

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
4th February 2021 via Microsoft Teams

CONFIRMED

Present:

Dr Avi Bhatia	AB	Clinical Chair
Dr Penny Blackwell	PB	Governing Body GP
Dr Bruce Braithwaite	BB	Secondary Care Consultant
Richard Chapman	RCp	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer (part meeting)
Dr Ruth Cooper	RC	Governing Body GP
Jill Dentith	JD	Lay Member for Governance
Dr Buk Dhadda	BD	Governing Body GP
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Ian Gibbard	IG	Lay Member for Audit
Zara Jones	ZJ	Executive Director of Commissioning Operations
Simon McCandlish	SM	Lay Member for Patient and Public Involvement
Andrew Middleton	AM	Lay Member for Finance
Dr Emma Pizzey	EP	Governing Body GP
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning
Brigid Stacey	BS	Chief Nursing Officer
Dr Greg Strachan	GS	Governing Body GP
Dean Wallace	DW	Director of Public Health - Derbyshire County Council
Dr Merryl Watkins	MW	Governing Body GP
Martin Whittle	MWh	Lay Member for Patient and Public Involvement

Apologies:

Dr Robyn Dewis	RD	Director of Public Health - Derby City Council
Dr Steven Lloyd	SL	Medical Director

In attendance:

Dr Kath Bagshaw	KB	Deputy Medical Director
Kate Brown	KBr	Director of Planning and Primary Care (part meeting)
Ian Lawrence	IL	Clinical Director of Integration and CCIO, DCHSFT
Dawn Litchfield	DL	Executive Assistant to the Governing Body / Minute Taker
Fran Palmer	FP	Governance Manager
Suzanne Pickering	SP	Head of Governance

Item No.	Item	Action
GBP/2021/155	Welcome, Apologies & Quoracy Dr Avi Bhatia (AB) welcomed members to the meeting. Apologies were received as above. It was confirmed that the meeting was quorate.	
GBP/2021/156	Questions from members of the public	

	No questions were received from members of the public.	
GBP/2021/157	<p>Declarations of Interest</p> <p>AB reminded Committee members and visiting delegates of their obligation to declare any interests that they may have on any issues arising at Committee meetings which might conflict with the business of the CCG.</p> <p>Declarations declared by members of the Governing Body are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Governing Body or the CCG website at the following link: www.derbyandderbyshireCCG.nhs.uk.</p> <p>Dr Kath Bagshaw (KB), Deputy Medical Director, who attended the meeting today to deputise for Dr Steve Lloyd, advised that she is a GP Partner at the Littlewick Medical Centre. Littlewick Medical Centre is a constituent practice of Erewash Health Partnership. Her declarations are recorded on the CCG's Register of Interests.</p> <p>No further declarations of interest were made and no changes were requested to the Register of Interests.</p>	
GBP/2021/158	<p>Chair's Report</p> <p>AB provided a written report, a copy of which was circulated with the papers; the report was taken as read. Of particular note was the vaccination programme and the immense work undertaken from a standing start to being able to deliver the high levels of vaccinations now being achieved. AB placed on record his thanks, on behalf of the Governing Body and the wider health and care system leaders, for the fantastic and often unsung work that colleagues are delivering every day to make the vaccination programme in Derbyshire a success.</p> <p>It was commented that there is national evidence to demonstrate the success of the high levels of flu vaccinations this winter; as a consequence of these vaccinations, social distancing, hand sanitisation and isolation there have been fewer cases of flu and hospital admissions this year. However, as a result of this, it will likely be difficult to identify trends in the flu virus from other countries, as in previous years, which may lead to ineffective flu vaccines for 2021/22.</p> <p>The Governing Body NOTED the contents of the report</p>	
GBP/2021/159	<p>Chief Officer's Report</p> <p>Dr Chris Clayton (CC) provided a written report, a copy of which was circulated with the papers. The paper was taken as read. In his absence Helen Dillistone (HD) presented the paper and the following points of note were made:</p> <ul style="list-style-type: none"> • The pressure is still very much being felt across the Derbyshire System and the demand for COVID beds remains high. • As part of the way in which the System works, there is a structured process by which the System Leaders are brought together to 	

