

**MINUTES OF COUNCIL OF GOVERNORS MEETING  
 HELD ON TUESDAY 2 MARCH 2021, FROM 14.00-16.35 HOURS  
 MEETING HELD DIGITALLY VIA MICROSOFT TEAMS**

<b>PRESENT</b>	Caroline Maley Valerie Broom Susan Ryan Rob Poole Lynda Langley Julie Lowe Carole Riley Stuart Mourton Orla Smith Andrew Beaumont Christopher Williams Julie Boardman Carol Sherriff Kevin Richards Rosemary Farkas Marie Hickman Kel Sims Jo Foster Al Munnien Rachel Bounds Jodie Cook David Charnock Cllr Jim Perkins Cllr Roy Webb	Trust Chair and Chair of Council of Governors Public Governor, Amber Valley Public Governor, Amber Valley Public Governor, Bolsover and North East Derbyshire Public Governor, Chesterfield and Lead Governor Public Governor, Derby City East Public Governor, Derby City East Public Governor, Derby City West Public Governor, Derby City West Public Governor, Erewash Public Governor, Erewash Public Governor, High Peak and Derbyshire Dales Public Governor, High Peak and Derbyshire Dales Public Governor, South Derbyshire Public Governor, Surrounding Areas Staff Governor, Admin and Allied Support Staff Staff Governor, Admin and Allied Support Staff Staff Governor, Nursing Staff Governor, Nursing Appointed Governor, Derbyshire Voluntary Association Appointed Governor, Derbyshire Mental Health Forum Appointed Governor, University of Nottingham Appointed Governor, Derbyshire County Council Appointed Governor, Derby City Council
<b>IN ATTENDANCE</b>	Margaret Gildea Ashiedu Joel Geoff Lewins Sheila Newport Julia Tabreham Richard Wright Ifti Majid Justine Fitzjohn Gareth Harry Mark Powell Fiona White Sean Wimhurst Laura Bryan Mary Ishaq Denise Baxendale	Non-Executive Director and Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Trust Secretary Director of Business Improvement and Transformation Chief Operating Officer Area Service Manager, Assessment Services P3 Charity Ps Charity Service Manager, Hartington Wing Membership and Involvement Manager
(For Item 005 only) (For Item 007 only) (For Item 007 only) (For Item 007 only) (For Item 007 only)	Sean Wimhurst Laura Bryan Mary Ishaq Denise Baxendale	P3 Charity Ps Charity Service Manager, Hartington Wing Membership and Involvement Manager
<b>APOLOGIES</b>	Farina Tahira	Staff Governor, Medical

ITEM	<u>ITEM</u>
DHCFT/GOV /2021/001	<p><b><u>WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE &amp; DECLARATION OF INTERESTS</u></b></p> <p>Caroline Maley welcomed all to the meeting. She reminded everyone that the meeting was being streamed for public viewing.</p> <p>The apologies were noted; and no interests were declared.</p>

