

**MINUTES OF THE COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 1 MAY 2018**

2.00 – 3.45 PM

**CONFERENCE ROOMS A/B, RESEARCH & DEVELOPMENT CENTRE, KINGSWAY,
DERBY, DE22 3LZ**

PRESENT	Caroline Maley	Trust Chair & Chair of Council of Governors
GOVERNORS PRESENT	Shelley Comery	Public Governor, Erewash
	Paula Holt	Appointed Governor, University of Derby
	Gillian Hough	Public Governor, Derby City East
	Moira Kerr	Public Governor, Derby City West
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
	Lynda Langley	Public Governor, Chesterfield
Items 37 - 44	John Morrissey	Public Governor, Amber Valley
	Shirish Patel	Public Governor, Erewash
	Jim Perkins	Appointed Governor, Derbyshire County Council
	Carole Riley	Public Governor, Derby City East
	Adrian Rimington	Public Governor, Chesterfield
	Martin Rose	Public Governor, Bolsover
	April Saunders	Staff Governor, Allied Professions
	Kelly Sims	Staff Governor, Admin & Allied Professions
	Robin Turner	Appointed Governor, Derby City Council
	Christine Williamson	Public Governor, Derby City West
IN ATTENDANCE	Denise Baxendale	Communications & Involvement Manager
	Sarah Bennett	CQC
	Donna Cameron	Assistant Trust Secretary
	Margaret Gildea	Non-Executive Director
Items 37 - 44	Carolyn Green	Director of Nursing & Patient Experience
	Sam Harrison	Director of Corporate Affairs & Trust Secretary
	Gareth Harry	Incoming Director
	Avtar Johal	NeXT Director Programme
	Katie Lawson-King	CQC
	Geoff Lewins	Non-Executive Director
	Ifti Majid	Chief Executive
	Stacey Rach	Lead Nurse, Morton Ward, Hartington Unit
	Denise Robson	Support Worker for Moira Kerr
	Julia Tabreham	Deputy Trust Chair & Non-Executive Director
	Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
APOLOGIES	Rosemary Farkas	Public Governor, Erewash
	Jason Holdcroft	Staff Governor, Medical and Dental
	Kevin Richards	Public Governor, South Derbyshire
	Gemma Stacey	Appointed Governor, University of Nottingham

ITEM NUMBER	<u>ITEM</u>
DHCFT/GOV/037	<p>WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE & DECLARATION OF INTERESTS</p> <p>The Trust Chair, Caroline Maley, welcomed all present to the meeting. Today's Council of Governors (COG) is the first time the meeting has directly followed the Public Trust Board; thanks were given to those governors who had attended the Board meeting. As a result of the new approach the papers for the COG meeting differ slightly. Included in the pack for this meeting, in the <i>For Information</i> section, is a copy of the Trust Chair and Chief Executive's reports as presented to the Public Trust Board. Although these are included for information, questions are welcomed.</p> <p>Caroline Maley introduced Avtar Johal, who is spending time with the Trust to build on his experience as a trainee Non-Executive Director (NED). Gareth Harry was introduced: Gareth will join the Trust on 1 June in the post of Director of Business Improvement & Transformation. Shadowing the Chair is Stacey Rach, Lead Nurse on Morton Ward at the Hartington Unit. Also welcomed to the meeting was Adrian Rimington, recently appointed as Public Governor for the Chesterfield constituency. The Chair reported the resignation of Rick Cox from the position of Public Governor of the High Peak and Derbyshire Dales, effective 30 April. Robin Turner, Appointed Governor from Derby City Council, was welcomed to his final meeting; Robin will be standing down from the Council effective 3 May as he is not standing for re-election. Robin was warmly thanked for his contribution to the Trust. Also welcomed were colleagues from the Care Quality Commission (CQC) attending to observe the CoG meeting.</p> <p>Apologies were noted as above.</p> <p>No declarations of interest were received.</p>
DHCFT/GOV/038	<p><u>OUTCOME OF RECENT TRIAL INVOLVING AN INDIVIDUAL KNOWN TO OUR SERVICES</u></p> <p>Carolyn Green, Director of Nursing & Patient Services was invited to update the Council of Governors on the outcome of a recent trial involving an individual known to the Trust's services.</p> <p>Governors had previously been briefed regarding a serious incident in the community involving an individual who had been open to the Trust's community services and was being supported at the time of the incident. The individual had been on a treatment order, following a previous conviction which had restrictions under the Mental Health Act. Evidence had been given in the trial that the individual's capacity was not impacted and he therefore understood his actions. The jury in the case had returned a verdict today of murder with no attachment of diminished responsibility. Governors can expect to see news coverage regarding this case.</p>