	<p>facilitate difficult decisions and provide quick responses. System Escalation Calls are held 3 times a week and weekends if necessary.</p> <ul style="list-style-type: none"> • The vaccination response has been huge across Derbyshire – further details will be provided by CC in his presentation later in the meeting. • Whilst the COVID pandemic continues, there is also a need to plan for the journey towards a Derbyshire Integrated Care System (ICS). At the previous meeting it was reported that Derbyshire had become a newly appointed ICS. The Joined Up Care Derbyshire (JUCD) Board recently held its first meeting in public as a newly-appointed ICS. The Board heard updates on the ongoing NHS England discussion to give ICS's more statutory powers, along with emerging thoughts on how provider collaboration can be further developed at scale across services in communities. The continued development of relationships with partners across communities is of utmost importance, and will be key to the success of collaborative working. • Continuing to engage with the public and stakeholders throughout the pandemic is incredibly important. Two events have recently been held for Patient Participation Groups, a Derbyshire Dialogue session on NHS 111 First and a Maternity Voices Network event. Weekly vaccination programme update meetings are held with MPs. Regular meetings are held with Councillors to keep them updated on the COVID situation and the vaccination programme. The CCG is grateful for all the support in sharing feedback and key messages across communities. • Thanks were given to the incredible frontline staff working across the health and social care system that work tirelessly and unstintingly to provide care and support for people in all health and care settings. <p>The Governing Body NOTED the contents of the report</p>	
<p>GBP/2021/160</p>	<p>Constitution Amendment</p> <p>Richard Chapman (RCp) advised that, as a result of the vaccination programme, significant workload pressures are being experienced by both the Medical Director and the Director of GP Development. This could result in the inability to approve invoice payments in a timely manner, and delay cash flows to primary care providers at a critical time. The Executive Team has agreed for all invoices/payment files, which are the responsibility of either the Medical Director or the Director of GP Development, to be redirected to the Associate Director of Finance on a temporary basis in order to free up time.</p> <p>RCp also advised that the same arrangements had been implemented for the Nursing and Quality Directorate.</p> <p>It was confirmed that these arrangements have been discussed and agreed with Internal Audit.</p> <p>Andrew Middleton (AM), as Chair of the Finance Committee, stated that the Finance Team's record of paying 99.9% of invoices on time is something to be proud of; he queried if these arrangements will put this high record at risk. RCp responded that these arrangements have been implemented in order to enable all providers to be paid on time and prevent any cash flow issues.</p> <p>The Governing Body APPROVED the Interim Arrangements within</p>	

	the Constitution for the Primary Care and Nursing and Quality Directorates	
GBP/2021/161	<p>COVID-19 Position Update</p> <p>CC gave a presentation on the up-to-date COVID-19 position for Derbyshire, a copy of which will be circulated to members post meeting. The following points of note were made / questions raised in relation to the presentation:</p> <ul style="list-style-type: none"> • It was queried if the issues with vaccinations were due to supply rather than an ability to vaccinate. CC responded that one of the challenges as the programme has been rolled out was building up capacity and bringing sites and centres on stream, and supplying all of these facilities. Assurance was provided that there is an adequate supply into Derbyshire to vaccinate the top 4 cohorts; work is being undertaken to plan for vaccines to be matched to where they are most needed in order to meet the required targets. • Concern was expressed around staff mental health and burnout, as they are working flat out covering the vaccination programmes whilst a backlog of patients, that will need to be seen when the pandemic ends, is building up. It was asked what the annual leave position looked like and how this was being built in. CC advised that the concerns are well understood in terms of the challenges the pandemic has brought to a host of staff; images have been seen in the media of the challenges staff are facing in Intensive Care Units. Staff who work in different settings, with circumstantial challenges, are equally as important. Work is being undertaken nationally on how to support staff groups; the CCG has health and wellbeing support in place for its staff. CC confirmed that staff are being encouraged to take annual leave to refresh themselves. The Executive Team is currently working through the annual leave policy to ensure that staff are not carrying over too much annual leave. • The work of the volunteers and administration staff involved in running the vaccination centres was highlighted and the ‘thank you to everyone involved’ message was reinforced; people are doing above and beyond their day jobs and the patients really appreciate it. <p>CC is trying to steer the organisation through the recognised challenges of this massive programme, that so far has delivered an incredible number of vaccines; we should all take pride in this. The collective efforts overall have resulted in an amazing job and efforts will continue until the task is finished, with learning occurring as we go. Thank you to everyone.</p> <p>The Governing Body NOTED the presentation provided</p>	
GBP/2021/162	<p>Finance Report – Month 9</p> <p>Richard Chapman (RCp) provided an update on the Month 9 position. The following points of note were made:</p> <ul style="list-style-type: none"> • The CCG has a Year -To-Date (YTD) surplus of £9.379m. • The Operating Cost Statement demonstrates that the CCG had a deficit of £3.301m for the first half of the financial year and will have a surplus of £6.4m for the second half, resulting in an expected surplus outturn of £3.13m at year end. • Details of the current run rate based on the second half of the year 	