	<p>Caroline reminded governors that her term of office ends on 13 September 2021 and confirmed she has taken the decision not to extend her term of office. She explained that this had not been an easy decision to make.</p>
<b>DHCFT/GOV /2021/002</b>	<p><b><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></b></p> <p>No questions from members of the public had been received.</p>
<b>DHCFT/GOV /2021/003</b>	<p><b><u>MINUTES OF THE COUNCIL OF GOVERNORS' MEETING ON THE 3 NOVEMBER 2020</u></b></p> <p>The minutes of the meeting held on 3 November 2020 were accepted as a correct record with the following amendment:</p> <ul style="list-style-type: none"> <li>• Page 6, fourth bullet point – the word 'not' to be inserted after will.</li> </ul>
<b>DHCFT/GOV /2021/004</b>	<p><b><u>MATTERS ARISING AND ACTIONS MATRIX</u></b></p> <p>All completed 'green' actions were scrutinised to ensure that they were fully completed. The Council of Governors agreed to close completed actions. There were no matters arising.</p> <p><b>RESOLVED: The Council of Governors noted the completed actions and comments on the Action Matrix.</b></p>
<b>DHCFT/GOV /2021/005</b>	<p><b><u>CHIEF EXECUTIVE UPDATE</u></b></p> <p>Ifti Majid provided the meeting with an update on the current situation regarding the COVID-19 pandemic which included:</p> <ul style="list-style-type: none"> <li>• The third wave levels are decreasing</li> <li>• National measures to take England out of lockdown begin on 8 March; but the pandemic continues to be a risk</li> <li>• The number of people dying from COVID-19 has significantly decreased</li> <li>• The vaccination programme is going well. Over 20 million people have received the first dose and over 70,000 have received the second dose</li> <li>• The R number in the West Midlands ranges between 0.6 and 0.9 – the vaccination programme should help to reduce these figures</li> <li>• Incident rates are decreasing across England with 176 per 100,000 people in Derbyshire. But there are variations across Derby City</li> <li>• 13 patients have COVID-19 on the wards; Audrey House has been stood up to house these patients. Staff are continuing to be vigilant and complying with measures to reduce the impact of COVID-19 (i.e. following the robust infection, prevention and control procedures)</li> <li>• Staff absence due to COVID-19 has reduced to 2%</li> <li>• 80% of colleagues have now received the vaccination and the Trust's own vaccination hub for colleagues and patients is now up and running. The vaccination hub has received very positive feedback</li> <li>• Frontline colleagues continue to carry out lateral flow tests twice a week. These are followed up with a PCR test if colleagues test positive.</li> </ul> <p><i>Mark Powell joined the meeting.</i></p> <p>Caroline Maley reminded governors that Mark Powell, Chief Operating Officer was leaving the Trust at the beginning of April to take up his new role as Deputy Chief Executive at Leicestershire Partnership NHS Trust. Caroline Maley explained that, at Trust Board this morning, as requested by Lynda Langley, Lead Governor, she had read a letter of thanks to Mark from the governors in which they acknowledged his dedication and commitment to the Trust; and wished him well in his future endeavours. Mark attended the meeting to express his appreciation to governors for their kind words.</p>

	<p><i>Mark Powell left the meeting.</i></p> <p><b>RESOLVED: The Council of Governors noted the helpful information and explanations provided by Ifti Majid.</b></p>
<p><b>DHCFT/GOV /2021/006</b></p>	<p><b><u>NON-EXECUTIVE DIRECTORS (NED) DEEP DIVE</u></b></p> <p>Julia Tabreham, Chair of the People and Culture Committee (PCC) and Non-Executive (NED) Lead for Freedom to Speak Up (FTSU) presented her Deep Dive to governors. It included a summary of her activities over the past year. She referred to the following:</p> <ul style="list-style-type: none"> <li>• Pressure on staff has been exceptional due to the demands of COVID-19</li> <li>• A new dashboard has been developed to enable the PCC to focus on matters of key strategic importance to staff and service users. A section for the Freedom to Speak Up (FTSU) has been created which contains valuable information about staff concerns and triangulates this with other sources of feedback from staff, for example Staff Survey results</li> <li>• The roll out of staff health risk assessments during the pandemic; staff mental health, staff COVID-19 vaccinations and staff exhaustion</li> <li>• Implementation of the new cultural intelligence leadership programme.</li> </ul> <p><i>(Christopher Williams left the meeting.)</i></p> <p>Valerie Broom referred to the discussion at Trust Board this morning regarding the gender pay gap. She asked what actions the Committee will be taking to address this. Julia explained the data shows a pay gap and she is aware of clinical inequality. The Committee will share the data with the Equality Committee; NEDs and the Board will need to gain an understanding of how to narrow the gap.</p> <p>Regarding the pay difference Andrew Beaumont asked for clarification on the merit system and why it affects pay between men and women. Ifti Majid explained that the merit system is a way of awarding bonuses to doctors beyond their contract. Ifti also explained that it does not have an impact on pay differentials.</p> <p>Ashiedu Joel, NED inclusion lead presented her Deep Dive to governors. Ashiedu gave an overview of her role within the Trust; and referred to the following:</p> <ul style="list-style-type: none"> <li>• The PCC has gained assurance on a range of issues e.g. Workforce Race Equality Standard (WRES); Workforce Disability Equality Standard (WDES)</li> <li>• The new cultural intelligence programme will help to challenge limiting behaviours. Accepting difference is a powerful tool for change</li> <li>• The strength and benefit of having a FTSUG e.g. assurance that conversations with colleagues have highlighted impactful issues of lived and perceived experiences</li> <li>• Looking forward to participating in virtual walkabouts which will be facilitated by Gareth Harry, Director of Director of Business Improvement and Transformation and Carolyn Green, Director of Patient and Nursing Experience.</li> </ul> <p><b>RESOLVED: The Council of Governors received the Deep Dive Reports from Julia Tabreham and Ashiedu Joel.</b></p> <p><i>(Due to other commitments, Stuart Mourton left the meeting.)</i></p>
<p><b>DHCFT/GOV /2021/007</b></p>	<p><b><u>UPDATE ON THE TRUST'S 24/7 MENTAL HEALTH SUPPORT LINE</u></b></p> <p>Fiona White, Area Service Manager, Assessment Services, delivered a presentation on the Trust's 24/7 mental health support line. She was supported by her colleagues Mary Ishaq, Service Manager, Hartington Wing; Sean Wimhurst and Laura Bryan from the P3 charity who co-produced the service. The following was outlined:</p>

