

**Draft Minutes Council of Governors' Meeting held in public
on Thursday 9th September 2021 from 5pm – 7pm via video conferencing**

PRESENT:	Mark Lam	Trust Chair
Governors:	Patrick Adamolekun	Staff Governor
	Viv Ahmun	Appointed Governor, Voluntary Sector
	Dawn Allen	Public Governor, Bedford Borough
	Rehana Ameer	Appointed Governor, City of London
	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
	Laura Jane Connolly	Public Governor, Rest of England
	Katherine Corbett	Staff Governor
	Joseph Croft	Staff Governor
	Caroline Diehl	Public Governor, Hackney
	Darlene Dike	Public Governor, Hackney
	Mark Dunne	Staff Governor
	Tee Fabikun	Public Governor, Newham
	Susan Fajana-Thomas	Appointed Governor, Hackney
	Adam Foreman	Public Governor, Hackney
	Obayedul (Arif) Hoque	Public Governor, Tower Hamlets
	Tony Isles	Staff Governor
	Carol Ann Leatherby	Public Governor, Newham
	Khtija Malik	Appointed Governor, Luton
	Reno Marcello	Public Governor, City of London
	Beverley Morris	Public Governor, Hackney
	Caroline Ogunsola	Staff Governor
	Jamu Patel	Public Governor, Luton
	Larry Smith	Public Governor, Central Bedfordshire
	Suzana Stefanic	Public Governor, Central Bedfordshire
	Felicity Stocker	Public Governor, Bedford Borough
	Ernell Watson	Public Governor, Newham
	Lilu Wheeler	Staff Governor
	Paula Williams	Public Governor, Luton
	Keith Williams	Public Governor, Luton (Deputy Lead Governor)
IN ATTENDANCE:	Aamir Ahmad	Non-Executive Director
	Ken Batty	Senior Independent Director
	Paul Calaminus	Chief Executive
	Richard Carr	Non-Executive Director
	Tanya Carter	Chief People Officer
	Steven Course	Chief Finance Officer & Deputy CEO
	Richard Fradgley	Executive Director of Integrated Care
	Dr Paul Gilluley	Chief Medical Officer
	Philippa Graves	Chief Digital Officer
	Tajmina Khanam	Governors and Membership Apprentice
	Prof Dame Donna Kinnair	Non-Executive Director
	Cathy Lavelle	Clinical Director, Children's Services
	Alexander Lea	Care Quality Commission
	Norbert Lieckfeldt	Corporate Governance Manager
	Cathy Lilley	Director of Corporate Governance
	Nicola McCoy	Corporate Secretariat Manager
	Edwin Ndlovu	Chief Operating Officer

Meena Patel	Membership Officer
Stephanie Quitaleg	Senior Executive Assistant
Jane Ray	Care Quality Commission
Dr Amar Shah	Chief Quality Officer
Gill Skrzypczak	Minute Taker
Lorraine Sunduza	Chief Nurse & Deputy CEO
Eileen Taylor	Vice Chair
Laura Taylor	Deloitte
Dr Mohit Venkataram	Executive Director of Commercial Development

APOLOGIES: Mark Underwood Public Governor, Central Bedfordshire
Jim Weir Appointed Governor, Bedford Borough
Aidan White Public Governor, Newham

ABSENT: Victoria Aidoo-Annan Staff Governor
Zulfiqar Ali Appointed Governor, Newham
Amina Ali Appointed Governor, Tower Hamlets

1. Welcome

- 1.1 Mark warmly welcomed everyone to the meeting, including Lea Alexander and Jane Ray from the Care Quality Commission who are here to observe the work of the Council.
- 1.2 He expressed the thanks and best wishes of the Council to Sebastian Taylor, Governor for Hackney, who is stepping down.
- 1.3 Mark also acknowledged the attendance of Laura Taylor from Deloitte who are supporting the Board through a Well-Led Review, encouraging Governors to complete a survey for that Deloitte's have devised and which has been circulated to Governors.

2 Apologies for Absence

- 2.1 Apologies were noted from Governors as recorded in the meeting attendance list above.

3. Declarations of Interest

- 3.1 No declarations of interest have been received in regard to today's meeting in public.

4. Minutes of the Previous Meeting on 8th July 2021

- 4.2 The public minutes were **AGREED** as an accurate record, subject to the correction of Lily Wheeler to Lilo Wheeler.

5. Action Log and Matters Arising from the Minutes

- 5.2 Noted that actions were either on the agenda for today's meeting, in progress or on the forward plan.