	<p>expenditure were provided for information. A description was also given of the changes to the run rates expected by the end of March.</p> <ul style="list-style-type: none"> • The reasons for the changes in forecast outturn between Months 8 and 9 were provided for information. • The System YTD and forecast outturn situation was presented. The System started the year with a £33.9m deficit but is now moving into a surplus position. An £11.6m System surplus is forecast at year end. <p>The Governing Body NOTED the following:</p> <ul style="list-style-type: none"> • The financial arrangements for H2, October 2020 to March 2021 • The reported YTD underspend is £9.379m • Allocations of £13.195m for COVID costs M7 to M9, £9.709m relating to M7 and M8 expected in M10 • The cumulative COVID allocation stands at £33.32m • The cumulative top-up allocation stands at £6.386m • These figures relate to the period H1. They include a retrospective reduction to the H1 top-up allocation for £3.3m however an amendment £0.479m is expected in M10 • A full year expenditure underspend of £3.13m is forecast 	
<p>GBP/2021/163</p>	<p>Finance Committee Assurance Report – January 2021</p> <p>AM provided a verbal update following the Finance Committee meeting held on 28th January 2021. The following points of note were made:</p> <ul style="list-style-type: none"> • In these ultimately abnormal, dynamic times, with the recovery and restoration put on hold, demand may well be high when things revert back to near normal. • The resource challenges have not gone away; they are only being masked by the COVID situation and abnormal behaviours. • 2021/22 could also be another abnormal financial year. • The CCG has been challenged to provide a strong steer as to the financial pressures that will be faced in Derbyshire; it is important that this is seen as a System issue, as any decisions made will have lasting effects for years to come. • The System Finance Oversight Group is getting closer to preparing to become an ICS and will continue to meet to work through the challenges. <p>The Governing Body NOTED the verbal update for assurance purposes</p>	
<p>GBP/2021/164</p>	<p>Audit Committee Assurance Report – January 2021</p> <p>Ian Gibbard (IG) provided an update following the Audit Committee meeting held on 21st January 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The work of Internal Audit has been impacted and the Audit Plan has been adjusted accordingly in line with this. It was confirmed that audit coverage has still provided a secure basis on which to test internal CCG controls. • A full report was received from the Counter Fraud service which denoted the high level of cybercrime associated with the pandemic; 	

	<p>however no local incidents were reported.</p> <ul style="list-style-type: none"> • A review of future external audit arrangements is to be undertaken in light of KPMG undertaking work elsewhere within the NHS which may result in future conflicts of interest. <p>The Governing Body NOTED the contents of the report for assurance purposes</p>	
GBP/2021/165	<p>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – January 2021</p> <p>Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 14th January 2021. The report was taken as read and the following points of note was made:</p> <p>The Committee received and ratified the following CPAG updates:</p> <ul style="list-style-type: none"> • 1a - Position statement for reversal of male and female sterilisation • 1b - Position statement for laser treatment for myopia • 1c - Removal of Benign skin lesions policy • 1d - Functional Electrical Stimulation (FES) policy <p>The Governing Body NOTED the contents of the report for assurance purposes</p>	
GBP/2021/166	<p>Engagement Committee Assurance Report – January 2021</p> <p>Simon McCandlish (SM) provided an update following the Engagement Committee meeting held on 20th January 2021. SM advised that it was a positive meeting with no issues to highlight; the time was used efficiently. The report was taken as read.</p> <p>A paper was received on the development of a new integration index. It was asked what this index would be looking for. The paper allowed the Committee to quantify the issues discussed in the report, which was seen as a point of learning. Closer working will help to provide real benefits and better value for money of scarce resources.</p> <p>The Governing Body NOTED the contents of the report for assurance purposes</p>	
GBP/2021/167	<p>Governance Committee Assurance Report – January 2021</p> <p>Jill Dentith (JD) provided an update following the Governance Committee meeting held on 21st January 2021. The report was taken as read and the following points of note were made:</p> <p>The Committee approved the following Corporate Policies and Procedures:</p> <ul style="list-style-type: none"> • Business Continuity Plan • Business Continuity Policy • Emergency Planning Resilience and Response Policy Statement • Health and Safety Policy <p>The Committee approved the following Digital / IT Policies and</p>	

