental health should look like across the city but being mindful of other partners work with other large organisations that impact upon peoples mental health e.g. the Court Service; or the DWP.

It was noted that the Council had a Health and Wellbeing Strategy which included strands for PLACE and mental health, and this would be an opportune time to review that to ensure it was still fit for purpose and together with feedback from the Health & Wellbeing survey those should be used as tools to help inform the Board what they do.

ACTION: Officers to review and revisit key targets in the Health & Wellbeing Strategy

4. FUTURE ITEMS OF BUSINESS AND DATES OF FUTURE MEETINGS

The Chair commented that this had been a very useful meeting focused purely on mental health issues and the conversation about mental health would be continued at the next meeting.

Board members suggested items for inclusion at future meetings as follows:

- Focus and review of “strategy” at the next meeting.
- Explore Primary Care Networks in more detail.
- Consider the effects of Covid and mental health impacts/needs of new parents, parents of school age children, people with learning difficulties and carers.
- Consider long term plans for Ageing Well and supporting people living with frailty.
- Consider the digital divide to those accessing services.
- A discussion on PLACE.
- Return to Health Inequalities e.g. diverse effects of culture and society on mental health.

The Chair concluded the series of issues to be picked up at the next and future meetings and hoped that those would be reflected in the reviewed strategy.

The Chair thanked everyone for their contributions to today’s meeting.

The Board noted that future meetings of the Board would be held on dates to be scheduled.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

None received.

6. ANY OTHER URGENT BUSINESS

None.

There being no further business the meeting closed at 11.58am.