DHCFT/GOV/039	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>Caroline Maley reported that a member of the Trust had submitted a question. The detailed response was tabled for information and will be sent to the member directly. The response is appended to the minutes at Appendix 1.</p>
DHCFT/GOV/040	<p><u>APPROACH FROM A COMPLAINANT</u></p> <p>Carole Riley, Deputy Lead Governor, reported that governors had been approached by a complainant via the governor email account. Carole Riley and John Morrissey, Lead Governor, will respond in line with the Trust's complaints policy with the support of the Complaints Team.</p>
DHCFT/GOV/041	<p><u>MINUTES OF THE PREVIOUS MEETING</u></p> <p>The minutes of the previous meeting, held on 21 March 2018 were accepted as a correct record with one minor amendment.</p>
DHCFT/GOV/042	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>Updates were provided by members of the Committee and noted on the actions matrix. All completed 'green' actions were scrutinised to ensure that they were fully complete.</p> <p>Moira Kerr, Public Governor, commented on the action matrix item DHCFT/GOV/026 in relation to text communications and reminders. Moira did not feel assured of the effective implementation of text reminders. Carolyn Green confirmed that the responsible operational team had reviewed activation elements and uptake of the service and improvements will be made. Richard Wright, Non-Executive Director, confirmed to governors that he would hold Executives to account for the performance of this service through his role as Chair of Finance & Performance Committee.</p> <p>ACTION: Richard Wright to report back to the Council of Governors at the July meeting through the Integrated Performance Report Summary on the performance of the text activation service and will maintain oversight in Finance & Performance Committee.</p>
DHCFT/GOV/043	<p><u>GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE REPORT</u></p> <p>Caroline Maley presented the report on behalf of the Committee. The Governors' Nominations & Remuneration Committee is a standing committee of the CoG and as such is required to update on its business.</p> <p>A summary of the meeting held on 20 March was provided. This meeting reflected on the performance of the Non-Executive Directors, the mid-year appraisal of the Chair and objectives for the coming year for NEDs and the Chair. Margaret Gildea confirmed that she had led on the activities in relation to the Chair, as the Trust's Senior Independent Director. The Committee received confirmation that Fit and Proper</p>

Persons tests had been applied successfully to Geoff Lewins, Non-Executive Director prior to his appointment. The Chair reported on the appraisals for Non-Executive Directors, of which the CoG received a summary report, along with objectives for each NED for the coming year. The Nominations & Remuneration Committee agreed that the Trust has very strong Non-Executive Directors, as evidenced by the appraisal process, which included 360 degree feedback in which governors participated. A summary of the exit interview held with Barry Mellor had been presented to the Committee. Feedback had been taken on board and discussed with the Committee and also fellow Non-Executive Directors.

The Committee had received Chair and NED salary benchmarking information from NHS Providers. It was agreed that no salary review was required at this time. The balance of skills and portfolios of the NEDs had been reviewed and approved. An annual review of the terms of reference had resulted in some changes which were presented for information. Membership has been amended to increase flexibility and to ensure that publicly elected governors must be in majority.

The full report of the Committee's work in 2017/18 was presented for information. Members of the Committee were thanked for their contribution in what has been a busy year where the Committee covered a wide range of responsibilities.

