

**MINUTES OF THE COUNCIL OF GOVERNORS MEETING  
HELD ON TUESDAY 4 SEPTEMBER 2018  
2.00 – 4.15 PM  
CONFERENCE ROOMS A/B, RESEARCH & DEVELOPMENT CENTRE,  
KINGSWAY, DERBY, DE22 3LZ**

<b>PRESENT</b>	Caroline Maley	Trust Chair and Chair of Council of Governors
	Shelley Comery	Public Governor, Erewash
	Rosemary Farkas	Public Governor, Surrounding Areas
	Jo Foster	Staff Governor, Nursing
	Ann Grange	Public Governor, High Peak & Derbyshire Dales
	Gillian Hough	Public Governor, Derby City East
	Moira Kerr	Public Governor, Derby City West
	Angela Kerry	Appointed Governor, Derbyshire Mental Health Forum
	Lynda Langley	Public Governor, Chesterfield
	Tony Longbone	Staff Governor, Admin & Allied Support Staff
	John Morrissey	Public Governor, Amber Valley
	Al Munnien	Staff Governor, Nursing
	Shirish Patel	Public Governor, Erewash
	Jim Perkins	Appointed Governor, Derbyshire County Council
	Kevin Richards	Public Governor, South Derbyshire
	Kelly Sims	Staff Governor, Admin & Allied Support Staff
	Marie Varney	Public Governor, High Peak & Derbyshire Dales
	Christine Williamson	Public Governor, Derby City West
<b>IN ATTENDANCE</b>	Donna Dyke	Occupational Therapist (shadowing Caroline Maley)
	Margaret Gildea	Non-Executive Director
	Carolyn Green	Director of Nursing & Patient Experience
	Sam Harrison	Director of Corporate Affairs
	Surinder Khakh	Clinical Specialist in cultural diversity (shadowing Sam Harrison)
	Geoff Lewins	Non-Executive Director
	Ifti Majid	Chief Executive
	Leida Roome	Personal Assistant – note taker
	John Sykes	Medical Director
	Julia Tabreham	Non-Executive Director
	Anne Wright	Non-Executive Director
		Three Members of the public
<b>APOLOGIES</b>	Denise Baxendale	Membership and Involvement Manager
	Jason Holdcroft-Long	Staff Governor, Medical Staff
	Roger Kerry	Appointed Governor, Derbyshire Voluntary Action
	Nicki Morley	Public Governor, Bolsover & NE Derbyshire
	Carole Riley	Public Governor, Derby City East
	Adrian Rimington	Public Governor, Chesterfield
	Martin Rose	Public Governor, Bolsover & NE Derbyshire
	April Saunders	Staff Governor, Allied Professions

Karen Smith	Public Governor, Amber Valley
Gemma Stacey	Appointed Governor, University of Nottingham
Roy Webb	Appointed Governor, Derby City Council
Wendy Wesson	Appointed Governor, University of Derby
Richard Wright	Non-Executive Director

ITEM	<u>ITEM</u>
DHCFT/GOV/071	<p data-bbox="459 562 1337 629"><b><u>WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES FOR ABSENCE &amp; DECLARATION OF INTERESTS</u></b></p> <p data-bbox="459 663 1398 831">The Trust Chair, Caroline Maley, welcomed all present to the meeting. Introductions were made and new governors welcomed to the Trust and to their first Council of Governors (COG) meeting. A welcome was also extended to Donna Dyke (shadowing Caroline Maley) and to Surinder Khakh (shadowing Sam Harrison).</p> <p data-bbox="459 864 1310 931">Apologies were noted as above. No declarations of interest were received.</p> <p data-bbox="459 965 1374 1066">The Chair asked for it to be noted that item 5 on the agenda will be moved to the end of the meeting, in order for this to be discussed as a confidential item.</p>
DHCFT/GOV/072	<p data-bbox="459 1072 1302 1106"><b><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></b></p> <p data-bbox="459 1140 1262 1173">Caroline Maley reported that no questions had been received.</p>
DHCFT/GOV/073	<p data-bbox="459 1207 1010 1240"><b><u>MINUTES OF THE PREVIOUS MEETING</u></b></p> <p data-bbox="459 1274 1366 1375">The minutes of the previous meeting, held on Tuesday 3 July 2018 were accepted as a correct record, with the exception of the following amendment:</p> <ul data-bbox="507 1408 1350 1476" style="list-style-type: none"> <li data-bbox="507 1408 1350 1476">• Gillian Hough is the Public Governor for Derby City East, not West as had been listed.</li> </ul> <p data-bbox="459 1509 1350 1610">Caroline Maley thanked Donna Cameron for providing the minutes – Donna has now left the Trust and the meeting wished her well in her new position.</p>
DHCFT/GOV/074	<p data-bbox="459 1617 1007 1650"><b><u>MATTERS ARISING &amp; ACTION MATRIX</u></b></p> <p data-bbox="459 1684 1398 1919">Moirra Kerr raised queries relating to the question responses provided at the last meeting. Caroline Maley and Ifti Majid confirmed that the Trust continued to meet with commissioners to discuss funding of services and raise risks relating to underfunding. The Trust has also been in discussion with local Members of Parliament about the funding challenge and associated risks for the Trust and the people of Derbyshire.</p> <p data-bbox="459 1953 1326 2009">Moirra Kerr also raised her concerns about discrimination against governors relating to meeting duration and support the Trust gives.</p>