6. Council of Governor's Strategic Priorities

- Norbert Lieckfeldt presented the reports on comments and feedback from the discussions that took place at the last meeting which have been summarised with high level themes including:
 - **Prevention across all ages:** possibly strategic review how aim of early

- intervention/prevention flows through/is embedded in ELFT's activities, strategy, plans etc; demonstrates Council's focus on quality
- **The Whole Child:** due to the size of the topic consideration for this to be held over two sessions covering wellbeing (mental and physical health), child development, living and growing up in poverty. Further consideration to be given as to the strategic angle to children's welfare, bringing in in schools, local authorities, social services; how do we work with them for what outcome? Talk about service provision in the first session, then external input (LA, schools) to a follow-up session
 - **Staff Wellbeing:** This was the top choice in the pre-meeting survey as the Council recognises the level of exhaustion felt by all staff
 - **Addressing Inequalities in ELFT/our wider Communities:** the pandemic demonstrated how important it is to reduce health inequalities where they are seen.
- Other themes included:
 - Crisis in Employment services.
 - Impacts of Covid on the Trust, including Long Covid and the impact on service users with learning disabilities.
 - These topics will be designed into a programme to be brought to Council over the next twelve months. **ACTION:** Develop Council Forward Plan
 - Governors agreed that these are the issues that reflect the discussions and focus of the Council and look forward to hearing the Exec Team's input on how these areas are being addressed.
 - It was noted that the new ELFT charity will play a role in prevention with innovative fund-raising alongside partners in the voluntary, charity and faith sectors, schools and places of education.
 - It was acknowledged that there is a need for clarity around the terms prevention and reducing health inequalities, and that work previously carried out nationally in this area could provide valuable learning.
 - Transition and discharge are important issues affecting service user experience. Partnership working with local authorities was given as an example to help stop the 'revolving door' syndrome of returning patients due to a lack of robust support options following discharge

The Council **RECEIVED and DISCUSSED** the report.

7. Trust Performance: A focus on CAMHS

7.1 Cathy Lavelle, Clinical Director, Children's Services, CAMHS gave a presentation, highlighting:

- The unprecedented stress on children and young people that the pandemic has created, leading to a significant increase in eating disorders. Plans to expand our eating disorder specialist service have been submitted with work underway to develop intensive pathways in 2022 to allow young people to be treated at home, which has a proven success rate in outcomes.
- A significant increase in presentations to crisis services along with increased levels of acuity and complexity. Crisis services in both BLMK and East London now operate 9am

to 9pm, seven days a week with a nurse available 24/7 in East London. CAMHS nurses are also able to pick up calls from a crisis line service. The plan is for more intensive community support to avoid admissions.

- The strengthening of integrated services to deal with the pressures on community services, which has facilitated better communication, speeded up responses and reduced silo-working. Pressures on A&Es have forced services to improve crisis pathways and provide a more joined up response to enable quicker movement through the system, with quality indicators showing there is still high service user satisfaction levels.
- There is now collaborative working across North East London to manage Tier 4 bed occupancy. The impact of Covid on staffing did lead to less bed occupancy and the necessity to close some beds to provide isolation units however there is now a gradual return to normal, pre-pandemic levels.
- Despite the real pressure on services there have been some positives with confirmed funding to set up an interim adolescent patient eight bed unit in Luton & Bedfordshire, increasing to 16 beds in future. Also plans to expand crisis services further and take this expansion into the development of the Home Treatment Teams and intensive pathways.
- The CAMHS Service User group has been nominated for an HSJ award and the provider collaborative has been successful in making savings by keeping service users closer to home and lessening the use of out-of-area beds. This money has been reinvested into crisis and eating disorder services.

7.2 In discussion the Governors received assurance that:

- The Mental Health in Schools teams carry out work around topics such as the safe use of social media and dispelling myths, also in providing support for teachers to address similar issues. There is also an increasing use of social prescribing in addressing areas that affect young people's mental wellbeing but do not necessarily need therapeutic intervention.
- The new interim unit proposed for Luton will take admissions from across BLMK with a suitable site in close proximity to acute care currently being sought. It is hoped this will open in 2022.
- All CAMHS services have Mental Health in Schools teams who are able to see young people face to face in school and redirect more severe cases. Also help with training of teachers in promoting an holistic approach to wellbeing.
- Waiting times for initial access to CAMHS is not currently an issue however there is a challenge in providing the intensity of service required to avoid hospital admissions for more complex cases.
- Should a further lockdown happen, crisis teams will continue to see more intensive pathway patients in person, as they did during the pandemic and more generic services will have systems in place to prioritise patients quickly.