- The helpline was established on 6 April 2020 in response to the COVID-19 pandemic, as requested by NHS England (NHSE) for all people to access the NHS mental health pathway/further help if required
- The Trust worked in collaboration with the P3 charity to establish the helpline. P3 are now front lining the service, taking initial calls, signposting and escalating calls for clinical review
- Additional staff were re-deployed from other services within the Trust
- The helpline is temporarily based within the Hartington Unit in Chesterfield and will be moving to its permanent base within Ripley Town Hall in the spring
- The helpline service model is being developed as a collaborative partnership with other agencies e.g. voluntary sector, other health providers, police, East Midlands Ambulance Service, acute hospitals, 111 and social care and health to ensure sustainability of the service provided to people in Derbyshire.
- The average number of calls received is 2,000 per month
- Working closely with 111 to avoid people being referred to A&E
- The helpline has been widely promoted across Derbyshire
- A safe haven was developed in November 2020 by the voluntary sector for mental health patients in crisis in Derby city; discussion is underway for a similar provision in North Derbyshire and across the county
- Data collection has been set by NHS Improvement (NHSI) and NHSE colleagues
- The service is being constantly reviewed to ensure that it is meeting the needs of the people of Derbyshire.

Following the presentation, Geoff Lewins, Non-Executive Director (NED) explained that NEDs who sit on the Finance and Performance Committee have sought assurance on the continuous improvement of the helpline. He reiterated that it had been established very quickly; and an extensive review of the service took place in November 2020 to ensure that a good service was being provided to the people of Derbyshire. Julia Tabreham, NED, also explained that NEDs were keen to explore if the service is providing a positive experience for service users. She also confirmed that NEDs are seeking assurance that the Trust is making good use of resources and that appropriate management is in place.

Margaret Gildea, NED and Chair of the Quality Committee (QC) has sought assurance that the Trust is offering great care through the helpline and the QC noted the on-going development with the service. Updates on the service will be provided on a six-monthly basis to ensure that it continues to work effectively and provide great care.

Geoff Lewins explained that the two committees are not duplicating work but are ensuring that the helpline is covering the Trust's objectives: GREAT care; GREAT place to work; and BEST use of money.

Caroline Maley referred to the issue of confidentiality. Governors had received feedback that service users could overhear other people talking. Fiona explained that the current base in the Hartington Unit is not in a patient area; but is adjacent to a staff room which can create background noise. She also explained that colleagues are conscious that others are talking and wear noise cancelling headphones to try to eliminate the background noise. The permanent base in Ripley Town Hall is a new office and is within a quieter environment.

Caroline also referred to the governors' question about appropriate training for colleagues who work on the helpline. Fiona explained that staff from the original mental health triage team operated the helpline initially. Laura Bryan explained that all staff receive extensive training which is provided by P3 and the Trust. Staff undergo a shadowing process before they are able to take live calls. Sean Wimhurst explained that training includes suicide awareness; and the different pathways people can access. He also explained that staff have backgrounds in support, psychology, experience accessing services etc.