	<p>Sam Harrison confirmed that the Trust was committed to supporting all governors with specific needs and actively supported governors to carry out their role through provision of support, access and provision of information. Caroline Maley also noted that whilst governors were encouraged to attend the Board meetings on the morning of the Council meetings, this was not mandatory and was not discriminatory. Any governor with support needs was encouraged to contact Denise Baxendale, Sam Harrison or Caroline Maley to discuss how the Trust can effectively provide this.</p> <p>The items on the Action Matrix were noted as being green.</p>
<p><b>DHCFT/GOV/075</b></p>	<p><b><u>NON-EXECUTIVE DEEP DIVE – ANNE WRIGHT</u></b></p> <p>Anne Wright, Non-Executive Director, delivered the deep dive report on her work with the Trust as Non-Executive Director which included her role as chair of the Mental Health Act Committee and the Safeguarding Committee.</p> <p><b><u>Mental Health Act Committee</u></b>  Anne described her work with the Committee, which over the past year had included a review of the membership of the Committee. An Operational Group, which meets one month before the Mental Health Act Committee meetings, was established with a focus on more operational agenda items, to identify issues and mitigating actions and to report these to the Mental Health Act Committee in terms of assurance. An external review by Internal Audit has provided further assurance on this aspect. The work of the Mental Health Act Committee has included a focus on the Mental Capacity Act compliance; this has included overseeing training, coaching and one to one support, which has been effective.</p> <p>The Committee had identified five major themes as a focus for work going forward. Arrangements relating to Associate Hospital Managers, who are independent but appointed by the Trust in order to hold Mental Health Act hearings, have been reviewed. Steps have been taken to strengthen their terms of service, appraisal and training. John Sykes added that a review of the Mental Health Act is awaited nationally.</p> <p><b><u>Safeguarding Committee</u></b>  Anne Wright explained that Safeguarding is an important area for multi-agency working and that the number of cases is increasing. This means that available resources are focused on reactive work rather than preventative. In addition to this there are several complex enquiries ongoing involving the Police. The Safeguarding Committee also oversees training provision and is working with colleagues to ensure that they can be released to attend their training. Carolyn Green added that the Trust is fully compliant with Internal Safeguarding training but not fully compliant with Interagency training, which is non-statutory.</p> <p>In response to a query from John Morrissey, Carolyn Green provided an explanation on how those in need of safeguarding are identified through our services and then referred to Social Services for further support.</p> <p>No further questions were noted. Caroline Maley, on behalf of the</p>