7.3 In response to Governor's questions around the assistance they can provide the CAMHS service, it was noted that they could help to dispel myths around long waiting times, service closures and the perceived inability of the service to provide a face to face service, none of which are true.

7.4 Mark Lam expressed his gratitude to the CAMHS teams for their continuing high level of care and professionalism, acknowledging the ongoing work in schools in line with the prevention agenda.

The Council **RECEIVED and DISCUSSED** the presentation.

8. Strategic Item: Population Health

8.1 Lorraine Sunduza introduced this item highlighting the focus the Trust has placed on tackling health inequalities and the influence that Governors have had on the pathway taken.

8.2 Angela Bartley continued with a slide presentation, highlighting:

- The Trust's strategy refresh around improving population health and the determinants of good health, looking at promoting healthier lifestyles and reducing inequalities.
- Going forward the assistance of Governors would be welcomed in commenting on and helping to shape the following issues:
 - Understanding the current and future health needs of the population, how to plan services and understand who is getting good access, experiences and outcomes and who is not.
 - The opportunity to become a Marmot NHS Trust: introducing six principles that evidence has shown make a difference to life expectancy, encompassing access to education, enabling people to maximise their capabilities, creating fair employment in good work, ensuring good standards of healthcare and healthy communities and strengthening the impact of ill health prevention.
- ELFT will become the first NHS Trust working with the Marmot team to adopt these principles and share the learning throughout the NHS.
- We are already an Anchor Institution working on ways to assist the local community in areas other than healthcare and, using five agreed social care principles, have had proven success with this.
- The setting up of an Inequalities workstream working on condensing what the Trust can do to reduce inequalities, looking at how teams can work to influence outcomes using tools such as Quality Improvement and how individuals can tackle inequalities in day to day activities.

8.3 Tanya Carter continued:

- Building on previous work relating to race and privilege, our progress includes:
 - Board members being reverse-mentored by colleagues from BAME backgrounds.
 - The creation of a Trust Equalities team.
 - A number of colleagues completing the White Allies programme run by NHS England.
 - Supporting the CAMHS Safe Space video.
 - Beginning Phase 4 of the Respect & Dignity project "We Heard You".
 - The Inequalities Workstream, created in response to the pandemic.
 - Ongoing conversations around diversity within the BAME network.
 - Running a career development workshop.
 - The Vitamin D offer to the whole workforce.
 - Two Executive team members on the Workforce Race Equality Standards Expert Programme.
- Focused work around reducing the number of disciplinary cases in the Trust, resulting in a decline in overall numbers of cases. Part of the improved approach also includes a new investigator post and a pastoral role which has received positive feedback from staff.
- Next steps include becoming an anti-racist organisation, finalising the coaching programme including an interview skills workshop, rolling out a Respectful Resolution programme to help with complaints and avoiding formal disciplinary procedures, and work around anti-Semitism and Islamophobia.
- Further work on this agenda will form the basis of upcoming DMT Away Days and discussions.

8.4 FOR DISCUSSION IN BREAK OUT ROOMS:

“Given the Trust’s recent work on Race and Inequalities, what do you think should be the next steps to focus on for this agenda?”

Notes of all the discussions to provide consolidated feedback have been collated under Appendix 1.

Governors were thanked for their continual challenge to the Trust to broaden its focus in responding to the disadvantages faced by some groups in society, particularly over the past 18 months when the disproportionate impact in different communities became apparent during the pandemic.

The Council **RECEIVED and DISCUSSED** the presentation.

9. Discharge and Transition

9.1 Paul Gilluley presented the report, highlighting:

- Previous discussions with Governors have focused on what makes a good discharge, what causes problems with discharges and how can we improve the discharge process.
- A clear message emerged that in some cases the process does not involve the service user, leaving people feeling rejected and isolated. Also that the process is not clear enough and there needs to be an improvement in communications.
- Events over the past 18 months have presented some opportunities for improvements including:
 - The development of Discharge Hubs where multi-disciplinary teams work together to facilitate a smoother transfer for patients through the system and back into the community. These will be continued going forward and extended in particular to assist with the discharge of elderly dementia patients.
 - The setting up of a co-production workstream, led and contributed to by People Participation, staff and service users which developed definitions, a training package for staff and service users and gathered information in order to develop the concept further and ensure joint working is embedded in our services.
- In addition, we are in the process of transforming how community mental health services are provided: developing different structures that focus on wrapping services around individuals closer to their home, under the Primary Care Network. Will enable a blended approach to care that can be varied depending on need.
- There is still more work to do, particularly around communication which remains the main issue highlighted in individual cases where discharge and transition have not worked particularly well.

