

Apologies were noted as above.

Replacements for the meeting were as follows:

Dave Carr for Edwina Grant OBE, Education and Children's Services, Lancashire County Council.

4. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no disclosures of interest in relation to items appearing on the agenda.

5. Minutes of the Last Meeting held on 10 May 2022

Resolved: That the Board agreed the minutes of the meeting held on 10 May 2022.

There were no matters arising from them.

6. Constitution, Membership and Terms of Reference of the Committee

Resolved: That the Board noted the current membership and Terms of Reference for the 2022/2023 municipal year, as set out in the agenda pack.

7. Happier Minds - Supporting Mental Health and Wellbeing

Clare Platt, Health, Equity, Welfare and Partnerships, Lancashire County Council presented the report which outlined discussions supporting mental health and wellbeing by working with partners across the whole system.

The Board were provided with some background and noted that the World Health Organisation (WHO) defines mental health as a 'state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to contribute to his or her community'.

It was noted that mental health problems can start early in life, with around 50% of all mental health problems established by the age of 14, rising to 75% by age 24; impacting on the ability to thrive.

People with physical health problems, especially long-term conditions, are at increased risk of poor mental health - particularly depression and anxiety; with around 30% of people with any long-term physical health condition having a mental health problem too.

Together with alcohol and drug use, mental illness accounts for around 20% of the total burden of disease in England; with consequent and significant economic and social costs.

Mental health problems are common, with 1 in 6 adults reporting a common mental health disorder, such as anxiety, and there are close to 551,000 people in England with more severe mental illness such as schizophrenia or bipolar disorder.

A 2017 study by Stonewall found that over the previous year half of LGBTIQ+ people had experienced depression and three in five had experienced anxiety. One in eight LGBTIQ+ people aged 18-24 had attempted to end their life and almost half of trans people had thought about taking their life. Local action therefore needs to consider the mental health of specific groups.

The Board were informed that the impact of COVID-19, particularly self-reported mental health and wellbeing at a population level (including anxiety, stress and depression) has worsened during the pandemic and remains worse than pre-pandemic levels.

The pandemic has also been challenging for children, young people and young adults' mental health in particular, with 54% of 11–16-year-olds with probable mental health problems saying that lockdown had made their lives worse. 16% (1 in 6) of children aged 5 to 16 years have a probable mental health disorder, an increase from 11% (1 in 9) in 2017 (NHS Digital 2020).

The Board noted that the social risk factors, included poverty, migration, extreme stress, exposure to violence (domestic, sexual and gender-based) emergency and conflict situations, natural disasters, trauma and low social support, increase risk for poor mental health and specific disorders.

It was also reported that across the UK, those in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on an average income.

There is a system wide strategy being developed through the Integrated Care System to address:

- Emotional health self-care (five ways to wellbeing):
 - Connect
 - Be active
 - Take notice
 - Keep learning
 - Give
- Loneliness and social isolation
- Dementia
- Alcohol and drug use
- Self-harm and suicide

More detailed information can be found in the [report](#) attached to the agenda, which also includes local context for each of the issues outlined previously.

Following the presentation, the following comments/issues were raised:

- Chris Lawson, Alzheimer's Society offered a plethora of support to Lancashire and invited people to link in with the Society.
- That it would be useful to develop an annual programme for children and young people.

- Opportunity to support communities further, particularly where adults cannot read and write properly and the impact that this has on them.
- Training in communities, not just professionals, however residents in the communities and have conversations to help support with issues.
- There is an NHS centred plan to improve access for people with significant clinical need and as it develops, highlight the roles of prevention and the role of the wider partners.
- Following the pandemic, ensure that listening modes are "switched on" and to build on this skill.
- In terms of alcohol, drugs and suicides as a Board, it has the responsibility to highlight the priorities, to ensure that the delivery plan is there in the emerging organisation plans, including the NHS plan.
- There is a concern, particularly around self-harm and suicide following the pandemic and to look at different approaches and to co-locate services at a neighbourhood level and how they work together with the voluntary sector, districts, Lancashire County Council and NHS. There is a real opportunity to co-create the development of the plan.
- As a Board it is key that data evidence is received based on the themes around mental health.
- There is a diverse network of colleagues to further develop this area of work, co-ordinate activities.
- Concern was raised with regards suicide and the number of people who are known to services, however, still take their own lives and are the services, the right ones for those individuals and what the data was around this. It was noted that there is a mental health infrastructure in the NHS system that reports this information into a national dashboard. Concern, however, is around the acute area and sudden and unexpected child deaths who are not known to services. There are mechanisms in place to monitor that data.
- It was also raised as to what support families were given, when they are at risk and in dangerous situations, from requesting support to receiving it, which may be a long period of time in between.
- It was suggested that thought needs to be given, particularly around young people and whether they are being given the opportunity to build their capabilities to enable them to have a proper perspective on society and personal problems, because if not, this will have impacts further down the line with drug, alcohol, suicide problems as well as other issues.
- There are a growing number of older people and a higher proportion of them will get dementia and again, the families need support on what if their loved ones start to show signs of the illness or have dementia.
- Further information is needed on whether there is enough being done within the system and with partners as dementia is a major issue. Chris Lawson from the Alzheimer's Society commented that there is a lot of work ongoing in terms of early diagnosis and more recognition of the illness by the public and in the professional fields, however, work is still behind from pre-COVID levels. There is still a lot of work to be done with communities, particularly non-British residents.
- It was noted that if the ask of the Board was to promote looking at how services are better co-ordinated, it needs the current performance data as there are a number of issues in terms of access to services, waiting lists, which are all adding to pressures in the system. The query was in terms of where that data was and what is happening in the system in terms of access to services and particularly waiting times. The Board