	<p>Valerie Broom commented that the helpline is providing an excellent service. She referred to overnight calls and asked if calls are not answered due to staffing levels. Fiona explained that there is currently one night worker but this is being reviewed and a P3 colleague will be joining in due course. She also explained calls are monitored over a 24-hour period and the busiest period is between 4-11pm. It is envisaged that with the installation of a new telephone system in the new base, all calls will be recorded for patient experience.</p> <p>Valerie also sought clarification on the collaboration and asked if the service is contracted to the Trust. Ifti Majid confirmed that the contract is with the Trust and in the longer term the service model will be reviewed. He emphasised the importance of collaborations and consortiums who can deliver specialist services; he is highly supportive of the collaboration with P3. Sean explained that P3 have a large presence within the Derbyshire, providing support and care across the county. They are experienced at working with people with mental health issues within the community.</p> <p>Lynda Langley thanked Fiona, Sean, Laura and Mary for the update on the service; and will feedback on the background noise to the person who first raised it. It was noted that Lynda and other governors received positive feedback on the service.</p> <p>Kevin Richards asked if postcodes are collected in the data as this can identify areas of deprivation. Fiona explained postcodes along with other demographic information is collected, as requested by NHS England and NHS Improvement (NHSE/I); and the most recent reports show pockets of areas.</p> <p>Caroline Maley, on behalf of the Trust Board, expressed her appreciation to Fiona, Sean, Laura and Mary for the update and responding to questions.</p> <p><b>RESOLVED: The Council of Governors:</b>  <b>1) Noted the contents of the report which included a presentation.</b></p>
<p><b>DHCFT/GOV /2021/008</b></p>	<p><b><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u></b></p> <p>Four items of escalation were received from the Governance Committee meetings held on 10 December 2020 and 9 February 2021:</p> <p>Question one:</p> <p>Governors, in carrying out their engagement work, are continuing to hear issues about the transition from Child and Adolescent Mental Health Service (CAMHS) to adult services. How are NEDs assured that changes are being made to help service users through the transition to adult services? Can NEDS confirm whether this is also being addressed through the JUCD Mental Health System Delivery Board? Has the promised review of the age to 24 under the Long Term Plan for transition been implemented?</p> <p>Question two:</p> <p>How are the Non-Executive Directors assured that services provided to children and young people are meeting current needs of children and young people (particularly in the 16 – 18 year group) where there is an increase in self-harm and mental health issues reported by schools?</p> <p>Question three:</p> <p>How are the Non-Executive Directors assured that the Joined Up Care Derbyshire Integrated Care System and the Trust is planning for and able to meet the current and future increasing demand for mental health services, at both System and Trust level?</p>

	<p><i>(Kevin Richards left the meeting due to other commitments.)</i></p> <p>Question four:</p> <p>How are the Non-Executive Directors assured that SystmOne and shared care records programmes are being successfully delivered and what improvements in the care of services users will be expected to be seen?</p> <p>The responses to the questions are attached as Appendix I to these minutes, were read out at the meeting and governors were satisfied with the responses.</p> <p>Julie Lowe referred to question one and asked if the transition from CAMHS to adult services had been extended to the age to 24? Ifti Majid explained that the increase has not been implemented, and that a lot of discussion has taken place to extend the threshold to age 24. He also explained that this has been superseded by a national directive in the Long Term Plan to implement a personalised transition to meet the individual's need.</p> <p>Following on from this, Roy Webb raised concern that children are going into adults services without having received a full assessment; and asked what the Trust is doing to ensure that this doesn't happen. Ifti explained that the Trust has a rigorous Waiting Well Policy which applies to children and adults. Regular checks are carried out to ascertain if people need to move up the list if they are deteriorating. Roy requested further information on this as he is responsible for Adult Services in Derby city. It was agreed that Roy and Ifti would meet outside the meeting.</p>
<p><b>DHCFT/GOV /2021/009</b></p>	<p><b><u>VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT</u></b></p> <p>The Integrated Performance Report (IPR) was presented to the Council of Governors by Dr Sheila Newport, Non-Executive Director (NED). The focus of the report was on workforce, finance, operational delivery and quality performance. Sheila referred to the following:</p> <ul style="list-style-type: none"> <li>• Most services have been running to target, mainly due to the dedication of staff</li> <li>• The Trust is aware of the challenges it faces when schools re-open, there is an expectation that children services will be in demand. It is really important that the Trust is able to respond to the future demand</li> <li>• The health and wellbeing support available to staff will help enable staff to maintain levels of performance despite the difficulties around the pandemic; and to be able to restore services</li> <li>• Autism and Child and Adolescent Mental Health Services (CAMHS) wait times continue to be significantly longer than normal.</li> <li>• Physical healthcare checks have increased</li> <li>• Recruitment has increased.</li> </ul> <p>Sheila confirmed that NEDs had asked for assurance around a number of issues including improvement of physical healthcare; autism wait times; and care plan reviews. She confirmed that understanding the issue around autism has been taken to the Mental Health, LD and Autism Delivery Board to consider how this can be taken forward.</p> <p><b>RESOLVED: The Council of Governors</b></p> <ol style="list-style-type: none"> <li><b>1) Noted the information provided in the IPR</b></li> <li><b>2) Agreed that the NEDs have held the Executive Directors to account.</b></li> </ol>
<p><b>DHCFT/GOV /2021/010</b></p>	<p><b><u>UPDATE ON THE FORTHCOMING ELECTIONS</u></b></p> <p>Denise Baxendale explained that at the last Governance Committee meeting, governors were made aware of NHSI's recently updated reducing the burden letter to release capacity in the NHS to deal with the pandemic which included the opportunity for Trust's to pause governor elections if necessary.</p>