Moira Kerr, a member of Governors' Nominations & Remuneration Committee added that she felt the Committee's work had been of great benefit to the Trust and welcomed the support and information members had received. As a member she had felt valued and informed throughout the very formal and important responsibilities the Committee had undertaken.

Members of the Council of Governors were invited to share their thoughts on the business of the Governors Nominations & Remuneration Committee. Gillian Hough felt she had been informed and involved in recruitment processes. Kelly Sims, as a member of Nominations & Remuneration Committee agreed with the comments made by Moira Kerr, adding that information received and processes followed by the Committee had been extremely thorough. Sam Harrison added that governors had also had the opportunity to be involved in stakeholder groups for NED appointments, and indeed had been invited to similar groups for Executive Director appointments. The feedback from both candidates and stakeholder group members had proved very valuable.

RESOLVED: The Council of Governors

- 1. Received the update on the activity undertaken by the Committee.**
- 2. Confirmed it had received assurance that Geoff Lewins had successfully completed all checks as required under the Trust's Fit & Proper Persons Policy.**
- 3. Received assurance that a robust appraisal process has been followed for Julia Tabreham, Margaret Gildea, Anne Wright, Richard Wright and Barry Mellor. Noted the summary of Non-**

	<p>Executive Director appraisals and agreed future objectives.</p> <ol style="list-style-type: none"> 4. Approved the NED membership of Board Committees as recommended by the Nominations & Remuneration Committee. 5. Approved the Terms of Reference as proposed by the Committee. 6. Approved the annual report of the Committee.
DHCFT/GOV/044	<p><u>NON-EXECUTIVE DIRECTOR DEEP DIVE – QUALITY</u></p> <p>Julia Tabreham, Deputy Trust Chair and NED Chair of Quality Committee presented her Deep Dive covering the remit of her role.</p> <p>The Quality Committee, as part of its year-end activities, had reviewed its effectiveness with very strong results. Changes made in year have contributed to improvements and increasingly robust assurance levels. The Committee continues to be advised that services across the Trust are under significant pressure but the Committee is assured that quality is still being maintained despite increasing demand and rising acuity.</p> <p>A summary of items received at the March meeting was given, outlining the levels of assurance received. The Board Assurance Framework, risks assigned to the Quality Committee are reviewed at each meeting. Papers were received on Clinical Audit, Quality Impact Assessment and an update on the implementation of the recommendations following the Well Led governance framework review by Deloitte. The Committee received an update on Accessible Information Standards and an annual report on inquest activity. There had been significant dialogue on the remaining CQC actions and the Executive Directors were held to account on routes to improve these. The quality priorities for 2018/19 were received, as was the Quality Account, which is currently out to consultation with stakeholders. Limited assurance was received on Serious Incidents, due to the resource required to improve assurance; a review is underway to assess if this area is adequately resourced. The latest report from Healthwatch was positive; it did contain some criticism around lack of support to carers in drug and alcohol services and some criticism regarding lack of information for service users in reception areas of partner organisations. Other reports received included progress against the Dementia Strategy, safer working hours for junior doctors, an update on emergency planning and the Committee's own year-end report.</p> <p>Julia Tabreham is in discussions with Carolyn Green, Executive Director Lead for the Quality Committee on the development of a Quality Chair Report where networking and learning can be shared and also provide an opportunity to show how NEDs triangulate work and seek assurance between meetings. Julia Tabreham is keen to develop quality conversations and seminars to share and learn from other experiences.</p> <p>April Saunders, Staff Governor, commented that she is working with Derbyshire Local Services to arrange training days for our staff in Drug & Alcohol Services, which she will share with Healthwatch and Carolyn Green. Kelly Sims, Staff Governor, asked if other areas, as well as Serious Incidents, are being reviewed from a resource perspective. Ifti Majid responded that middle tier leadership carries the responsibility for</p>

