

Draft Public Minutes of the Council of Governors' Meeting held in public on Thursday 16 January 2020 from 5pm – 7pm at UNISON Centre, Ground Floor, 130 Euston Road, London NW1 2AY

PRESENT:	Marie Gabriel	Trust Chair
Governors:	Dawn Allen	Public Governor, Bedford Borough
	Roshan Ansari	Public Governor, Tower Hamlets
	John Bennett	Public Governor, Tower Hamlets
	Shirley Biro	Public Governor, Newham
	Robin Bonner	Staff Governor
	Steven Codling	Public Governor, Central Bedfordshire
	Katherine Corbett	Staff Governor
	Terry Cowley	Public Governor, Tower Hamlets
	Joseph Croft	Staff Governor
	Caroline Diehl	Public Governor, Hackney
	Tee Fabikun	Public Governor, Newham
	Susan Fajana-Thomas	Appointed Governor, Hackney
	Obayedul (Arif) Hoque	Public Governor, Tower Hamlets
	Zara Hosany	Staff Governor
	Susan Masters	Appointed Governor, Newham
	Julian Mockridge	Staff Governor
	Beverley Morris	Public Governor, Hackney
	Sheila O'Connell	Staff Governor
	Caroline Ogunsola	Staff Governor
	Jummy Otaiku	Public Governor, Hackney
	Jamu Patel	Public Governor, Luton
	Mary Phillips	Staff Governor
	Larry Smith	Public Governor, Central Bedfordshire
	Suzana Stefanic	Public Governor, Central Bedfordshire
	Felicity Stocker	Public Governor, Bedford Borough
	Mark Underwood	Public Governor, Central Bedfordshire
	Ernell Watson	Public Governor, Newham
	Jim Weir	Appointed Governor, Bedford Borough
	Aidan White	Public Governor, Newham
	Keith Williams	Public Governor, Luton
	Paula Williams	Public Governor, Luton
	Neil Wilson	Appointed Governor, Education

IN ATTENDANCE:

Staff:	Aamir Ahmad	Non-Executive Director
	Mary Elford	Vice-Chair
	Dr Navina Evans	Chief Executive
	Richard Fradgley	Director of Integrated Care
	Dr Paul Gilluley	Chief Medical Officer
	Jenny Kay	Senior Independent Director
	Norbert Lieckfeldt	Corporate Governance Manager (Minutes)
	Cathy Lilley	Associate Director of Corporate Governance
	Meena Patel	Membership Officer

Lorraine Sunduza
Eileen Taylor

Chief Nurse
Non-Executive Director

APOLOGIES:

Rehana Ameer	Appointed Governor, City of London
Carol Ann Leatherby	Public Governor, Newham
Phillip Ross	Public Governor, Tower Hamlets
Brian Spurr	Appointed Governor, Central Bedfordshire
Daniel Victorio	Public Governor, Hackney

ABSENT:

Victoria Aidoo-Annan	Staff Governor
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1 Welcome and Apologies for Absence

- 1.1 Marie Gabriel opened the meeting at 5:00 pm.
- 1.2 Marie thanked the Governors for their warm wishes on her recent appointment. She stressed this was not her final meeting chairing the Council.
- 1.3 Marie declared an interest following her recent appointment as Chair designate of the NE London STP.
- 1.4 Apologies were **noted** as above.

2 Minutes of the Previous Meeting held on 14th November 2019

- 2.1 Marie Gabriel explained that standard procedure is for Governors, wherever possible, to notify in advance any queries, comments or corrections for the minutes. However, Governors are entitled to raise any issues at the meeting.
- 2.2 One comment had been received – Dawn Allen in the register in both sets of minutes should be “Public Governor, Bedford Borough”, not Central Bedfordshire.
- 2.3 Subject to this correction, the Minutes were **AGREED** as accurate records.

