

<b>Present:</b>	Councillor Calum Watt ( <i>in the Chair</i> )
<b>Councillors:</b>	Joshua Wells, Debbie Armiger, Chris Burke, Hilton Spratt and Rachel Storer
<b>Also in Attendance:</b>	None.
<b>Apologies for Absence:</b>	Councillor Liz Bushell, Councillor Matthew Fido, Councillor Dylan Stothard, Councillor Aiden Wells and Councillor Emily Wood

**56. Welcome & Apologies**

Councillor Calum Watt, Chair of the Community Leadership Scrutiny Committee, opened the meeting with a brief round of introductions and offered a warm welcome to external guest speakers. Apologies for absence were received from Councillor(s) Liz Bushell, Matthew Fido, Dylan Stothard, Aiden Wells and Emily Wood. Councillor(s) Gary Hewson and Clare Smalley were in attendance as substitutes.

**57. Confirmation of Minutes - 14 November 2023**

RESOLVED that the minutes of the meeting held on 14 November 2023 be confirmed and signed by the Chair as an accurate record.

**58. Declarations of Interest**

Councillor Debbie Armiger declared a personal interest with regard to the agenda item titled 'Crisis and Acute Mental Health Provision in Lincolnshire'.

Reason: She was an employee of Lincolnshire Partnership Foundation Trust (LPFT)

Councillor Joshua Wells declared a personal interest with regard to the agenda item titled 'Crisis and Acute Mental Health Provision in Lincolnshire'.

Reason: His employer worked in partnership with LPFT.

Councillor Rachel Storer wished it be noted that she volunteered at Night Light Cafes.

Councillor Hilton Spratt wished it be noted that his partner worked for the National Health Service (NHS).

**59. Crisis and Acute Mental Health Provision in Lincolnshire**

Councillor Calum Watt, Chair of the Community Leadership Scrutiny Committee, introduced the topic of discussion which was Crisis and Acute Mental Health Provision in Lincolnshire.

The Committee received a collaborative presentation from guest speakers, Sarah Connery, (CEO, LPFT), Christopher Higgins, (Director of Operations, LPFT) and Simon Colburn (Assistant Director, Health and Environmental Services, City of Lincoln Council). During consideration of the presentation, the following points were noted:

Sarah Connery, CEO – LPFT & Christopher Higgins, Director of Operations – LPFT

- LPFT worked in services connected with autism and dementia and the Trust offered services countywide
- Mental Health Helplines were available for both adults and children and young people which offered intervention. If further support was needed, a referral would be made
- Night Light cafes were provided by a partnership organisation and was an important part of the local support that was available for residents
- Health Based Places of Safety were available as part of provisions under the Mental Health Act. Specialist facilities were available for individuals detained by the Police
- Services included Crisis Resolution & Home Treatment Teams for all ages. The largest of four teams was based at Lincoln County Hospital and offered a team of trained professionals that responded to individuals in a crisis situation
- Teams worked within Accident & Emergency (A&E) at Lincoln County Hospital (LCH), supported individuals on hospital wards and offered advice on the management of a person's care, treatment and medication.
- The Mental Health Liaison Service assessed individuals who presented in A&E with a mental health condition
- A nurse worked within the Police Force Control Room and despatched a professional if needed
- The Mental Health Urgent Assessment Centre housed the Peter Hodgkinson Centre, a mental health A&E for individual with complex mental health issues, whose physical health was met
- LCH had acute mental health inpatient wards; Castle and Ellis Ward for adults and Brant Ward for older people
- Crisis and Acute Mental Health Care future plans included:
  - Reopening of Hartsholme Centre, a male Psychiatric Intensive Care Unit (PICU). The centre was closed last year due to complex staffing issues that had been resolved. The reopening was planned for Quarter 4 2023/24 and would take place after the water system had been treated
  - LPFT planned to assist in the National Campaign for NHS 111 to provide an option 2 for Mental Health
  - A Crisis Services Review, planned for the summer. It was hoped that a review would offer understanding of the impact of the NHS 111 Option 2 and the 'Right Care, Right Person' agenda
  - A review, in collaboration with Lincolnshire County Council (LCC) on the Approved Mental Health Provision (AMPH) Service for Lincolnshire's residents
  - An additional health-based place of safety in Boston in the form of a Mental Health Urgent Assessment Centre & 136 Suite.
  - Crisis Accommodation for Mental Health was a significant issue as it became difficult to find long-term secure housing that met the needs of individuals with complex needs and offending behaviours
- Demand for support had increased, particularly in the aftermath of the Covid-19 pandemic. Public awareness had increased