	<p>an increasing range of issues which has led to a leadership review as part of the people strategy.</p> <p>Gillian Hough asked if the Trust can be assured of quality in areas where the Trust is involving third parties, i.e. HR and Estates. Margaret Gildea, NED Chair of the People & Culture Committee, responded that the HR team has TUPE'd over to a joint venture team with Derbyshire Community Healthcare Services NHS Trust and is part of one team giving broader coverage with more expertise. There is no change in service and the accountable Director continues to be Amanda Rawlings. Holding the Executive Directors to account for this will continue through the People & Culture Committee; any concerns will be escalated to the Trust Board through the usual process. Ifti Majid confirmed there is no change in Estates services.</p> <p>A summary of the information shared can be found in the Public Trust Board papers as part of the Quality Committee Assurance Summary.</p> <p>RESOLVED: The Council of Governors noted the Deep Dive by Julia Tabreham which outlined the work of the Quality Committee.</p>
DHCFT/GOV/045	<p><u>INTEGRATED PERFORMANCE REPORT SUMMARY</u></p> <p>Caroline Maley invited the NED Committee Chairs to illustrate the use of the information in the Integrated Performance Report (IPR) in relation to NED duties. The full IPR had been discussed at length in the Public Trust Board meeting earlier in the day.</p> <p>Finance & Performance Committee</p> <p>Since the last CoG meeting on 21 March, the Finance & Performance Committee (F&P) had met once, on 26 March. The Committee had received an update on the Trust Strategy and Forward View. It had also received a presentation from Information Management & Technology which underpinned and clarified the use of data in triangulating information regarding services. The Committee received confirmation that the Trust had met all required NHS Improvement standards. The control total had been exceeded and as a result Sustainability and Transformation Fund money had been received; this funding can only be spent on capital and offers the Trust increased flexibility when considering capital investments. The Trust has signed its contract with Commissioners for 2018/19.</p> <p>Adrian Rimington, Public Governor for Chesterfield, noted that waste had not been referred to and asked if the Trust had eradicated it or what percentage of improvement had been made in reducing waste. Caroline Maley responded that the NHS has operated Cost Improvement Programmes (CIP) for a number of years which had led the Trust to look for ways to improve the use of resources, citing the Carter Review as an example of that. Caroline Maley assured governors that the Trust always tries to maximise the best use of resources.</p> <p>Robin Turner asked who, in the NHS, receives the information regarding the pressure on and use of resources. Ifti Majid responded that he has communication with NHS England, NHS Improvement and</p>

also speaks to the National Mental Health Director for the NHS on these wider issues.

Moira Kerr requested information on the changes in out of area (OOA) placements, the new standards for OOA and how OOA placement affects people getting the care appropriate to their needs. Julia Tabreham responded that the Quality Committee had held Executive Directors to account over OOA. Currently the Trust has 15 acutely ill people in OOA beds. In seeking assurance in Board earlier today, Executive Directors had compared this time of the year as the 'winter' for mental health, i.e. the time of year when the demand for acutely ill services in our population increases. NEDs were assured that this is an area of focus for the Board. In responding to concerns regarding paediatric beds and eating disorders, Ifti Majid added that the Trust can only control the pathways it is commissioned to provide services for; these are specialties that the Trust is not commissioned to provide.

Audit & Risk Committee

Geoff Lewins reported on the volume of year-end activity being seen at the Audit & Risk Committee. The meeting scheduled for 3 May will receive the first full review of the Trust's Annual Report and Accounts.

People & Culture Committee

As highlighted in the IPR, Margaret Gildea confirmed that the Trust continues to have challenges in recruitment. However, the Trust grew by 100 new people in 2017/18, which is a positive move in the right direction. Ifti Majid added that the Trust has a vacancy rate of 5%, which is low and testament to the tremendous work and focus to fill vacancies.

Margaret Gildea also took the opportunity to respond to a question regarding recruitment that had been escalated to the Council of Governors from the Governance Committee.