3 Action Log and Matters Arising from the Minutes

Action Log

- 3.1 Action #129 – the Audit of the Council’s Quality Indicator (Patient Safety) is to be completed in January and will be reported to the Council at the March meeting.
- 3.2 Action #142 – Themes from ELFT’s work on Respect and Dignity at work to be reported at the May 2020 meeting with the strategic theme on Staff Wellbeing.
- 3.3 Action #146 – One seat on the Nominations and Conduct Committee has been filled inside the previous deadline; as the Deputy Chair is ex officio member of the Nominations and Conduct Committee it was agreed to

postpone filling the vacancy until the result of the Deputy Chair elections are known.

3.2 There were no further comments on the Action Log.

Matters Arising

3.3 Marie highlighted that Dawn Allen has volunteered to serve on the Significant Business Committee since the previous meeting and that all vacancies on that Committee had now been filled.

3.4 There were no further matters arising.

4 Strategic Discussion: Transition and Discharge

4.1 Paul Gilluley stated the Board are seeking the Council's views about "what matters to them" about discharge and transition.

4.2 Paul outlined the various scenarios for transitions and discharges (Mental Health (MH) Ward to Community Mental Health teams (CMHT), Acute Hospital to Community Health, Secondary MH to Primary MH care etc). For the sake of today's discussion, complete discharge out of care was excluded. Paul defined the difference between transition and discharge.

4.3 Governors were asked, in a table discussion, to consider the following three questions:

(a) What are the five main things that make a good discharge?

(b) What are the five most common things that cause problems with discharge?

(c) What are the five main things that will make a difference in how we provide for discharge?

4.4 The outcome of the table discussions is summarised in Appendix 1.

4.5 Marie Gabriel summarised the feedback:

- There is a real need for improved communication between providers and service users, and for timely communication between internal and external services
- Good discharge/transition needs ongoing consultation and agreement with the service user
- Practitioners need to be given the tools to do their job well (e.g. when it comes to ordering necessary equipment)
- A discharge coordinator may simplify the process and serve as a first contact in crisis post-discharge
- Preparations for discharge need to begin on admission
- Follow up on promises – "If we say we are going to do it, then we must do it" for issues such as time of discharge, having their medication ready etc.
- The Trust will respond to the feedback from the Governors in a report at the September Council Meeting.

- 4.6 In response to a query, it was agreed the September update would also address discharge from CMHT i.e. discharge out of any Trust service.

5 Strategic Update

- 5.1 Richard Fradgley presented the Trust's response to the Annual Plan Meetings 2019 and the Strategic Activity and Planning Update.

- 5.2 In his presentation, Richard highlighted:

- The Trust is focusing increasing resources on supporting service users at home and in the community.
- Increased funding for Children and Adolescents Mental Health Services (CAMHS) translates into increased availability of services. There is additional work in schools (early intervention) as well as a specific project on reducing self-harm in Bedfordshire and Luton.
- City & Hackney has seen the greatest share in England of MH service users who have undergone a physical health check.
- There is significant new funding in delivering 24/7 crisis services.
- In response to a query about evaluation, Richard said the school mental health service in Tower Hamlets (TH) was a national trailblazer – he will share their evaluation with Governors separately (**ACTION:** Share evaluation of TH School Mental Health Service). The Self-Harm project in Luton and Bedfordshire is a QI Project and as such its change ideas are under constant evaluation.
- In response to a query the Council noted that the Trust is providing GP services for homeless people in the three East London Boroughs. The Trust is starting to wrap other services it provides around the primary care services delivered in those practices, e.g. there are now adult mental health services provided from the Health E1 practice.

