

Draft minutes Council of Governors Meeting

Thursday 11th November 2021 from 5.00pm – 7:00pm

Virtual Meeting, held via Zoom

Present:	Mark Lam	Trust Chair
Governors:	Patrick Adamolekun	Staff Governor
	Viv Ahmun	Appointed Governor, Voluntary Sector
	Victoria Aidoo-Annan	Staff Governor
	Dawn Allen	Public Governor, Bedford Borough
	Rehana Ameer	Appointed Governor, City of London
	Roshan Ansari	Public Governor, Tower Hamlets
	Fatima Begum	Public Governor, Luton
	John Bennett	Public Governor, Tower Hamlets
	Gren Bingham	Public Governor, Tower Hamlets
	Shirley Biro	Public Governor, Newham
	Joseph Croft	Staff Governor
	Caroline Diehl	Public Governor, Hackney
	Mark Dunne	Staff Governor
	Tee Fabikun	Public Governor, Hackney
	Susan Fajana Thomas	Appointed Governor, Hackney
	Adam Forman	Public Governor, Hackney
	Rofikul Islam	Public Governor, Tower Hamlets
	Tony Isles	Staff Governor
	Khtija Malik	Appointed Governor, Luton
	Sheila O'Connell	Staff Governor
	Caroline Ogunsola	Staff Governor, Lead Governor
	Jamu Patel	Public Governor, Luton, Deputy Lead Governor
	Betsy Scott	Staff Governor
	Larry Smith	Public Governor, Central Bedfordshire
	Suzana Stefanic	Public Governor, Central Bedfordshire
	Tracey Stock,	Appointed Governor Central Bedfordshire
	Felicity Stocker	Public Governor, Bedford Borough
	Hazel Thomas	Public Governor, Newham
	Jim Weir	Appointed Governor, Bedford Borough
	Patricia Wheeler	Public Governor, Hackney
	Aidan White	Public Governor, Newham

In

attendance:

Aamir Ahmad	Non-Executive Director
Angela Bartley	Deputy Director of Population Health
Paul Calaminus	Chief Executive
Tanya Carter	Chief People Officer
Steven Course	Chief Finance Officer
Richard Fradgley	Director of Integrated Care
Dr Paul Gilluley	Chief Medical Officer
Philippa Graves	Chief Digital Officer

Norbert Lieckfeldt	Corporate Governance Manager
Cathy Lilley	Director of Corporate Governance
Meena Patel	Membership Officer
Stephanie Quitaleg	Senior Executive Assistant
Gill Skrzypczak	Minute Taker
Eileen Taylor	Vice Chair
Sultan Taylor	Vice Chair, NE London NHS Foundation Trust
Dr Mohit Venkataram	Executive Director of Business Development
Deborah Wheeler	Non-Executive Director

Apologies:

Steven Codling	Public Governor, Central Bedfordshire
Graham Manyere	Staff Governor
Reno Marcello	Public Governor, City of London
Beverley Morris	Public Governor, Hackney
Paula Williams	Public Governor, Luton

Absent:

Julie Aduwa	Public Governor, Rest of England
Amina Ali	Appointed Governor, Tower Hamlets
Zulfiqar Ali	Appointed Governor, Newham
Darlene Dike	Public Governor, Hackney
Obayedul (Arif) Hoque	Public Governor, Tower Hamlets
Nadia Islam	Public Governor, Newham
Mark Underwood	Public Governor, Central Bedfordshire

The minutes are produced in the order of the agenda

1. Welcome

- 1.1 Mark Lam warmly welcomed everyone to the Council of Governors meeting and reminded all of the Trust's values – We Care, We Respect and We Are Inclusive.
- 1.2 Mark also welcomed Sultan Taylor, the Vice Chair of NELFT as a guest to the meeting.
- 1.3 Mark congratulated everyone involved in the recent CQC inspection, and the huge achievement in gaining a rating of 'Outstanding' for the third time in a row.. ELFT is the first Mental Health and Community Services Trust in the country to have achieved this. He also thanked the Governors for their contribution to the inspection, which impressed the CQC inspectors, and their continued support for the Trust.

2. Apologies for Absence

- 2.1 Apologies were recorded as above.

3. Declarations of Interest

3.1 No interests were declared in addition to those published.

4. Minutes of the Council of Governors Meeting held in public on 11 November 2021

4.1 The minutes were APPROVED as an accurate record.

5. Action Log and Matters Arising from the Minutes

5.1 Noted that actions were on the forward plan, with some to be the subject of a Governor Development Session.

6. Trust Performance: Covid Update

6.1 Mark Lam noted that the government has announced further consultation this week to revoke the requirement for vaccination as a condition of deployment (VCOD) for health and social care staff.

6.2 Tanya Carter presented an update on VCOD, highlighting:

- The ongoing work to encourage as many staff as possible to have the vaccine, working closely with managers, staff side and our North East London ICS partners. A Task & Finish Group was created to work through the process, with guidance being provided to assist managers in having conversations with staff.
- Currently there are approximately 400 staff for whom we do not have any vaccination information; all have been written to and offered support and guidance. However the government announcement this week has meant we have had to pause the process.
- The recognition of the emotional toll this process has taken on managers, individuals and HR staff, and the work required around recovery from the impact.

6.3 Paul Gilluley updated on the vaccination programme, highlighting:

- The ongoing vaccination programme for 12-15 year olds. Next focus is 5-11 year olds; however, it is expected this might be put on hold temporarily, in relation to the VCOD consultation.
- Work underway to establish the provision of the anticipated annual booster vaccines at our main two vaccination centres, with a likelihood that pharmacies will also continue to provide this service.