Question

With summer approaching and staff going on holiday, what assurance can governors be given that adequate focus and preparation has taken place regarding staff recruitment and retention - thereby ensuring a minimum reliance on use of agency staff?

Margaret Gildea reported that the Trust is undertaking an intensive recruitment campaign in May in some of the most expensive parts of the country to live in to try to attract new staff and is offering support with relocation. The Trust now has a staff Bank in-house and is actively recruiting to the Bank through our own workforce to offer additional shifts. Staff who wish to be on Bank only contracts are fully trained and inducted into the Trust. This will help to provide more resilience going forwards.

Moira Kerr queried the levels of pay for Bank staff; Margaret Gildea responded that staff are paid for the rate of the role they are undertaking.

	<p>Safeguarding Committee & Mental Health Act Committee Anne Wright, NED Chair of both Committees, reported that neither had met since the last meeting of Council of Governors due to the quarterly schedule of both meetings. The Safeguarding Committee meets on 10 May and Mental Health Act Committee (MHAC) meets on 8 June. The effectiveness of both committees continues to be reviewed and was recently evaluated. Changes continue as both committees move towards assurance committees; new initiatives are being introduced in both Committees. Caroline Maley added that as a Board, improvements are being seen in MHAC as a result of the work of the Committee Chair and Executive Lead (John Sykes).</p> <p>Gillian Hough asked if the Trust had been affected by the impact of visa allocation for Non-EU nationals having been reached. Caroline Maley confirmed that the Trust had not been affected by this matter.</p> <p>Quality Committee Covered in the NED Deep Dive.</p> <p>RESOLVED: The Council of Governors received the update from the perspective of the NEDs on how they have held the Executive Directors to account through their role.</p>
DHCFT/GOV/046	<p><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS</u></p> <p>Three questions had been escalated to the CoG by the Governance Committee. One question was addressed during Margaret Gildea's IPR Summary as outlined earlier in the meeting. The remaining two questions and responses are given below.</p> <p><i>VOLUNTEERS</i> <i>Governors seek assurance that the Trust's volunteer coordinator has adequate resources and time allocation to carry out the role. How many volunteers are there? Are we actively taking on volunteers at the moment?</i></p> <p>Caroline Maley responded that the Trust has a very valuable body of volunteers, approximately 125, who are a huge asset to the Trust, supporting occupational and social recovery. The volunteering service is led by a Senior Occupational Therapist. The Trust has invested in its volunteering service but, as may be expected, with limitations, due to the pressure on clinical services. The Trust is committed to its volunteer service and we have many examples of people going on to employment with the Trust after a period as volunteer. However, all of our volunteers require support and training when they come on board. Whilst the Trust's volunteer coordinator has adequate resources and time allocation to carry out their role, with restricted expectations, there is a limit to the number of volunteers that we can accommodate as we need to retain the capacity to support them throughout their time with us. If governors receive enquiries during the course of public engagement regarding volunteering with the Trust they are encouraged to direct those individuals to our website to register. Whilst we do have limited capacity, there is a turnover and at some point there will be an opportunity to participate.</p>