	<p>meeting, thanked Anne Wright for her detailed report, which was very informative.</p> <p><b>RESOLVED: The Council of Governors noted the Deep Dive by Anne Wright, which outlined her work as chair of the Mental Health Act Committee and the Safeguarding Committee.</b></p>
DHCFT/GOV/076	<p><b><u>INTEGRATED PERFORMANCE REPORT SUMMARY</u></b></p> <p>Caroline Maley invited the NED Committee Chairs to present elements of the information in the Integrated Performance Report (IPR) in relation to their respective Committee roles. This report had been discussed at length in the Public Trust Board meeting earlier in the day.</p> <p><b>People and Culture Committee</b>  Margaret Gildea highlighted the staff related issues in the report. Sickness absence is notably high, particularly in acute in-patient ward areas. The People Services Team are focusing on supporting those staff in the hotspot areas with high areas of sickness absence. She was pleased to report that agency costs are reducing although these are still higher than the Trust would like. Recruitment continues at pace in order to bring staff on board as quickly as possible.</p> <p>Margaret commented that she had visited the People Services Team at Walton and noted that they are working innovatively to increase retention and recruitment. The Pulse Check details were noted and the national annual staff survey is due to launch shortly. Engagement scores are increasing with a wide range of engagement activity underway. Appraisal compliance is also increasing.</p> <p><b>Finance</b> <i>(presented by Geoff Lewins on behalf of Richard Wright)</i>  Geoff Lewins outlined the overall financial position; this is currently going to plan with sustained effort required to meet the overall year end control total. Cost improvement plans are in place and closely monitored through the Finance and Performance Committee to ensure savings can be identified to benefit quality and financial targets.</p> <p><b>Quality Committee</b>  Julia Tabreham outlined the work of the Quality Committee and how this is reflected in the details in the IPR. Caroline Maley added that Out of Area placements are a key issue due to local and national bed capacity. This results in poor patient and carer experience and is of a significant financial cost to the Trust. The Trust is working to identify factors in order to improve the patient flow and reduce inappropriate length of stay to reduce the Out of Area placements. It was noted that the Trust benchmarks well nationally in terms of delayed transfers of care (DTOC).</p> <p>In response to a query from Moira Kerr, Carolyn Green confirmed that Derventio, a housing provider, works closely with the Trust. Caroline Maley confirmed that there is a “waiting well” strategy, where service users are monitored whilst on waiting lists. A leaflet is available for service users and carers.</p> <p><b>RESOLVED: The Council of Governors received the update from</b></p>

	<p><b>Non-Executive Directors on the Integrated Performance Report and obtained assurance.</b></p>
<p><b>DHCFT/GOV/077</b></p>	<p><b><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS</u></b></p> <p>Caroline Maley reported that five questions had been escalated from the Governance Committee to the Council of Governors. Responses to the questions were presented in the meeting and are attached in full to these minutes at Appendix 1.</p> <p><b>Question 1:</b>  In relation to question 1 Margaret Gildea provided a further response to the meeting. She noted that she had seen reports as submitted to the Joint Venture Board for People Services, which showed an improvement in performance across a range of areas, such as employee relations cases and an improvement in recruitment timescales. She felt fully assured of the improvements being yielded from the People Services function provided to the Trust.</p> <p>In response to a query from Rosemary Farkas with regard to the number of management staff employed by People Services, John Sykes confirmed that recruiting and retaining staff was a key priority for the Trust and their activity would therefore benefit Clinical Services. The People and Culture Committee will continue to monitor performance and receive reports from the Joint Venture Board.</p> <p><b>Question 2:</b>  Caroline Maley confirmed that the Trust was working with the Joined Up Care Derbyshire Board and was encouraging them to engage with provider Councils of Governors throughout Derbyshire. A response prepared by the STP Communication Team was circulated for information and is also included in Appendix 1. Angela Kerry confirmed that the Mental Health Work stream had established effective methods to engage with service users and carers and that this has been active over recent months. Caroline Maley and Ifti Majid also confirmed that they had raised with Commissioners their concern about the proposed closure of Mental Health Together and gave assurance that they will work to ensure alternative methods of engagement will be established so that the service user and carer voice is heard in Joined Up Care Derbyshire developments. Information is also available on the Joined Up Care Derbyshire website the link for which had been circulated to governors, and all were encouraged to sign up to receive direct regular updates.</p> <p><b>Question 5:</b>  Psychodynamic Psychotherapy Services – Geoff Lewins confirmed that the decision to decommission these services is a decision for Commissioners. The Clinical Commissioning Groups are to consult on the decommissioning of this Service; this consultation will begin in the autumn but no details have been received on this as yet. The Trust preference is for the service not to be decommissioned and concerns have been raised with Commissioners. The clinicians within the service have been supported by the Trust and we are working with Commissioners to ensure that the consultation follows due process and that patient, carer and staff voices are heard. A link will be circulated</p>