	<p>Denise confirmed that following on from the original reducing the burden letter received in March 2020, governors had agreed to defer the autumn 2020 elections to spring 2021. She explained that there are three vacancies from 2020 to carry forward to the next set of elections as follows:</p> <ul style="list-style-type: none"> <li>• Bolsover and North East Derbyshire – one public governor vacancy</li> <li>• Chesterfield – one public governor vacancy</li> <li>• Allied Profession – one staff governor vacancy</li> </ul> <p>On 1 June this year the following seats will become vacant due to governors’ terms of office ending:</p> <ul style="list-style-type: none"> <li>• Bolsover and North East Derbyshire – one public governor vacancy</li> <li>• High Peak and Derbyshire Dales – one public governor vacancy</li> <li>• Admin and Allied Support – one staff governor vacancy</li> <li>• Nursing – two staff governor vacancies</li> </ul> <p>Denise confirmed that if the elections are to be held there will be four public governor vacancies and four staff governor vacancies. She also explained that if the Council agree to defer the elections for a further year until 2022 there will be 12 public governor seats and five staff governor seats to fill. She also confirmed that if the Council defer the elections, the five governors whose terms of office end in June could be co-opted for a year; however co-opted governors do not have voting rights.</p> <p>Denise explained that other trusts in Derbyshire are continuing to organise elections despite the guidance.</p> <p>Denise proposed that the elections take place this year. Governors must be mindful that due to the COVID-19 pandemic promotion of the elections would need to be reduced due to the current capacity of colleagues to support the promotion; and the inability to display posters due to infection prevention and control. However, the elections would be promoted as widely as possible through social media.</p> <p>If the elections take place this year, the timescale would be as follows:</p> <ul style="list-style-type: none"> <li>• Nominations open – 31 March and close 19 April.</li> <li>• Notice of poll published 7 May and voting packs despatched 10 May.</li> <li>• Close of elections – 28 May and results declared 31 May new terms of office begin 2 June.</li> </ul> <p>The elections will be a mix of postal and online voting; only members without an email address will receive the information by post.</p> <p>The Trust Chair thanked Denise for the information and supported her proposal to hold the elections this year.</p> <p><b>RESOLVED: The Council of Governors</b></p> <ol style="list-style-type: none"> <li>1) <b>Noted the information provided on the forthcoming elections</b></li> <li>2) <b>Agreed to hold the elections this year.</b></li> </ol> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Denise Baxendale will arrange the forthcoming elections</b></li> <li>• <b>Governors are encouraged to promote elections within their communities.</b></li> </ul>
<p><b>DHCFT/GOV /2021/011</b></p>	<p><b><u>GOVERNANCE COMMITTEE REPORTS – 10 DECEMBER 2020 AND 9 FEBRUARY 2021</u></b></p> <p>The Council of Governors received the report from the Governance Committee meetings which took place on 10 December 2020 and 2 February 2021. Julie Lowe, Chair of the Committee referred to the following:</p> <ul style="list-style-type: none"> <li>• The Chief Executive has approved the plans for the Annual Members’ Meeting and agreed that this will be a virtual event</li> </ul>