	<p>CHILDREN'S SERVICES <i>What assurance can NEDs provide that the positive impact of early intervention in young people's services is not being overlooked?</i></p> <p>Julia Tabreham responded that children's services the Trust continue to work with a variety of partners to develop new approaches to recognise the role of early intervention. In Child and Adolescent Mental Health Services (CAMHS) the Trust has been developing and supporting a new role called Emotional Wellbeing Practitioners (EWP) who work in schools to provide early intervention with emotional difficulty, providing timely local intervention. Early indications are positive. The overall approach in CAMHS is of empowerment and resilience. Our 0-19 years universal children's services contract also focuses on early intervention by embedding good health messages, including our excellent compliance with breastfeeding targets. We provide healthy eating and lifestyle advice throughout our delivery in health visiting and school nursing via a dedicated 'healthy schools healthy settings team'. We have recently had an increase in resource to accommodate enhanced delivery of good dental health in the City, starting at nursery school age.</p> <p><i>What assurance can NEDs give that the Trust is achieving positive outcomes with respect to physical and mental wellbeing (in Children's Services)?</i></p> <p>In addition to the actions outlined above, the Trust also has a focus on reducing harm from medication side effects in CAMHS via our Health Hub, where we continue to monitor physical health in those we prescribe to, and cannot be solely cared for in primary care.</p> <p>Paula Holt added that Derby is one of the country's 12 Opportunity Areas, which has a mental health strand which has representatives on it from the Trust and the University of Derby and part of its work is to enhance and improve health and wellbeing in schools. Ifti Majid added that the Health & Wellbeing Board had set up a mental health prevention group, which Paula Holt is also part of, which increases involvement in this area.</p> <p>A question submitted by Adrian Rimington, Public Governor for Chesterfield for escalation to the Council of Governors will be responded to at the July meeting.</p>
DHCFT/GOV/047	<p><u>GOVERNANCE COMMITTEE REPORT</u></p> <p>Gillian Hough, Chair of the Governance Committee, presented the report of the meeting of the Governance Committee held on 17 April 2017, for information. The CoG is asked to note that the Terms of Reference have been reviewed and are presented for approval. The CoG was also asked to note that John Morrissey, the Lead Governor, had finalised and approved the governors' response to the Quality account following consultation with governor colleagues.</p> <p>Caroline Maley thanked Gillian Hough for the report and complimented the work of the Governance Committee. The Trust is working to</p>

	<p>support governors in increasing engagement with community and this remains a focus of the Governance Committee. Gillian Hough added that two Task & Finish groups have been set up (one for engagement and a second for review of governor and member information on the Trust's website) to take this forward.</p> <p>Gillian Hough has indicated that she would like to stand down from the position as Chair in September after two years in the role. Governors are encouraged to contact Gillian directly if they would like to discuss taking on this role.</p> <p>Resolved: The Council of Governors:</p> <ol style="list-style-type: none"> 1. Noted the report of the Governance Committee meeting held on 17 April 2018. 2. Reviewed and approved the refreshed Terms of Reference for the Governance Committee. 3. Noted that the Lead Governor had finalised and approved the Governors' response to the Quality Report 2017/18.
DHCFT/GOV/048	<p><u>FOR INFORMATION</u></p> <p>Governors received the following items for information:</p> <ul style="list-style-type: none"> • Ratified minutes of the Public Board meeting held on 28 February 2018 • Chair's Report as presented to Public Trust Board on 1 May 2018 • Chief Executive's Report as presented to Public Trust Board on 1 May 2018 • Governor meeting timetable • Glossary of NHS terms <p>Caroline Maley highlighted the additional information in this section. As the CoG now meets immediately following the Public Trust Board Meeting a copy of the reports the Chair and Chief Executive will be included in the 'For Information' section going forwards.</p> <p>Ifti Majid, Chief Executive, highlighted within his report, the information regarding the work in the local healthcare system regarding 'Place'; work is gathering pace and it has been agreed as a system that the Place Board will focus on frailty; this gives the impetus to focus on difficulties in that area.</p>
DHCFT/GOV/049	<p><u>ANY OTHER BUSINESS</u></p> <p>Governor Elections Denise Baxendale, Communications & Involvement Manager, reported that nominations for vacant governor posts closed on 19 April. Notice of the poll will be published on 9 May, voting packs despatched on 10 May and elections will close on 31 May. Results will be declared the following day. The process is being managed by Electoral Reform Services.</p>