	<p>Procedures:</p> <ul style="list-style-type: none"> • Acceptable Use Policy • Information Handling and Classification • Communication and Information Security • Third Party Supplier <p><u>Derbyshire Maternity and Neonatal Voices committee</u> - The Committee approved the governance arrangements as follows:</p> <ul style="list-style-type: none"> • To support the provision of the Derbyshire Maternity and Neonatal Voices Partnership (DMNV) • To recommend the formal connection of the DMNV to the Quality and Performance Committee • To support the provision of supervision within the CCG to ensure that objectives and deliverables are assured <p><u>Business Continuity, Emergency Planning Resilience and Response 2020/21 (including COVID-19 and adverse weather conditions) and EU Exit Transition Update</u> - The Committee noted this update. Assurance was provided that the EU transition was working well in the CCG and that a watching brief will be kept on it.</p> <p><u>Freedom to speak up Guardian role</u> - A verbal update was noted and the Committee agreed to promote the role of the Guardian through the Communications team.</p> <p><u>Complaints Annual Report 2019/20</u> - The Committee noted the content of the report and raised concern at the number of complaints being fully or partially upheld, particularly in relation to Continuing Healthcare (CHC) which suggested that there may be issues with the process. The Committee requested that this be discussed by the Executive Team and asked for options to be reported back on how it could be managed to get it back on track.</p> <p>It was commented that CHC is a very emotive issue, with many unpopular decisions having to be made; even if everything was completed correctly there would still be complaints in relation to outcomes. JD advised that the complaints were mainly around the processes undertaken to make the decisions, and the procedures underpinning them.</p> <p>Brigid Stacey (BS) advised that the processes for CHC have been tightened up in order to reduce expenditure; a number of processes are being upheld in relation to bringing in an external company and rightsizing the procedures in order to adhere to the CHC framework more stringently. Although the complaints were upheld, the processes are right. A further report will be provided to the Committee in due course.</p> <p>The Governing Body NOTED the contents of the report for assurance purposes</p>	
<p>GBP/2021/168</p>	<p>Primary Care Commissioning Committee (PCCC) Assurance Report – January 2021</p> <p>Professor Ian Shaw (IS) provided a verbal update following the PCCC meeting held on 27th January 2021. All of the usual standing items were</p>	

	<p>dealt with and there was nothing else for discussion at this point in time.</p> <p>The Governing Body NOTED the verbal update for assurance purposes</p>	
GBP/2021/169	<p>Quality and Performance Committee (Q&PC) Assurance Report – January 2021</p> <p>Dr Buk Dhadda (BD) provided an update following the Q&PC meeting held on 28th January 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • This was a much shorter meeting than usual due to the current COVID-19 pressures. • The Committee approved the Safeguarding Adults, Safeguarding Children, Looked After Children and the Child Death Overview Panel Annual Reports for 2019/20 <p>The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks</p>	
GBP/2021/170	<p>CCG Risk Register – January 2021</p> <p>This report was presented to the Governing Body to highlight areas of organisational risk recorded in DDCCG's Corporate Risk Register as at 31st January 2021. HD requested approval to reduce the following two risks:</p> <p><u>Risk 027</u>: Increase in the number of safeguarding referrals linked to self-neglect related to those who are not in touch with services. These initially increased immediately following COVID lockdown. The adult safeguarding processes and policy are able to respond to this type of enquiry once an adult at risk has been identified. Numbers are difficult to predict but numbers are predicted to increase as COVID restrictions ease.</p> <p>This risk was decreased in score from a very high 16 to a high score of 12 due to experience gained from the first lockdown and subsequent learning. This was approved at the Q&PC meeting held on 28th January 2021. BD advised that the Q&PC was sufficiently assured by the systems and processes in place to reduce this risk.</p> <p><u>Risk 10</u>: If the CCG does not review and update existing business continuity contingency plans and processes, strengthen its emergency preparedness and engage with the wider health economy and other key stakeholders then this will impact on the known and unknown risks to the Derby and Derbyshire CCG, which may lead to an ineffective response to local and national pressures.</p> <p>This risk was decreased in score from a high 12 to a high 8 due to Business Continuity arrangements being enacted and embedded over the past year and the further development of strengthened partnership working both with health colleagues and other key stakeholders. This was approved virtually by the Governance Committee on 28th January 2021. JD advised that this risk had been reduced due to better enactment and wider embedding of arrangements within the organisation and closer working with System partners.</p>	