	<ul style="list-style-type: none"> <li>• The Governor Code of Conduct had been reviewed and amends had been accepted by governors. All governors are required to sign the revised code</li> <li>• The Governors Annual Effectiveness Survey will be carried out in September 2021</li> <li>• Susan Ryan has stood in the elections of NHS Providers Governors Advisory Committee. The Governance Committee delegated the task of voting to the Lead Governors and Deputy Lead Governors; elections close on 26 March</li> <li>• The Engagement Task and Finish Group met to review the 2018-2021 Membership Strategy, recommending that it is fit for purpose until 2024. Governors will focus on recruitment men, younger people, BME groups; and carers group for the forthcoming year</li> <li>• Governors recommended that the members in the Out of Trust Area are removed from the membership database as they are unable to vote or stand in public governor elections</li> <li>• Julie Lowe had been elected as Chair of the Governance Committee and expressed her appreciation to Kel Sims for Chairing the meeting over the last two year. Susan Ryan has expressed an interest in the Deputy Chair role in the spring after her COVID-19 vaccination work.</li> </ul> <p><b>RESOLVED: The Council of Governors</b></p> <ol style="list-style-type: none"> <li>1) <b>Noted the information provided in the Governance Committee Report</b></li> <li>2) <b>Approved the revised Governors Code of Conduct</b></li> <li>3) <b>Approved the revised Membership Strategy 2021-2024.</b></li> </ol> <p><b>ACTION: Governors must return the signed Code of Conduct to Denise Baxendale as soon as possible.</b></p>
DHCFT/GOV /2021/012	<p><b><u>ANY OTHER BUSINESS</u></b></p> <p><b>Replacement of Trust Chair</b>  Justine Fitzjohn explained that it is the role of the Council of Governors to appoint a replacement Trust Chair. An extraordinary Council of Governors meeting will be convened in July 2021 to approve the appointment. Lynda Langley thanked Caroline Maley for informing governors of her decision and noted that the Council of Governors will have a difficult job to replace Caroline.</p>
DHCFT/GOV /2021/013	<p><b><u>REVIEW OF THE MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></b></p> <p>The Council of Governors agreed that the meeting:</p> <ul style="list-style-type: none"> <li>- The meeting was efficiently chaired</li> <li>- The meeting covered all agenda items with enough time for discussion.</li> <li>- The presentation on the 24/7 mental health support line was excellent and informative</li> <li>- Governors were assured that the NEDs are holding the Board to account.</li> </ul>
DHCFT/GOV /2021/014	<p><b><u>CLOSE OF MEETING</u></b></p> <p>Caroline Maley thanked all for their attendance and input.</p> <p>The next Council of Governors meeting will be on <b>Tuesday 4 May 2021, from 2.00pm</b>. This will be a virtual meeting.</p> <p>The meeting closed at 16:35 hours.</p>



## Escalation items to the Council of Governors from the Governance Committee

### Question One:

Governors, in carrying out their engagement work, are continuing to hear issues about the transition from CAMHS to adult services. How are NEDs assured that changes are being made to help service users through the transition to adult services? Can NEDS confirm whether this is also being addressed through the JUCD Mental Health System Delivery Board? Has the promised review of the age to 24 under the Long Term Plan for transition been implemented?

### Response

The Long Term Plan for Mental Health included the commitment that the transition from children and young people (CYP) services to adult services would be more flexible and reflect the personal circumstances of individual young people. For example, this could be at the point someone goes to University or someone entering employment or setting up in their first home. The important thing is that it is a personalised decision and not based purely on a person's date of birth.

As part of the Community Mental Health Framework transformation and workforce plan, we have included specific posts into the new community teams to support liaison and planning between CYP services and adult community services. These liaison workers will be based in CYP teams, but also be members of the Adult Multi-disciplinary teams.

At the same time, conversations with regional and national NHSEI colleagues lead us to expect a major focus of the additional £500m of investment into mental health services announced in the Autumn to be prioritised on children's MH services, including additional investments into core CAMHS services. This additional capacity will enable improved access to services, particularly in the context of a post-pandemic response, but also allow greater capacity to support a more lengthy and personalised transition into adult services. We are expecting a formal announcement around this additional funding and the expectations around it in mid to late March.