In discussion the Council noted:

- In respect to physical health checks for people for Mental Health service users, special funding for Healthcare Assistants in City & Hackney has enabled them to deliver these checks flexibly, where necessary outside GP practices. This is one of the reasons why City & Hackney have been so successful in terms of reach.
- While ELFT does not provide community health or primary care services in Luton, the Trust nevertheless is talking to Luton Commissioners to see how we can support their homelessness strategy.
- The ongoing work to address co-morbidity – what happens after the physical health checks identify problems where e.g. the drug regime may conflict with their MH drug regime. Richard cited discussions with the psychiatric lead for Community Health Bedfordshire as an example of working closely with Community Health to address these needs.
- The ongoing role development for social prescribers and community connectors. The precise nature of these new roles and how they interact will be developed as part of the CMHT Redesign pilot in East London.
- Received assurance that work on these priorities will not stop once new priorities may be identified in this year's round of Annual Plan meetings.

Marie Gabriel stressed the Council's strong interest in the roles of social prescribers/community connectors and how these will be used to further the Trust's strategic aim of population health.

5.3 Strategic Update

- Richard highlighted the New Models of Care (NMC); ELFT is the Lead Provider for CAMHS in NE London, and a partner provider for CAMHS, Forensic and Eating Disorder Services in the East of England region.
- The Significant Business Committee will look at New Models of Care at its next meeting on 20 January 2020 and report back to the Council.
- The update on new health care delivery systems is crucial to the Council's understanding of the Trust's strategic direction. It was agreed to defer this for a deeper discussion at a future meeting. **ACTION: Richard Fradgley**

5.4 The Council **RECEIVED** and **NOTED** the report.

6.0 Election of the Deputy Chair (Lead Governor) of the Council

6.1 Marie Gabriel outlined the process for the appointment of the Deputy Chair as detailed in the report.

6.2 Both candidates (Zara Hosany and Keith Williams) addressed the Council and responded to questions.

6.3 The Council was reminded that the deadline for receipt of completed ballot papers is 30 January 2020, with the count taking place on 31 January 2020.

7 Governor Impact Report

7.1 The Council **RECEIVED** and **NOTED** the report.

8 Communications and Engagement Committee Report

8.1 Marie Gabriel congratulated Jamu Patel and Felicity Stocker on their election as Chair and Vice-Chair respectively of the Communications and Engagement Committee.

8.2 Caroline Diehl highlighted it was not clear at first glance from the report who had attended the meeting **ACTION: Review the way Committee attendance is reported.**

8.3 The Council **RECEIVED** and **NOTED** the report.

9 Council of Governors Forward Plan/Attendance Lists

9.1 Marie Gabriel highlighted that Appointed Governor Rachel Hopkins (Luton) was standing down as of 13 December 2019 due to having been elected as MP for Luton South. The Council noted its congratulations on Rachel's election.

9.2 The Council noted that Appointed Governor Denise Jones (Tower Hamlets) had been appointed to the Local Authority's Health Scrutiny Committee which made her ineligible to continue serving on the ELFT Council.

9.3 The Governors and Members Office will approach both Councils to seek nominations of a successor. **ACTION: Norbert Lieckfeldt**

9.4 The Council **RECEIVED** and **NOTED** the report.

10 Any other urgent business/Questions from the public

10.1 Terry Cowley expressed his congratulations to Edwin Ndlovu on his appointment as Director of Operations and his appreciation for Edwin's work as Borough Director in Tower Hamlets.

11 Date and Time of the Next Meeting

11.1 12 March 2020, 5pm to 7pm
Unison Centre, 130 Euston Road, London NW1 2AY

The public meeting closed at 6.45pm.

Council of Governor Meeting 16 January 2020

Appendix 1 Group Work Strategic Discussion: Getting Discharge Right

Group 1

5 main things that make a good discharge/transition

- Case meetings and share notes between services preparation – two teams meeting with carers and service user
- Tick list system before discharge to make sure all bases covered with responsible

5 things that commonly go wrong

- Services not taking responsibility
- Service users do not get to see handover notes
- Elderly patient sent home in a mini cab
- Lack of preparation for coming home –e.g. continency pads ; district nurse; insulin; electricity.
- Lack of information being shared
- Lack of continuity between teams

5 main things that can improve discharge

- Exchange of information between services
- Discharge should start on admission and include non-medical questions (who is at home? etc)– especially for people who are homeless or in insecure accommodation
- A single co-ordinator to ensure all services are in place (medication, food utilities etc) and visit to re-assure service user.
- Identify informal carers who can assist to support
- Ensure placement into inappropriate accommodation when discharged (not temporary accommodation on the day).