- Out of area admissions were low and only occasionally had there been insufficient bed space within the County to support everyone who required services
- The 2020-2022 Office for National Statistics (ONS) Suicide in Lincoln City data showed that the Lincolnshire rate was 13.3 per 100,000 population; significantly higher than England's average of 10.3
- The highest suicide rate in Lincolnshire was in Lincoln which had reduced from 2018-2020 data but remained the third highest rate in England
- Work that improved prevention, intervention and postvention continued and included:
  - Amparo, a suicide bereavement service which offered support for anyone affected by suicide in Lincolnshire
  - Suicide prevention funds acquired from voluntary and third sector organisations enabled the provision of services such as Men's Shed. The effectiveness would be evaluated in the future
  - A website entitled 'How Are You, Lincolnshire?' helped individuals locate local resources to boost their mental health
  - Suicide prevention courses were available to all and ran through a recovery college within a Lincolnshire partnership
- The Lincolnshire Suicide Prevention Strategy 2024-2028 made eight commitments and a soft launch was planned later in the month
- For anyone aged 16 and older, there was a 20 minute free online course called Zero Suicide Alliance Training

Simon Colburn, Assistant Director, Health and Environmental Services - City of Lincoln Council

- The impact of mental health on the community could be seen in a range of measures which included safeguarding and frontline intervention
- Procedures were well established and conversations with additional agencies remained ongoing
- The City of Lincoln Council (CoLC) engaged in the new suicide prevention strategy, due to be launched in April by LCC.
- Staff were trained across a range of training courses which included suicide prevention training. Human Resources (HR) colleagues met with officers and developed the Assist Safe Talk Course which was useful as an employed but also offered support to staff that experienced frontline interactions
- Interactions with LPFT and additional mental health providers remained a positive step in effective safeguarding
- Other colleagues remained available and community safety partnerships included various conferences such as Anti-Social Behaviour Risk Assessment Conference (ASBRAC) for complex cases and Multi Agency Risk Assessment Conference (MARAC)
- Structured mechanisms and positive partnership working with organisations such as LPFT, the Police and the criminal justice system, offered positive engagement with frontline staff and the processes of escalation
- Systems were in place which enabled appropriate referrals to be made and safeguarding and suicide awareness training was provided
- Part of the transformation process for mental health included community connectors through the Bridge Church, which had proven valuable.

- The growth of Night Light cafes had been positive and offered support to individuals prior to escalation to crisis or acute services
- There was a role for colleagues that sat on Lincolnshire County Council, Health Scrutiny Committee
- As part of the NHS transformation of the Integrated Care Board, the District Health and Wellbeing Plan recognised the role that district Council's had to play; some of which CoLC would lead on and some the Council offered support with. Mental health was the key objective of the plan
- It was not often that CoLC worked at a crisis and acute level however the Council had a role to play within services and provisions

The Chair offered thanks for the presentations from all guest speakers. The Chair welcomed comments and questions from Members of the Committee. As a result of discussions between Members and speakers, the following points were made: -

**Comment:** Thanks given to all guest speakers for the informative presentations. It was devastating that the city of Lincoln had the third highest suicide rate in the country. Historically, men had been reluctant in engagement with mental health services. There had been great change in mental health services, attitude and delivery.