	<p>via Governor Connect and as further details become available, Governors will be updated.</p> <p><b>ACTION:</b> Link to consultation document relating to psychodynamic psychotherapy to be circulated to governors when available</p> <p>It was agreed that questions 3 and 4 had been covered in the wider discussions relating to question 2. Questions 3 and 4 were as follows:</p> <p><i>Question 3: Can you assure us that the Trust will be prepared to deal with the probable impact of CCGs reducing investment in the voluntary sector?</i></p> <p><i>Question 4: What assurance is there that the Trust will maintain the present level of engagement with service users and carers following the cuts to Mental Health together?</i></p> <p>No further issues were raised.</p> <p><b>RESOLVED: The Council of Governors noted the questions and responses provided.</b></p>
DHCFT/GOV/078	<p><b><u>GOVERNANCE COMMITTEE REPORT</u></b></p> <p>Gillian Hough, chair of the Governance Committee, presented the report from the meeting held on the 21 August 2018. Gillian has now stepped down from her role as chair and was thanked for her work in effectively chairing the Committee. Nominations were invited from other Governors to fulfil the role going forwards. Carole Riley had agreed to chair the group for an interim period of 3 months, until a new chair can be found.</p> <p><b>RESOLVED: THE Council of Governors noted the report of the Governance Committee meeting held on 21 August 2018.</b></p>
DHCFT/GOV/079	<p><b><u>UPDATE – ENGAGEMENT TASK AND FINISH GROUP</u></b></p> <p>Angela Kerry provided an update on the Engagement Task and Finish Group. She asked for the Governor Engagement Action Plan prepared by the Group to be considered by the Council of Governors.</p> <p>The Group was established in April 2018 and the objectives for membership engagement are as follows:</p> <ol style="list-style-type: none"> <li>1. Increase membership engagement with the Trust and its Governors</li> <li>2. Provide mechanisms for members to provide feedback to the Trust</li> <li>3. Increase awareness of governors and the role that they play</li> <li>4. Further develop and enhance member focussed communications through the membership magazine and bulletin</li> <li>5. Include the role and the promotion of staff governors in the Trust’s wider focus on staff engagement.</li> </ol> <p>The action plan derived from the above was outlined and agreed. A review of the action plan will be undertaken on a six monthly basis.</p>

	<p>Caroline Maley thanked Angela Kerry and the members of the group for the work undertaken which supported the key governor focus to develop engagement with the public and constituents.</p> <p><b>ACTION:</b> Review of Governor Engagement Action Plan to be scheduled in six months</p> <p><b>RESOLVED: The Council of Governors:</b></p> <ol style="list-style-type: none"> <li>1. <b>Noted the report provided</b></li> <li>2. <b>Endorsed the action plan</b></li> <li>3. <b>Expressed their thanks to the group for the work carried out.</b></li> </ol>
DHCFT/GOV/080	<p><b><u>MEMBERSHIP OF THE GOVERNORS' NOMINATIONS &amp; REMUNERATION COMMITTEE</u></b></p> <p>Sam Harrison presented the report concerning the Membership of the Governor's Nomination and Remuneration Committee. Expressions of interest have been received from Kelly Sims, Staff Governor and April Saunders, Staff Governor and Gemma Stacey, Appointed Governor.</p> <p>Further requests have been made to appointed governors which have not yet yielded a second governor.</p> <p>The next meeting of the Nominations and Remunerations Committee will take place on the 1 November 2018.</p> <p><b>RESOLVED: The Council of Governors:</b></p> <ol style="list-style-type: none"> <li>1. <b>Noted the expressions of interest received</b></li> <li>2. <b>Confirmed the staff governor membership of the Nominations and Remuneration Committee as Kelly Sims and April Saunders</b></li> <li>3. <b>Confirmed the appointed governor membership as Gemma Stacey</b></li> <li>4. <b>Agreed that expressions of interest for the second appointed governor vacancy be sought during September/October with results presented to the next Council of Governors meeting on 6 November 2018.</b></li> </ol>
DHCFT/GOV/081	<p><b><u>ANY OTHER BUSINESS</u></b></p> <p>No other business was raised by the meeting.</p>
DHCFT/GOV/082	<p><b><u>FOR INFORMATION</u></b></p> <p>Governors received the following items for information:</p> <ul style="list-style-type: none"> <li>• Ratified minutes of the Public Board meeting held on 1 May 2018 and 5 June 2018</li> <li>• Chair's Report as presented to Public Trust Board on 4 September 2018</li> </ul>

