



Leicester  
City Council

Minutes of the Meeting of the  
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 19 NOVEMBER 2020 at 10:30 am as a virtual meeting using Zoom

**Present:**

- |                                 |   |   |
|---------------------------------|---|---|
| Councillor Dempster<br>(Chair)  | – | Assistant City Mayor, Health, Leicester City Council.                       |
| Ivan Browne                     | – | Director of Public Health, Leicester City Council.                          |
| Councillor Elly Cutkelvin       | – | Assistant City Mayor, Education and Housing                                 |
| Martin Samuels                  | – | Strategic Director Social Care and Education,<br>Leicester City Council.    |
| Professor Andrew Fry            | – | College Director of Research, Leicester University                          |
| Kevan Liles                     | – | Chief Executive, Voluntary Action Leicester                                 |
| Professor Bertha<br>Ochieng     | – | Integrated Health and Social Care, De Montfort<br>University                |
| Dr Avi Prasad                   | – | Co-Chair, Leicester City Clinical Commissioning<br>Group.                   |
| Kevin Routledge                 | – | Strategic Sports Alliance Group   |
| Councillor Piara Singh<br>Clair | – | Deputy City Mayor, Culture, Leisure and Sport,<br>Leicester City Council.   |
| Chief Supt Adam Streets         | – | Head of Local Policing Directorate, Leicestershire<br>Police.               |
| Councillor Sarah Russell        | – | Deputy City Mayor, Social Care and Anti-Poverty,<br>Leicester City Council. |
| Councillor Rita Patel           |   | Assistant City Mayor, Equalities and Special                                |

Andy Williams	Projects Chief Executive, LLR Clinical Commissioning Groups
Mark Wightman	Director Marketing & Communications, university Hospitals of Leicester NHS Trust
Simon Fogell	Healthwatch Advisory Board
Lord William Bach	Leicester, Leicestershire & Rutland Police and Crime Commissioner
<b><u>In Attendance</u></b>	
Christine Jarvis	ADHD Solutions
Paula Vaughan	East Leicestershire and Rutland CCG
Caroline Trevithick	West Leicestershire CCG
Sarah Prema	Leicester City CCG
Mark Wheatley	Programme Manager Mental Health, Leicester City Council
Kate Huszar	Health & Wellbeing Lead Officer, Leicester City Council
Anita James	Democratic Services, Leicester City Council. * * * * *

## **7. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Angela Hillery, Mandip Rai, Rebecca Brown, Harsha Kotecha and Azhar Farooqi.

## **8. 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.

## **9. MINUTES OF THE PREVIOUS MEETING**

RESOLVED:

The Minutes of the previous meeting of the Board held on 24<sup>th</sup> September 2020 be confirmed as a correct record.

## **10. CHILDREN'S SAFEGUARDING REPORT**

Members of the Board received the Children's Safeguarding Annual report.

The Chair advised Members of the Board the routes of scrutiny that the report had undertaken and, on that basis, invited Members of the Board to note the contents.

Councillor Russell commented that the report had not yet been taken to the Corporate Parenting Forum, but it would be presented at their next meeting for discussion. Thanks, were extended to health partners for their engagement and involvement with Corporate Parenting over the past year.

RESOLVED:

That the contents of the Children's Safeguarding Annual report be noted.

## **11. PROGRESS AGAINST ACTIONS OF PREVIOUS MEETING**

The Chair thanked Paula Vaughan for taking forward some of the actions of the previous meeting and invited her to give a verbal update on progress.

Paula Vaughan reminded Members of the Board that the last meeting had focused on the Mental Health needs across the City with a real collaborative discussion. Following that meeting Gordon King and Paula Vaughan had taken the conversation back to their "All Ages Design Group" and had begun some key pieces of work to take matters forward.

Paula talked through several workstreams that had begun and agreed to share a workstream document with Members of the Board. Paula advised that there was other work exploring the stigma around Mental Health with links from that to other projects such as suicide prevention plans.

The Chair thanked Paula for the update and noted this was incredibly important work being done and she was particularly interested in the LPT work and work with voluntary sector.

## **12. MENTAL HEALTH FRIENDLY CITY**

Paula Vaughan, Leicester CCG introduced the concept for a Mental Health Friendly City explaining how as a city and collaborative they want to change stigma around Mental Health which links into discussions around health inequalities work too. The aim was to do something similar to what had been done with Investors in People or Dementia Friendly practices by bringing in other organisations and businesses across the City to consider their roles within the community and engaging the conversation, to make getting help for Mental Health easier and safer.

It was noted that the concept for a Mental Health Friendly City was very much in its infancy however it was intended to develop a set of standards across mental health organisations and partners so that people had a place to go for a safe conversation and either access to services or to be signposted to services that could help them..

Members of the Board discussed the concept and it was suggested to make Mental Health “practitioners” within organisations prominent at entrances/receptions for example when visiting schools there was always a list of people and pictures of who the safeguarding links were.

The Chair summarised this was another step in achieving equity of mental health and resources.

RESOLVED:

That an update on “Mental Health Friendly City” be brought to a further Board meeting by end March 2021.

### **13. ADHD PRESENTATION**

The Chair welcomed Christine Jarvis from ADHD Solutions CIC to the meeting to talk about ADHD, then briefly introduced this item to the Board, explaining this was a particularly close subject matter for her as her son had been diagnosed with ADHD 26 years ago.

Members of the Board received a presentation giving an insight into what ADHD was, how it impacted upon children, young people, adults and their families.