	<p>Bid Board for External Auditor Procurement Sam Harrison confirmed that the first meeting of this group had taken place. Appointment of the External Auditors is a statutory role for the Council of Governors. To inform the process, three governors are involved in the Bid Board.</p>
DHCFT/GOV/050	<p><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>Caroline Maley sought views on the effectiveness of the meeting, reflecting on this meeting being the first of its kind to follow Public Trust Board. Kelly Sims welcomed the new approach. Lynda Langley, having observed the Board meeting found the CoG meeting much easier to follow.</p>
DHCFT/GOV/051	<p><u>DATE AND TIME OF NEXT MEETING</u></p> <p>Date: Tuesday 3 July 2018 Time: 2.00 – 4.30 pm Venue: Conference Rooms A/B, Research & Development Centre, Kingsway, Derby, DE22 3LZ</p>
DHCFT/GOV/052	<p><u>CLOSE OF MEETING</u></p> <p>With no further business the meeting closed at 3.45 pm.</p>

APPENDIX 1

COUNCIL OF GOVERNORS MEETING TUESDAY 1 MAY 2018

RESPONSE TO A QUESTION FROM A MEMBER OF THE PUBLIC

Andrew Beaumont, Member of the Trust submitted a two part question as follows.
The question is in bold.

Part One

It would seem that there are issues with all our currently four popular forms of mental health treatment - antidepressants, counselling, mental hospitals and ECT (although diet, exercise, meditation, doing things you like, positive relations with family and friends, and support groups can be effective). Most of the first four not in brackets, were not used 1000 years ago anywhere, or currently by aborigines in Australia. Thus the meagre spend on Mental Health research in the UK of about £130 million (See appendix F - I don't have exact the figure to hand?) - seems disappointing. **Is there any scope to work with international organisations or the Compassionate Mind Foundation (www.compassionatemind.co.uk) 1 Full Street, Derby 01332 742722?**

Response to Part One

Yes, there is a historic underfunding of Mental Health Research which mirrors underfunding of Mental Health Services. There is no evidence to suggest that diet, exercise, meditation, doing things you like positive relations with family and friends, support groups can be effective on their own whilst anti-depressants, counselling, mental hospitals and ECT are not effective? However, research is helping to advance our understanding and hence effectiveness all the time e.g. the links with diet, exercise etc. are being better understood as a result of more recent research. We do get involved in a wide variety of grant funded research e.g. the falls prevention study for people with early Dementia/Mild Cognitive Impairment through different intensity exercise programmes.

There is scope to work with international organisations or Compassionate Mind Foundation. Research funding has come from EU grants in the past. We have not had any non-EU research grants as these can become more complicated to manage due to different regulations and governance requirements in different countries. However, all the commercially sponsored clinical trials of medicinal products we have been involved in are operated as multi-national sites with country specific approvals in place.

The compassionate mind foundation is founded by Paul Gilbert. It is a charity but does not provide research grants as such. Paul Gilbert now works as part of the

University of Derby School for Health and Social Care so any research opportunities should become evident through our partnership with the University also.

Part Two

**I have another question which may be outside the scope of these meetings -
Do antidepressants only work by a placebo effect?**

Response to Part 2

Antidepressants are normally recommended as first line treatment in patients whose depression is at least of a moderate severity. Of this group approximately 20% will recover with no treatment at all, 30% will respond to placebos and 50% will respond to antidepressant drug treatment. This gives a number needed to treat to get a response ratio of 3 for antidepressant over true non-treatment control and 5 for antidepressants over placebos.

The response in clinical trials is generally defined as a 50% reduction in depression rating scale scores. It is very interesting that placebos are an effective treatment for depression significantly enhanced by the addition of reactive drugs. In patients with lesser degrees of depression it is difficult to separate the response rate from antidepressants from that of placebos and so antidepressant treatment is not generally indicated unless the patient has a history of severe depression in order to prevent a relapse.

As regards onset of action it is a widely held myth that antidepressants do not exert their effect for 2-4 weeks. All antidepressants show a pattern of response where the rate of improvement is highest during weeks 1-2 and lowest during weeks 4-6. Statistical separation of placebo is seen at weeks 2-4 in single trials (hence the idea of a lag effect). Where large numbers of patient are treated and detailed rating scales are used an antidepressant effect is evident at week 1. If no antidepressant effect is evidenced after 3-4 weeks treatment a change in dose or drug may be indicated.