	<ul style="list-style-type: none"> <li>• Chief Executive's Report as presented to Public Trust Board on 4 September 2018</li> <li>• Governor meeting timetable</li> <li>• Glossary of NHS terms</li> </ul>
<b>DHCFT/GOV/083</b>	<p><b><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></b></p> <p>Caroline Maley sought views on the effectiveness of the meeting. Governors felt that the meeting was effective, on time, respectful, listening and had received assurance that Non-Executive Directors are holding the Executive Directors to account.</p> <p>The Chair reminded governors that if they had any concerns regarding today's meeting to raise them directly with individuals concerned where possible. It is also possible to discuss concerns with herself, Sam Harrison, Denise Baxendale, John Morrissey or Carole Riley.</p> <p>Caroline Maley thanked members of the public and requested that they leave the meeting in order for the Council of Governors to discuss item 5 of the Agenda, i.e. the Recommendation of Approval for Appointment of the External Auditors to the Trust, in confidential session.</p>
<b>DHCFT/GOV/084</b>	<p><b><u>DATE AND TIME OF NEXT MEETING</u></b></p> <p><b>Date:</b> Tuesday 6 November 2018  <b>Time:</b> 2.00 – 4.30 pm  <b>Venue:</b> Conference Rooms A/B, Research &amp; Development Centre, Kingsway, Derby, DE22 3LZ</p>
<b>DHCFT/GOV/085</b>	<p><b><u>CLOSE OF MEETING</u></b></p> <p>Caroline Maley thanked all present for their input and attendance. A confidential session followed, for which separate notes have been made.</p> <p>With no further business the meeting closed at 4.20 pm.</p>

## APPENDIX 1

### COUNCIL OF GOVERNORS MEETING

TUESDAY 4 SEPTEMBER 2018

#### RESPONSES TO QUESTIONS SUBMITTED BY GOVERNORS

##### Question 1:

*Margaret Gildea to present (as per response from previous meeting – see below for information)*

***How can you assure us that People Services is responsible and delivering the service level that staff require?***

***Previous question: A staff governor had received a lot of feedback from staff regarding the new Peoples Services which was established as an enhanced service with Derbyshire Community Health Services NHS Foundation Trust. The new structure was set up to improve and enhance recruitment, training, retention and staff support.***

- ***Staff groups across the Trust are concerned about a reduction in service that they have received to date and request assurance on how services are being delivered and measured and how they are being met.***

##### Response

The new service commenced on the 1/4/18 with a soft launch as some posts were still to be filled at the time. Most staff are now in post and have been inducted into both trusts working practises and the service model.

31 staff from the DHCT workforce and OD team joined together with 69 DCHS staff to create the People Services Team owned and governed by both trusts via a joint venture arrangement and a Joint Venture Committee. Staff do not belong to one trust or the other; they provide a service to both. There are now more staff and a wider range of services available and the service offer is building as we get the service fully up and running and listen to feedback.

Each team has a service specification agreed by both trusts and a set of KPIs; some are being refined and enhanced as we become clearer about what we wish to measure and what both trusts see as their key requirements. Each month the Executive Directors from both Trusts meet at a Joint Venture Committee to review the service progress and delivery.

- ***Assurance is sought from the NEDs that service delivery is being measured and that standards are being met so that there is no detriment to the service that our Trust staff receive.***

#### Response

The joint venture arrangement is governed by a Joint Venture Committee made up of Executive Directors from both Trusts and performance reports are presented to the Executive Leadership Team (ELT) and we have an escalation process to Trust Board should there be any performance issues arise.

- ***Additional assurance is sought specifically on HR support, training, recruitment, retention and staff support.***

#### Response

The trust has developed a People Strategy that has five focus areas; retain, develop, attract supported by leadership and management and inclusion. The People Services team play a role in the development, delivery, the people policies and practices to deliver the strategy but it is important to note that leaders across the trust have a significant role to play in all areas especially staff support and retention.