### Question two:

How are the Non-Executive Directors assured that services provided to children and young people are meeting current needs of children and young people (particularly in the 16 – 18 year group) where there is an increase in self-harm and mental health issues reported by schools?

### Response

For CAMHS we have a waiting well process in place and regularly communicate with those on the waiting list. For those on a caseload who may have to wait longer between appointments or for allocation, we have a RAG (red, amber, green) rated system in place aligned to the caseload to identify risk and response accordingly.

Monday to Friday we have a duty line overseen by CAMHS staff for queries and to be able to action any urgent concerns if needed. CAMHS RISE (liaison team) and Eating Disorders are both prioritised as critical services and access to both teams has been maintained throughout the pandemic response. It is important to note that we have seen a rise in referrals in some service areas, and currently there is no further capacity we can draw on.

We are now beginning to focus planning on recovery of services and what that means for waiting lists – this was a service under pressure pre-pandemic.

We are aware that other services who are part of the Children's Emotional Wellbeing offer in Derbyshire are experiencing pressure and are reporting they are also at capacity. These are school based mental health services and a lower intensity offer too which is not provided by DHCFT, as we only provide specialist CAMHS.

Recent discussions and planning on our Crisis service offer are going well with the aim of mobilising in the coming financial year in line with the long term plan and investment.

Specifically, for our school health service we have maintained a school health presence (virtual) in Derby City during the pandemic response, albeit reduced. This has allowed staff to support schools and individuals where needed, and we are now beginning to plan the step up of this in

accordance with schools reopening. Use of digital technology such as our Chathealth service has enabled a new access point for advice and support.

### **Question three:**

How are the Non-Executive Directors assured that the Joined Up Care Derbyshire Integrated Care System and the Trust is planning for and able to meet the current and future increasing demand for mental health services, at both System and Trust level?

#### Response

- We have a clear process in place through the System Mental Health, Learning Disability and Autism Delivery Board to agree and review our annual planning process. This process takes into account the expectations of the long term plan which in turn is driven by assumptions about increasing demand – Sheila sits on this Board that is Chaired by Ifti with strong leadership from Gareth
- The Mental Health, Learning Disabilities and Autism System Delivery Board also is the vehicle by which we review compliance with key performance targets that are heavily influenced by capacity – i.e. are our services meeting current demand, what are waiting times, how many people are out of area and so on
- We have clear and robust programmes of work that are about developing new frameworks for delivering care that will increase the experience people using services have but also enhance capacity by using more staff and working differently. Examples include the enhancements to the Community mental health framework which equates to some 90 more staff members next year and significant investment into alternatives to hospital admission in our acute care pathway.
- There has been a lot of work both locally and at a regional level looking modelling of expected demand following COVID and this is built into our planning assumptions or understanding and this feeds into the system based planning group
- In April, The Mental Health, Learning Disabilities and Autism System Delivery Board commissioned an early review of the existing world-wide evidence base around the impact of pandemics, major incidents and quarantines on mental health and the likely impact on mental health and Learning Disabilities services post-pandemic. Colleagues in Public Health and the Clinical Commissioning Group completed this work in June. The same colleagues are currently refreshing this work to take into account additional evidence that has been published since. This work will influence the system-wide planning work currently being undertaken by the JUCD Capacity Planning and Coordination Cell, where DHCFT is represented by Gareth Harry, the Trust's Director of Business Improvement and Transformation, where delayed treatments and increased COVID-related demand for services will need to be taken into account and prioritised in 21/22 and the next 2-3 years.

### **Question four:**

How are the Non-Executive Directors assured that SystmOne and shared care records programmes are being successfully delivered and what improvements in the care of services users will be expected to be seen?

#### Response

Geoff Lewins, NED, sits on the OnEPR Delivery Board and the Finance and Performance Committee which receive regular updates from the programme, as does the Trust Board.

The benefits to service users are:

- Greater sharing of records and information to inform decision making between primary care and our teams
- Easier access for clinicians to records in a timely way
- Greater consistency and significant rationalisation of assessments and care records within and between services, allowing for less need to repetitive processes between services.