Group 2

5 main things that make a good discharge/transition

- What the Service User can expect
- What do they want and how can we make it happen?
- Equipment/Already in place
- Dignity/Respect – Planned discharge
- Communications – Relatives/Carers informed
- Services – Gas, electric. Has the person got Gas, Electricity, has the person got food?

5 common things that are commonly go wrong

- Inappropriate Times for discharge – Maybe not medically fit for discharge
- Somewhere to return to
- Medication available in time for discharge – the correct ones
- Lack of care package
- Poor engagement with all involved in the discharge

5 main things that can improve discharge

- Ensure transition of Services is done in supportive forward-thinking way – Collaborative work – between Services e.g. CAMHS – Adult
- Better engagement with relatives and carers
- Start planning for discharge as soon as patient is admitted
- Risk Assessment
- Early collaborative of all services involved in patient care
- Decide a key person to act as lead for transitioning and or discharge

Group 3

5 main things that make a good discharge/transition

- Assessment

- Customer Satisfaction – underpinned by good care plan
- Communication
- Communicate with carers and family
- Follow up appointments
- Discharge Meetings
- Timeliness

5 things that commonly go wrong

- Lack of communication
- Poor Admin – Discharge plans
- Lack of staff

5 main things that can improve discharge

- Staff Planning
- Discharge Planning
- Encourage communication
- Clear Strategy
- Patient Focused
- Continuity

Group 4

5 main things that make a good discharge/transition

- Service user has been in service for the right amount of time
- Received adequate treatment
- In a stable condition to go home and be discharged
- Consultation and agreement with service user
- Homely accommodation available – adequate for service user needs
- Accommodation in suitable condition
- Good communication between services
- Good follow up care
- Efficient and transparent process (administratively)

5 common things that are commonly go wrong

- Not Consulting with Carers at home e.g. sudden discharge
- Care co-ordination, particularly without of area services
- Lack of clarity while service user is an inpatient who has responsibility for arranging some of post discharge care
- Can be little contact between community and inpatient
- Lack of a clear pathway
- Poor accommodation/ lack of accommodation likely to delay discharge – impact on service users and expense

5 main things that can improve discharge

- Improving communication by joint working with services

Group 5

5 main things that make a good discharge/transition

- Transfer of information between services
- Reassurance about housing and welfare benefits, environments
- Crisis Plan
- What happens if something goes wrong
- Good accessible, understood and accurate communication between service and family/individual and professionals
- Knowing about after care
- Prescription needs
- Consistency of aftercare, deliver what is promised

5 things that commonly go wrong

- Lack of information and communication between different agencies e.g. ELFT AND LA
- Changes in staff lead to inconsistency telling your story again
- Environment and adaptations not ready
- Families not knowing who should be doing what
- Inverse care law – people don't know what is available or articulation

5 main things that can improve discharge

- Professional being multi-skilled e.g. Buurtzorg model
- Support for families – practical things like grab rails, plus mental health
- Discharge checklist
- Making sure we pass on right information to next organisation
- Single point of Discharge
- Like single point of access
- Working more closely with LA Staff e.g. district nursing and home care workers

Group 6

5 main things that make a good discharge/transition

- Consistency of contacts in transition
- Preparation from start to identification of home or care situation
- Integration of services (everything a service user might need, with strong information)
- Clarity
- Timeliness
- Contact between patient, clinician and carer – agreed list of outcomes

5 things that commonly go wrong

- Loss of relationships in transition
- Lack of joined up service with social services, community care etc
- Confusion and delay
- Lack of appropriate infrastructure for support in families

What it needs

- Communication
- Consultations with carers
- Ideally a single, named discharge co-ordinator for each service user