- ***How are NEDs holding the Executives to account to ensure that we are receiving an effective service for our staff and that proper governance arrangements are in place?***

#### Response

The NEDs are holding the Joint Venture Committee to account for the oversight, performance and delivery of the standards we require from the People Services Team. The People and Culture Committee primary responsibility is to hold the executives to account for the delivery and performance of the People Strategy and the Workforce Plan for DHCT.

#### **Question 2:**

*Caroline Maley to present – response prepared by Jenny Goodwin*

#### ***How can we be assured that Joined up Care Derbyshire are listening to service users, carers and families?***

The JUCD Communications and Engagement function supports the system in delivering good quality engagement to ensure we are listening and involving services users, carers and families in our decisions.

JUCD is dedicated to involving and listening to service users, carers and families. The JUCD communications and engagement function work closely with key partners to ensure we consider and maximise our opportunity to involve people in the transformational work being done in Derby and Derbyshire.

A vast amount of engagement activity is carried out day-to-day by the JUCD partners which has included in the past year engagement on Belper health services, consultation on the Derby and Burton Hospital merger to Better Care Closer to the home in the North. This does not take into account the ongoing conversations taking place all the time by services being fed into the system, listening to views at the Health and Well Being Boards, Overview and Scrutiny Committees and Lay reference groups in the system.

### **How do we ensure the system is involved and listening to service users?**

The monthly communications and engagement meeting involves representatives from Healthwatch Derby and Derbyshire, the voluntary sector, public health and NHSE. This wide group discusses current plans and offers advice and support to ensure we are using all our resources, expertise and links to ensure we are involving and listening to our service users, carers and families.

The JUCD Engagement Forum core group have developed and agreed an Engagement Strategy which has been shared with all communication and engagement leads and with wider partners who were involved in the process. A short version is to be published on our new website and I have attached a draft copy for your information. This will support teams in understanding what good practice for engagement looks like.

The core JUCD Engagement Forum group has agreed a new chair should be appointed to lead the Forum. The next step is to meet with CCG colleagues to agree that the JUCD Engagement Forum will not duplicate the newly developing Derbyshire-wide Lay Reference Group. The meeting is taking place mid-September.

Karen Ritchie, Chief executive of Healthwatch Derbyshire, remains acting chair for the JUCD Engagement Forum and attends the JUCD board each month. Karen is able to provide a voice for the JUCD Engagement Forum and is able to offer opinions and challenge where necessary work being carried out by the system.

### **Recent Engagement activity**

Derbyshire's financial message – Most recently JUCD worked with the Derbyshire CCG to coordinate a system wide message about the financial situation of health and care across Derby and Derbyshire.

A number of sessions brought together members of the public and predominantly the voluntary sector to enable senior leaders hear from people and respond directly to their questions.

A draft report is currently being produced by the CCG which collates the thoughts from those sessions and will be shared on the JUCD website mid-September.

Next steps on the financial message and future of health and care include engagement with the wider population:

- An online debate with a senior leader and the deaf community is being arranged for September. This is being set up following conversations with the

deaf community and will be the first time the system has attempted an online live discussion.

- A series of sessions with Derby University students and senior leaders is being organised which we are organising with the students to ensure its value to those attending.
- Working with Healthwatch Derbyshire and the CCG are organising further sessions in October for the wider population to discuss the plans and in particular those identified in the £51m plan.

For more information on the financial messaging visit

<https://www.joinedupcarederbyshire.co.uk/about/our-financial-challenge>

Place - A communications and engagement task and finish group has been set up to work on the needs of each eight Place Alliances. The review of engagement activity taking place in each Place Alliance has informed the draft communication and engagement plans.

### **Planned activity**

The JUCD communications and engagement team also provides direct support to work streams. Examples of planned activity include:

Learning Disability – supporting the work stream with communications support for the overarching transformation work ensuring that we involve our key partners, patients, carers and families.

Winter plans – leading the winter communications and engagement to ensure we utilise the full system wide channels to support people staying well this winter.

Maternity – two social marketing campaigns to support increasing breastfeeding rates and not smoking in pregnancy. The communications and engagement function are working with the team to ensure the most effective agency is appointed to delivers results and the behaviour change needed.

Children's – supporting a co-produced campaign to promote the Handi-app to parents, carers.

NHSE funded work - Working with our voluntary sector we recently secured NHSE funding to develop an engagement programme to support preventive carers support. This is in it's early stages and will involve JUCD partners for example University of Derby and Burton Hospitals FT and will be led by JUCD communications engagement team.