noted that there was a Mental Health System Program Board that has data and access and looks at impacts such as suicide when in care and other various placements. In the newly published System Oversight Framework, there is a mental health section with trajectories and data requirements, and it was felt that this information should be presented to the Board at a future date.

- In terms of children and young people's mental health data, there are a set of measures and indicators and with regards to waiting times, for most of the Child and Adolescent Mental Health Services (CAMHS), the services are stabilising, however there are still challenges ahead.
- It was felt that services, particularly community based mental health services, have been under-invested in the past and whether this was the issue around waiting lists caused by resourcing issues, skills issues and/or access to skills as there is also an issue with regards to recruiting too. Therefore in terms of moving forward, the Board would need to identify the issues causing the delays in access the services.
- With regards to the voluntary sector, they are helping to deliver services also and these are well received.
- It was felt that more could be done with regards to communication and sign-posting people to services and understanding the data better, to enable the policy to be taken forwards.

Resolved: That the Health and Wellbeing Board endorsed:

- (i) The development and co-ordination of plans across partner agencies in addressing the risk factors and inequalities in mental health and wellbeing across the life course; and
- (ii) The establishment of a Lancashire Combating Drug and Alcohol Partnership to support the local delivery of the 10-year national drug strategy.

8. Urgent Business

Congratulations were given to Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council who had been awarded an Honorary Doctorate from Lancaster University in recognition of the work he had done for the residents of Lancashire.

An item of urgent business had been received following the meeting of Lancashire County Council's Full Council on 14 July 2022 where it had been resolved that Lancashire County Council would:

- a) Provide for members a list of opening times and locations of publicly accessible County Council buildings that are free of charge and offer a warm and welcome place where people can keep warm and comfortable this coming autumn and winter.
- b) Ask District Councils to identify other locally based VCFSE (voluntary, community, faith and social enterprise) provision that offers similar support and for that list to be shared with members.
- c) Ensure such 'warm and welcome' public spaces should offer additional support and advice services to support individuals and families to access other services to alleviate food and fuel poverty.

- d) Place this resolution before the Lancashire Leaders and Health and Wellbeing Board meetings later this month, and work with districts to develop a deliverable plan as soon as possible and report on progress to September Cabinet with a view to reporting final arrangements to the October Cabinet with, where possible, all sources of funding for the scheme being identified at that meeting.
- e) Ask the Scrutiny Management Board to form a cross-party task and finish group with immediate effect to identify and adopt best practice, and work in delivering warm hubs and welcoming space schemes and report the same to Cabinet.

As part of the resolution, the Health and Wellbeing Board was asked to consider what contribution it can make to the discussions moving forward. A Scrutiny Task Group is being formed and the notice of motion will be considered by many partners to make this work.

It was noted that there is a significant amount that the Board can do with regards to this and in working with partners moving forwards.

Discussion ensued, and it was felt that:

- That there needed to be comms engagement with the people of Lancashire.
- A need to offer debt advice and locations of food hubs.
- As throughout the COVID pandemic, continue to work with District Councils, VCFS and other organisations, including the NHS and to use the Community Hub model.
- A program is being developed and a further update on this will be presented at a future meeting of the Health and Wellbeing Board.
- In terms of social isolation, look at the barriers in accessing what is being offered.
- It was felt that the majority of public buildings that are being offered are not welcoming ones, ie are very formal and have lots of security procedures to navigate before entering buildings such as County Hall and other Council buildings. Therefore, there is a challenge back to other organisations, particularly the Third Sector to see what they can offer.
- Libraries have a welcoming network of buildings.
- There needs to be a more systematic offer developed.
- It was felt that the districts have a big part to play as they know their community centres and smaller venues who would work with the councils.
- Also in terms of the colder weather and the lack of heating which would expose a lot of older properties, particularly in certain parts of Lancashire, where there are a lot of terraced housing which are difficult to heat and may be damp and therefore Districts should be looking at how they can get more government funding to start to refurbish these kinds of houses.
- People's ability to maintain a healthy environment for their own homes is also important in the long term.
- The medium term should be working on housing developments and also addressing climate change and sustainable energy.

Resolved: That the Board:

- i) Receive an update on the program which is being developed at a future meeting of the Board.
- ii) Agreed that the Chair/Lead Officer link in with the Scrutiny Task Group to speak to them in more detail on what the Health and Wellbeing Board can offer.

9. Date of Next Meeting

The next scheduled meeting of the Board will be held at 2pm on Tuesday, 6 September 2022 with the venue to be confirmed.

L Sales
Director of Corporate Services

County Hall
Preston