**Question:** Were there any statistics available that demonstrated the breakdown of suicides in men, women and transgender?

**Response:** Previously, Lincoln experienced the highest suicide rate in the country. Information was available through the Office for National Statistics (ONS) which showed a higher suicide rate in males and the biggest cause of death in the 45-60 year age bracket. In addition, there was a higher prevalence within the LGBTQ+ community. It was important that resources that were available, made an important impact; anecdotal evidence suggested that it had. In consultation with the Police, Public Health and GP's, live data had been requested. Statistically, 56% of suicide deaths had been in contact with mental health services prior to their death.

**Comment:** Individuals were given multiple options such as Night Light Café's which attempted to reduce stigma. It was important that individuals were helped to identify the signs. There has been a previously reliance on coroners' verdicts. Live data allowed pragmatic consideration of what could be done.

**Comment:** Specific questions would be fed back to Dr Lucy Gavens, Consultant in Public Health, Lincolnshire County Council.

**Question:** Referred to the meeting of 6 December 2022. There had previously been issues with staff retention. Had the situation changed?

**Response:** Workforce remained the biggest risk on risk registers. Workforce statistics had gone in the right direction. Vacancy rates had dropped and retention had improved. The recruitment campaign had been pushed and LPFT wanted to ensure staff that their first 100 days was a positive experience. Staff survey results had been considered and LPFT had recently been rated top out of NHS providers.

**Question:** Was it difficult for clients to move from an inpatient ward to their own accommodation and did the situation create bed blocking? Referred to the male PICU unit. How had funding progressed for a similar unit for females?

**Response:** Specific funding for a female PICU unit had not been secured. Currently, female PICU support was accessed outside of the County. At the time of the meeting, there was one female that required PICU care. Therefore, it made it difficult

to present a viable business case. The issue of accommodation was complex and there had been patients that stayed in hospital for longer than necessary due to a lack of suitable accommodation. Future plans included a potential scope for a mental health housing officer.

**Question:** Where was funded expected to come from?

**Response:** There had been new investment into mental health. The Levelling Up Agenda recognised that the area had been underfunded for too long. Consideration would be given to repurposing what was already used. Funding was not necessarily a barrier and if there was a need for it, it was anticipated that it would come from central Government.

**Question:** Thanks given for mental health intervention work and the support that was available in Lincolnshire, which was fantastic. Referred to the meeting of 6 December 2022 and the implantation of the app, 'Ripple' at the University of Lincoln (UoL). Had the system worked and was there an effect in the identification of mental health issues prior to reaching acute level?

**Response:** Information on the Ripple app would be forwarded further to the meeting. Universities across the Country had been asked to sign up to a mental health Charter. The UoL had their assessment and looked to LPFT for support in the future. Discussions would take with Bishop Grosseteste University. Each suicide was preventable and longer-term trends need to be looked at to identify the problems and evaluate the impacts.

**Comment:** The new Mental Health Assessment Unit was cleared used and a very positive initiative. Suicide awareness training was imperative and it was important for elected Members to be trained more, as frontline individuals that talked to the public.

**Question:** Was it possible to raise suicide training as a Member Development session?

**Response:** In collaboration with HR, Zero Suicide Alliance training would be rolled out to elected Members and staff. Officers had met with Dr Lucy Gavens, Consultant in Public Health, Lincolnshire County Council and considered both the correct training and the approach in the emergency strategy, to ensure cohesion.

**Question:** What was the level of risk to students given the pressures they were under?

**Response:** Attempts had been made to understand the level of need in relation to university students. The receipt of data leads enabled connection, but it was important individuals' confidentiality was preserved. There was universal services available which included the How Are You, Lincolnshire? website, talking therapy services and self-referral services, that remained available for students within Lincolnshire. Universities had their own support mechanisms in place which included counselling. The Student Union was very proactive.

**Question:** Did tenants have the right awareness and had officers received the correct training? Were tenants made aware of the available services?