Christine Jarvis from ADHD Solutions CIC set out the context of ADHD in Leicester City and provided details of service provision around ADHD, together with impacts on families and individuals, outcomes and the challenges faced by people with ADHD.

It was noted that:

- 2-5% of school children had ADHD, equal to between 1,100 and 2,800 children in Leicester City. ADHD in the adult population was between 3-4% with the majority of those being undiagnosed, equal to 8,000 to 11,000
- ADHD is a complex neurodevelopmental disorder and was recognised as a disability under DDA, the exact cause was not fully understood although a combination of factors were thought to be responsible, with certain groups thought to be more at risk e.g. premature births especially those born before 37 weeks.
- ADHD was not just about Hyperactivity, that was a stereotype perpetuated by media. ADHD is a disorder of executive function which makes life very difficult for the individual and has a complex range of affects.
- Of the positive aspects, people with ADHD were often incredibly creative and were known for thinking outside the box, they were very keen to be involved although this could be seen as “just interrupting” and so their talents needed to be harnessed in the right way.
- There was an intergenerational predisposition to ADHD which could make the situation more difficult. Knowledge awareness and understanding across schools, workplaces and among various

professionals was therefore important.

Members discussed the levels of access to support and services for those with or affected by ADHD and the ensuing discussion included comments as follows:

- families affected by ADHD are at much higher risk of family breakdown, domestic violence, social and emotional difficulties including self-harm/suicidal ideation, experiencing poorer mental health, greater parenting related stress, lower parenting self-esteem, and have greater alcohol consumption.
- earlier diagnosis was better for outcomes; however, a diagnosis shouldn't take place before the age of 5 as it was difficult to differentiate between stages of life or ADHD, most diagnosis occurred around 7 years old. In terms of identifying the issue there was a joint responsibility among professionals, i.e. teachers, GP's and other services as ADHD was diagnosed in more than one setting. Parents should also be listened to as they know when children do things differently e.g. compared to siblings.
- it was noted that approximately 25% of the prison population has ADHD, either diagnosed or undiagnosed, and came out of prison without it being addressed. General knowledge and widespread understanding within the police force weren't there. Lord Bach, the Police and Crime Commissioner agreed to discuss the topic with the Chief Constable of Leicestershire, with a view to taking forward any opportunities to raise awareness/workshops with the police.
- Concerns were raised for those with ADHD in current climate of Covid especially children and young people in education regarding the difficulties of engaging, interacting in bubbles and learning online. It was recognised that the socio/emotional health agenda within schools and pastoral care needed to support children through their education and raising the profile of Mental Health in schools and improving teachers awareness had begun but that needed to incorporate more such as ADHD so that interventions were carried out in a more meaningful way.
- It was noted that the reconfiguration of UHL Hospitals included plans to build an independent Children's Hospital, there were various things that could be done to make buildings more ADHD friendly and Christine Jarvis agreed to liaise on that outside this meeting.
- It was clarified that in terms of diagnosing, there was no "blood" or simple medical tests that determined ADHD however professionals did use the QB Test which is a diagnostic screening tool that measures core symptoms associated with ADHD to aid assessment of ADHD, the QB test uses age and gender matched comparisons to assess someone's ability to concentrate, their movement and impulsivity.

Members of the Board were surprised at the low level of funding around ADHD and the difficult funding position the ADHD Solutions team were in. It was noted that ADHD Solutions received about £30k from the Local Authority as part of the Troubled Families programme, however the team referred on average 200 children through that. An amount of funding was also received from Children in Need, but the rest of ADHD Solutions funds had to be raised through Traded

Services and in the current climate of Covid the organisation was at great risk of not surviving. There was a brief discussion on other potential sources of funding and grant schemes that could be applied to including a grant scheme through the Office of the Police and Crime Commissioner.

In summary of the discussion, the Chair commented that a lot had been said about children however, there was a plea to recognise the adults with ADHD, adults that haven't been diagnosed and for the parents and families of those people too as the figures around family breakdown were a cause for concern.

The Chair thanked Christine Jarvis and officers for their informative presentation.

**ACTION:**

All Board members to take this conversation back to their organisations, to discuss and raise awareness of ADHD and ask the questions whether people in their organisations know about and understand ADHD, whether there was discrimination against ADHD and was that being challenged.

**14. HEALTH INEQUALITIES**

Members of the Board received a short presentation around Health Inequalities for the purpose of introducing the topic ahead of the next board meeting which will have a focus specifically on Health Inequalities.

During discussion it was noted that rather than the emphasis being on just looking at data and statistics such as maps of deprivation across the city, the time was right to think about change, to challenge and deal with the differences which are avoidable, unfair and unjust as well as a continuation of the work being done around Mental Health. The Covid pandemic had brought about significant positive changes to the way things are being done such as collective resources but has also highlighted the serious issue of health inequalities.

Members of the Board supported the need to address health inequalities, recognising it would be a significant piece of work to address inequity and deprivation and it was suggested there was a need to reframe the approaches currently taken to look at health of individuals as an asset.

Members of the Board agreed that at a local level the Health and Wellbeing Board were in a position, to take a holistic view and be a driving force that could focus all of the organisations to take this forward.

The Chair thanked everyone for their support of the topic. which would be focused on in more detail at the next meeting.

**15. ANY OTHER URGENT BUSINESS**

None.

## **16. DATES OF FUTURE MEETINGS**

The Board noted that the next meeting of the Board would be held on Thursday 28<sup>th</sup> January 2021 at 10.30am.

The meeting would continue to be a virtual meeting using Zoom until such time as restrictions around convening physical meetings due to the Covid Pandemic were lifted.

There being no further business the meeting closed at 12.16pm.