**For more information on JUCD please view our website, which we are constantly updating – [www.joinedupcarederbyshire.co.uk](http://www.joinedupcarederbyshire.co.uk)**

### **Question 3:**

*Julia Tabreham to present – information provided by Ifti Majid and Gareth Harry for questions 3 & 4*

***Can you assure us that the Trust will be prepared to deal with the probable impact of CCGs reducing investment in the voluntary sector?***

No decision has yet been made on the proposed reduction in funding for the Voluntary Sector by the four Derbyshire CCGs. At their most recent joint meeting of their Governing Bodies, one of the CCGs, Hardwick CCG, asked for a further period of review for one month to analyse the impact of the potential cuts and Erewash CCG is due to discuss the proposal in the near future. DHcFT has expressed concerns through the Derbyshire Joined Up Care Board about the potential impact of cuts to the Voluntary Sector services and its apparent contradiction with the strategic direction of place-based integrated care at a local level, reliant on a robust voluntary sector.

It is as yet unclear to what extent the proposals will impact directly on the services we provide, as many of the proposals impact on voluntary sector infrastructure organisations, whose services support the wider sector. We will continue to monitor the situation and engage with the CCGs as they seek to assess the potential impact of their decision on patient safety, the quality of services and their Equalities Act obligations. We will also develop an analysis of impact, and track the impact and patterns of increases in service referral or relapse which is related to service disinvestment, if it occurs. We cannot give false assurance that the Trust will be able to deal with this impact as our teams already operate under clinical pressure.

### **Question 4:**

***What assurance is there that the Trust will maintain the present level of engagement with service users and carers following the cuts to Mental Health together?***

The CCGs have a number of legal duties to engage and consult with patients in the development and implementation of commissioning decisions, their strategic and operational plans and to support people to make choices and decisions about their healthcare. The people we provide services for have psychological conditions that mean that they are more likely to not come forward and articulate their views without additional help and support. The CCGs have, in the past, discharged their responsibility to involve and engage people with mental health problems in the CCGs' work through groups like Derbyshire Voice and, since 2018, through the Mental Health Together Service.

The CCGs made the decision to terminate the Mental Health Together Service in March and the service is currently working through its notice period. Many of the support workers have left their jobs and have moved to new employment ahead of the service ending. The CCGs are looking at potential ways in which any impact of this

decision might be mitigated in terms of them continuing to meet their legal duties. DHcFT will develop an analysis of impact of the service ending. The Trust will continue to engage with our patients and the wider public around its services in the same way as before. However, we are not able to use these staff and resources to discharge the CCGs' duties

**Question 5:**

*Richard Wright to present – response provided by Gareth Harry and Carolyn Green*

***How are the non-executive directors holding the Trust to account regarding the proposals of the CCG to cease to commission the psychodynamic psychotherapy services? What consultations are being held?***

The Derbyshire CCGs made the decision to consult over the decommissioning of the Psychodynamic Psychotherapy Service earlier this year and we were informed of the CCGs intention to do so. The consultation is planned for the autumn.

The Trust would prefer that no service is ever decommissioned. Individuals with complex needs and Trauma benefit from this service and significant clinical outcomes are achieved. It is with sadness that we are informed by the commissioners of their choice, in this significant climate of financial disinvestment in Derbyshire.

The Trust has been supporting the clinicians within the service to be able to continue to provide their service during what will be a difficult time for the clinicians and the people within the service. The trust has raised a number of concerns with the CCGs about the potential impact of the consultation on patients and how any decommissioning decision should it be made, be safely managed and implemented. It would be unacceptable to not plan for an outcome, even if this outcome is not in line with the clinical evidence.

Trust staff are providing expert advice and reviewing the plan and materials for the consultation so that we enable people using the service to have their voices heard through the consultation. The Trust will be a respondent to the consultation. Both Local Authority Oversight and Scrutiny Committees have been engaged in the process of developing the consultation approach. Following the consultation, the CCGs will have to consider the responses before coming to a decision. We do not have an expected date for the decision. Should the CCGs decide to decommission the service, the trust would receive notice in line with our contract with the CCGs and, at that point, formal HR consultation with staff affected by the service ending would commence.