6.4 In discussion, Governors noted that:

- The VCOD guidance currently defines 'fully vaccinated' as meaning individuals having had two doses; however, there is an expectation that going forward annual vaccines will be available, as with 'flu.
- The Trust is in favour of vaccinating 5-11 year olds; however, we are awaiting advice from the centre on when this can begin. Vulnerable children in this cohort are being vaccinated.
- Due to the government's removal of the mandatory vaccine requirement, the risk to the Trust of critical impacts on staffing no longer exists. We do, however, wish to continue to strongly encourage staff to vaccinate, but will support individuals with their informed choice.

- Given the amount of roles that are considered to be 'in scope', i.e. patient facing, redeployment for unvaccinated staff was not likely to be an option had the VCOD directive not been removed.

7. Strategic Priority – Early Intervention and Prevention

7.1 Richard Fradgley introduced the presentation, highlighting:

- Many of the responses to the consultation on the Trust's revised strategy focused on early intervention and prevention and a 'You Said We Did' document detailing the initiatives that have been put in place against the Governor's priorities will be brought to the Council at a future date.
- There will be breakout rooms following this presentation to discuss further the direction of travel of this process over the next year.

7.2 Angela Bartley presented, highlighting:

- The concept that in healthcare generally, most time and resources are focused on dealing with the effects of illness, leaving less time and space to look at the broader factors causing the issues, such as social injustice and healthy environments; the 'Upstream Downstream' concept.
- The three stages of prevention around reducing risk, exposure to risk and preventing reoccurrence.
- The biggest drivers of inequalities are around social determinants, and our work in this space will be driven by our strengthening partnerships and adoption of the Marmot Trust principles.
- Indicators of the likely length of time individuals in our communities can expect to live in poor health.
- Examples of the Trust's work including increasing local employment opportunities, adding social value to our contracts, the suicide prevention and vaccination programmes and the work around staff wellbeing. We are also a national pilot for the Stop Smoking programme for people with severe mental illness and focusing on physical health screening, early detection services and improved access to therapies. Initiatives aimed at enabling people to stay well include recovery colleges, peer support programme, veterans programme and access to addiction services.
- Where we could do more: be bolder on Marmot Trust work, can we think differently around public mental health in general, excess deaths data informing work around prevention, being held to account on our performance programmes.

7.3 Questions for discussion in breakout rooms:

- *Where do you think we should pay attention in developing our approach to prevention through the Trust strategy?*
- *What would be your three top priority areas for us to focus on over the next five years?*

Feedback from the discussion groups included:

- Improve communication, presence and training through community institutions and schools
- Partnership programmes with other organisations
- More involvement with social planning
- Retrain Primary Care GPs on mental health, to be able to deal with issues without passing on

- Recruit trained mental health nurses to GP practices
- Upskill mental health staff in physical health and vice versa to bridge gaps in support
- Using data to identify hotspots, e.g. around suicide prevention
- Triangulate data for discharge planning
- Reducing waiting times to meet immediate needs of local service users
- Education for children and young people around identifying signs of mental illness in parents, and how to signpost
- Tackling digital exclusion for older people – intergenerational work where young people can educate them in the use of digital to access services.
- Increased collaboration with the police
- Early intervention at schools with expert support
- Perinatal – identifying vulnerable families
- Employment and education – work experience in hospitals to share other roles in healthcare
- Recovery colleges to look at social determinants, e.g. debt, benefits
- Comprehensive assessments from the very start with system to capture all about the individual, reducing the need for them to have to repeat themselves
- Using communications in positive way around prevention – ‘connections, inspirations and solutions’. Gathering personal stories on what helped people and strategies used
- Using opportunity of the ICS structure and Joint Chair to tackle inequalities and embed in all work
- Taking neighbourhood approach using voluntary sector to deliver prevention messages
- Focus on autism services ensuring early diagnosis.

Mark Lam proposed next steps is to follow up on the ideas and suggestions made, and for a progress report to be brought back to the Council in November 2022.

ACTION: Richard Fradgley/Angela Bartley

8. Report from Communications and Engagement Committee (CEC)

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

9. Report from Significant Business and Strategy Committee (SBSC)

9.1 John Bennett, chair of SBSC highlighted:

- Recent meeting which gave an overview on the Trust’s provider collaborative work.
- Ongoing discussions around reviewing the scope of SBSC and more inclusive ways of working.

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

10. Any Other Urgent Business and Questions from the Public

10.1 Larry Smith, Public Governor:

- Raised concerned that the issue of patient discharge and transition raised by Governors nearly two years ago is not scheduled on the forward plan for

discussion until the last session of 2022; this date has been pushed back several times from when first raised in 2020.

- Requested that the Service/Borough Directors meetings in Bedfordshire and Luton are scheduled to take place before Council (rather than after as is the current plan) as this would help with ensuring issues can be raised more promptly and as is currently the position for London Service/Borough Director meetings.

Mark Lam agreed the issue of patient discharge and transition is an important topic and the scheduling of this will be reconsidered.

Norbert Lieckfeldt highlighted that as Borough/Service Director meetings are scheduled quarterly and Council meetings bimonthly, their alignment will change over the course of a series of meetings.

11. Date and Time of Next Meetings:

- 10 March 2022
- 12 May 2022
- 14 July 2022
- 8 August 2022
- 10 November 2022

All meetings will be held from 5:00 – 7:00pm and will be held virtually (unless otherwise)

Meeting closed 6.20pm