	<p>The Governing Body RECEIVED and NOTED:</p> <ul style="list-style-type: none"> • The Risk Register Report • Appendix 1 as a reflection of the risks facing the organisation as at 31st January 2021 • Appendix 2 which summarises the movement of all risks in January 2021 • APPROVED the reductions in scores for Risk 10 and Risk 27 respectively 	
GBP/2021/171	<p>Governing Body Assurance Report (GBAF) – Quarter 3</p> <p>The Governing Body Assurance Framework (GBAF) provides a structure and process that enables the organisation to focus on the strategic and principal risks that might compromise the CCG in achieving its corporate objectives. It also maps out both the key controls in place to manage the objectives and associated strategic risks, and provides the Governing Body with sufficient assurance on the effectiveness of the controls.</p> <p>HD presented the GBAF for Quarter 3 advising that the responsible Corporate Committees have scrutinised and approved the risks at their respective Committee meetings during January 2021. The following movements in risk scores have been undertaken after consideration at these Committees:</p> <p><u>GBAF Risk 1</u> – Assigned to the Q&PC - has been increased in risk score from a high 9 to a high score of 12.</p> <p><u>GBAF Risk 2</u> – Assigned to the Q&PC - has been increased in risk score from a high 12 to a very high score of 16.</p> <p>BS advised that the Q&PC has implemented a GBAF Task and Finish operational group which reviews its risks on a monthly basis. It was agreed that this was good custom and practice.</p> <p><u>GBAF Risk 4A</u> – Assigned to the Finance Committee - has been decreased in risk score from a very high 16 to a high score of 8.</p> <p><u>GBAF Risk 4B</u> – Assigned to the Finance Committee - has been decreased in risk score from a high 16 to a high score of 8.</p> <p><u>GBAF Risk 5</u> – Assigned to the Engagement Committee - has been reduced in risk score from a high 12 to a high 9. This reflects the appetite and development to implement the Derbyshire Dialogue programme.</p> <p>The Governing Body AGREED the 2020/21 Quarter 3 (October to December) Governing Body Assurance Framework</p> <p>The Governing Body APPROVED the changes in risk scores for the above risks</p>	
GBP/2021/172	<p>Joined Up Care Derbyshire Board Update – January 2021</p> <p>CC provided an update on the discussions held at the Joined Up Care Derbyshire Board meeting held on 21st January 2021. The report was taken as read.</p>	

	<p>The Governing Body RECEIVED and NOTED this update for information and assurance purposes</p>	
<p>GBP/2021/173</p>	<p>Team Up Derbyshire – Update</p> <p>Dr Ian Lawrence (IL), JUCD Lead for the Ageing Well Programme, attended to introduce this item for information initially before bringing it for further discussions following consideration at the CLCC and PCCC meetings. It is an ambitious programme to transform the way the System treats and cares for housebound patients. It is proposed to build a platform for the integration of services to housebound patients through Networks, Community Services, General Practices, Adult Social Care and Mental Health over the next 2 or 3 years. A high level overview was provided for information.</p> <p>The following points of note were made / questions raised:</p> <ul style="list-style-type: none"> • Although supportive of the proposed set out, there will be a requirement to go through the required governance channels. The governance processes need to be clear and robust and underpin the initiative. IL confirmed that the steps to be undertaken have been outlined in the proposal. It will be presented to the CLCC, PCCC and ET in March. This update was provided primarily for those people who do not attend these forums. • The concept of an MDT approach is a great idea which should release GP resources for patients that are not housebound. The service ideally should take on responsibility for the patients with GP oversight. The clinical responsibilities need to be made clear in order to prevent a disjointed system. IL explained that there is more detail available which responds to this point. • More detail around the finances and where the extra funding will come from was requested. • Concern was expressed around the central recording of information for these patients and making it available for all clinicians to see. • The Primary Care Estates Strategy needs to link in with these future developments. • A caution was expressed when defining responses i.e. urgent or proactive. • There was confusion as to whether this would include care homes. • All meetings held to discuss this item would need to manage GP conflicts of interest appropriately; GPs have a lot to contribute but could be stymied by conflicts which could potentially result in this initiative not receiving the best outcome. <p>AB considered that, if this is the right way forward for health and wellbeing in Derbyshire, the governance should not be a barrier. It needs to be ensured that everything is done correctly, that the clinical model is right and any conflicts managed sensibly. The Clinical and Professional Reference Group (CPRG) could be used as a System forum to provide clinical and professional input.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • SCRUTINISED the proposal to integrate community care in Derbyshire • NOTED the level of Derbyshire’s ambition, which is greater than 	