9.2 In discussion, the Council received assurance that:

- The further work on communication and co-production is aimed at enabling and empowering service users to be involved in all decisions taken around their healthcare.
- The increased engagement with our colleagues in the voluntary sector will improve the Trust’s understanding of what is important to our local communities, with a recognition that this can change between locations and places.

The Council **NOTED and DISCUSSED** the presentation and requested a regular update on the progress of this issue be brought to this meeting. **ACTION:** Schedule update on Transition and Discharge in Forward Plan

10. Committee Membership Elections

10.1 The Council **RECEIVED** and **NOTED** the update report.

11. Deputy Lead Governor Elections

11.1 Elections to the role will be held in line with the approved process previously agreed by the Council. The Council **RECEIVED** and **NOTED** the update report.

12. Report, Communications and Engagement Committee (CC)

12.1 The Council **RECEIVED** and **NOTED** the update report.

13. Council Elections Update

13.1 The Council **RECEIVED** and **NOTED** the update report.

14. AGM/AMM Update

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

15. Any Other Urgent Business/Questions from the Public

15.1 Received from Dawn Allen (Public Governor, Bedford Borough):

“As referrals to CMHT are increasing and caseloads are not increasing at the same rate, please can the Board say how they are assured that there is appropriate care for those who fall below the service threshold and don’t receive a service. Is the Board also assured that the threshold has not risen in order to keep caseloads manageable?”

Edwin Ndlovu responded:

- QAC is monitoring the topic of access, waiting lists and backlogs on a regular 3-monthly basis
- Received assurance at our last meeting on 6 September about the processes in place across the Trust to ensure referrals are being managed safely and appropriately, and that services have plans in place to address the waiting lists where these have lengthened.
- The Trust have clear principles in place to ensure that referrals are triaged appropriately, and that we ensure the safety of those who are waiting for assessment and treatment. All services are expected to ensure their local processes meet these consistent principles.
- Our directorate management teams have access to data that shows the numbers of referrals, waiting times, and also the percentage of referrals that aren’t accepted. This would flag if the thresholds for accepting referrals was changing over time.

14. Date and Time of Next Meeting:

Dates of future Council meetings (Thursdays 5-7pm):

- AGM and COG 11 November 2021
- 20 January 2022
- 10 March 2022

- 12 May 2022
- 14 July 2022
- 8 September 2022
- 10 November 2022
- 19 January 2023
- 9 March 2023

Appendix 1 – Feedback from Breakout Rooms

Race and Equality

- Training/Knowledge
 - Provide more training on diversity/inequality for staff, potentially as StatMan Training
 - Basic awareness of unconscious biases (we all have them!)
 - Look at and learn from other Trusts or agencies for Gold Standard approach – no need to reinvent the wheel if others are getting it right.
 - Mindful of and revisit what has come before – eg Scarman and Lawrence reports
 - Trust Disciplinary policy to be audited / scrutinised against each case to ensure religion, age etc does not influence decision to proceed to disciplinary especially formal disciplinary
- Celebrate
 - Celebrate with “Days of Diversity” in ELFT
 - celebrate ELFT’s good work in this area and use these celebrations to raise awareness further
- Data/Information
 - Break down barriers of access – we only ‘see’ those who make it over the hurdles. Therefore
 - Consider the needs of those service users who fall below the threshold/can’t overcome the barriers (“how ill do I have to become to qualify?”)
 - Equality of access should lead to equal outcomes (though treatment needs to take into account particular needs of service users)
 - measure access and outcomes, and be transparent about the data
 - consider an external audit about access/outcomes as well as other diversity issues
- Conversations
 - Start listening and having conversation with people who challenge, say things that are upsetting or uncomfortable – not to take a punitive approach
 - Develop an intergenerational understanding of BAME issues
 - Trust to develop strong links with local third sector and other community organisations – keeps us grounded, develop a real understanding and identify key influencers
 - It’s everyone’s job, the whole system – not just for people of colour
 - Being mindful of discomfort that can be caused by labels such as BAME
 - Empower the FTSU Guardian to have these types of conversations and staff feel they can speak to their champions about diversity concerns; consider staff ambassadors on diversity
 - Use staff governors to take a view if diversity initiatives work through to staff
 - Use the Trust’s Professional Nursing Advocates