**Response:** Updated training was ready and timely and the vast majority that needed mental health and suicide awareness training was broadly on track. Additional training was offered however there needed to be a balance. There was a great amount ongoing within local communities particularly at the lower level before it reached acute and crisis levels. It was important to raise awareness of what services were available within the community. The provision of Night Light Cafés was a fantastic service that helped significantly and it was important to consider how people were informed of the service.

**Comment:** Dawber Charity supported Bridge Church which resulted in increased involvement with the local community.

**Comment:** Night Light Café was very important and kept individuals slightly back from access to acute services. Referred to personal volunteering and confirmed the Night Light Care was a happy place. The conversations that took place removed individuals from a level of high distress.

**Response:** Thanks given for volunteering.

**Comment:** It was not always the case the residents were aware of what support was available and advertisement of available service was a positive step. Referred to statistics, Lincoln fared badly and was often worse regionally. It was positive that central Government had recognised that the area had been underfunded and needed further support. The issue required a review.

**Response:** There was a high number of voluntary sector initiatives and it was difficult to communicate all of the services that were available. The How Are You, Lincolnshire? website helped considerably in the consolidation of available services into one accessible area for residents. The need for a computer and internet access was noted. Leaflets would be distributed in GP surgeries which ensured local offers were communicated to older residents without the need for a computer. A case had been put forward for additional funding for rural, seaside Lincoln with an aging population. Data was often based on London models however Lincoln was a large rural area. Work with the University remained ongoing and attempted to identify links between rural areas and high suicide rates.

**Question:** There was a significant amount of mental health issues for children in schools. Did children get referred to LPFT services from education authorities?

**Response:** The area was looked after by Children and Young People's Services. The requirement for support for individuals up to the age of eighteen had increased by 20%. A number of issues had been driven by societal pressures however it had become more acceptable to seek support and the stigma was slowly removing. Support was offered in schools such as education on effective mental health management.

**Question:** What was the Recovery College?

**Response:** The Recovery College offered mental health guidance, provided by specialist professionals, and offered support in an educational setting rather than a clinical setting. There was a range of different educational support that was not linked to the formal education system and it remained open the public.

**Question:** Was it possible for Members to view the male PICU unit prior to reopening?

**Response:** The water safety and environment needed to be checked. Further information on the possibility of a visit would be forwarded further to the meeting.

**Question:** How much case load concerned individuals that had worked within the military?

**Response:** LPFT was the lead provider for Midlands wife veterans support however the number was small overall.

The Chair offered his thanks to guest speakers and officers for all the information provided to Committee and for the remarkable work carried out.

RESOLVED that:

1. Lincolnshire County Council Health and Wellbeing Board and Health Scrutiny Committee and its constituent members be asked how the issues in the city and wider hotspots across the county were being addressed
2. The presentation and website links be circulated to members following the meeting.
3. The content of presentations be noted with thanks.

**60. Work Programme 2024**

Consideration was given to the Committee's Work Programme. Further to scoping discussions, the Democratic Services Officer confirmed that the focus of the Committee's upcoming work would include an update on Youth Engagement and further attendance in relation to Sheltering Our Citizens.

It was agreed that an update on Youth Engagement would be brought before the Committee in March 2024. The Democratic Services Officer advised that confirmation of attendance had been requested from Toby Ealden, Artistic Director & CEO - Zest Theatre and Sukhy Johal MBE, Director of the Centre for Culture and Creativity - University of Lincoln.

It was suggested and agreed that the Care of Veterans in Lincoln be brought before the Committee in March 2024. The Chair tasked the Democratic Services Officer with requesting attendance from representatives of The Royal British Legion and The Royal Air Forces Association.

It was agreed that Development Plus and a representative from Lincolnshire County Council be invited to attend Committee in relation to Sheltering Our Citizens. Further to the Chair's request, the Democratic Services Officer confirmed that the item would be brought before the Committee in June 2024.

**Date of Next Meeting:** Tuesday 26 March 2024.