	<p>the ask associated with the national Ageing Well programme</p> <ul style="list-style-type: none"> • WELCOMED the progress made to date • ACKNOWLEDGED and CONTRIBUTED to development of the proposed next steps towards implementation 	
GBP/2021/174	<p>Safeguarding Reports</p> <ul style="list-style-type: none"> • The Safeguarding Children Annual Report – 2019/20 • The Looked after Children Annual Report – 2019/20 • The Safeguarding Adult Annual Report – 2019/20 • The Child Death Overview Panel Annual report – 2019/20 <p>The Governing Body RECEIVED and NOTED these reports for information and assurance purposes</p>	
GBP/2021/175	<p>JUCD Board Minutes – November 2020</p> <p>The Governing Body RECEIVED and NOTED the minutes of the above meeting for information and assurance purposes</p>	
GBP/2021/176	<p>Ratified Minutes of DDCCG’s Corporate Committees:</p> <ul style="list-style-type: none"> • Audit Committee – 19.11.2020 • Engagement Committee – 18.11.2020 • Governance Committee – 12.11.2020 • Primary Care Commissioning Committee – 16.12.2020 • Quality and Performance Committee – 18.12.2020 <p>The Governing Body RECEIVED and NOTED these minutes</p>	
GBP/2021/177	<p>South Yorkshire and Bassetlaw Integrated Care System CEO Report – January 2021</p> <p>The Governing Body RECEIVED and NOTED this report</p>	
GBP/2021/178	<p>Minutes of the Governing Body meeting in public held on 14th January 2021</p> <p>The minutes of the above meeting were agreed as a true and accurate record</p>	
GBP/2021/179	<p>Matters Arising / Action Log</p> <p><u>Item GBP/2021/139 – Derbyshire Shared Care Records</u> It was asked if time and money is spent implementing this, whether it will delay moving towards completely shared records – RCp advised that this is part of this process.</p> <p>In the past a lot of money has been spent on trying to obtain Shared Care Records but nothing has happened; assurance was requested that this is not heading in the same direction. Some reservations were made as to whether it was fit for purpose. RCp confirmed that this initiative has already been undertaken elsewhere in the country; the preferred bidder has already implemented this system in Dorset and learning is being taken from this. Item closed but the Governing Body will be kept informed of</p>	

	<p>future implementation.</p> <p><u>Item GBP/2021/114</u> – It was asked if seeing patients with low level mental health concerns was an inappropriate use of GP time and if there is another more appropriate service for first level mental health needs. Derbyshire Healthcare Foundation Trust has implemented a 24 hour mental health helpline for all Derbyshire residents. Digital First options are available for children and young people - Kooth and Qwell, and for adults Silvercloud and IAPT are in place. In April 2021 mental health practitioners are coming on line in PCNs, and post-COVID syndrome clinics will have a mental health component to them. The Derbyshire Pathfinder has an array of mental health resources available for both GPs and patients. A summary was requested for distribution to practices of the mental health interventions available. Item closed.</p>	KB
GBP/2021/180	<p>Forward Planner</p> <p>The Governing Body NOTED the Planner for information</p>	
GBP/2021/181	<p>Any Other Business</p> <p>None raised.</p>	
<p>DATE AND TIME OF NEXT MEETING</p> <p>Thursday 4th March 2021 – 9.30am to 11am via Microsoft Teams</p>		

Signed by: Dated:
(Chair)