

# PAPER

BOD 61/2013

(Agenda Item: 12)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**29 May 2013**

**Chief Operating Officer’s Report**

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**For Information**

This month’s report provides the Board with updates on

* the development of care pathways for Older People across organisations in Oxfordshire
* the safeguarding children’s service
* the family nurse partnership service
* work with 3rd sector partners
* improving clinical leadership within inpatient services

**Recommendations**

The Board is asked to note the report.

**Lead Executive Director: Yvonne Taylor, Chief Operating Officer**

1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*

 **1. Section 75 Partnership Agreement with Buckinghamshire County Council**

The Trust Board approved the new draft S75 agreement with Buckinghamshire County Council at its April meeting. The agreement has now been signed and sealed by both organisations.

1. **Developing Care Pathways for Older People in Oxfordshire**

The Trust continues to work in partnership with Oxfordshire County Council (OCC), Oxford University Hospitals NHS Trust (OUHT) and Oxfordshire CCG to develop the supported discharge pathway to improve the timeliness and discharge for patients with complex and ongoing needs (health and social care).

Winter pressures have reduced significantly during May, and system flow is good. This is reflected in the reduction in DTOCs (120 in the week ending 10 May, compared to 156 in the week ending 21st April).

All providers are committed to the sustained reduction of DTOCs and reduced ongoing dependency on escalation beds. Whilst these improvements are encouraging, there remains a need for more rapid and sustainable improvements in patient flow across the urgent care pathway. The Chief Operating Officers continue to meet regularly to review the delivery of the supported discharge pathway, and agree further actions required. At a recent workshop the following actions were agreed –

* Referrals to Single Point of Access (SPA) from acute to focus on patients’ needs following discharge (clinical and social) with the discharge pathway team (DPT) taking a greater role in determining the onward care pathway. This moderate shift in these roles is expected to improve decision-making regarding onward care pathways by improving the information available to the DPT as well as the interface between the DPT and acute ward team.
* Simplification in the onward care pathways available, especially for bed-based care. This will support effective decision-making regarding onward care pathways as well as capacity management across the system.

The Trust’s services which contribute to the discharge pathway (SPA, community hospitals, reablement) have begun work with NHS Elect to develop predictive demand and capacity modeling and implement the changes in operational delivery required to improve flexibility in capacity aligned to changes in demand. Work is also ongoing within each of these services to maximise capacity and effectiveness through the implementation of standard operating procedures (eg consistent use of estimated date of discharge, increased frequency of discharge decision-making points in a week). This approach is endorsed by the recent King’s Fund publication on urgent and emergency care[[1]](#footnote-1).

These improvements in daily operational management and leadership are crucial in improving patient outcomes and system flow. However, their impact will be limited without transformational change in the admission prevention pathway. This is the focus of the Trust’s service remodelling (integrated locality teams, the development of interface medicine and EMU functions) and development of care pathways for older people which cross organisations. A key milestone for delivery of these actions is October 2013 - the resilience we have in place at this point will determine how well we are able to manage this year’s winter pressures.

1. **Safeguarding Children Service**

The Safeguarding Children Team works across all Trust services in the five Local Authority Areas that the Trust works within. The Service is hosted in the Children and Families Division and is led by Kate Riddle, Trust Lead Nurse Safeguarding Children and Dr Nick Hindley, Trust Lead Doctor Safeguarding Children.

During 2012/13 the implementation of the new safeguarding children service model was completed. This was developed in line with the principles in the Munro Review whereby safeguarding children accountability and governance arrangements are robust and frontline staff are supported through training and supervision to undertake safeguarding children work.

The team now have a base at East Oxford Health Centre in Oxford. This has enabled improved team working and brought together the skills and expertise of safeguarding children nurses with mental health and community health experience.

The team has also been strengthened by the recruitment of three new Named Doctors for Swindon, Wiltshire and Bath & North East Somerset, Buckinghamshire and Oxfordshire.

There has also been increased joint work and training with the Safeguarding Adults team and the Think Family Champions to ensure staff who work predominantly with adults who may also be parents or carers are supported to meet their responsibilities to safeguard children.

The service model supports effective partnership working through clear identification of Named Nurse and Named Doctor links for Local Safeguarding Children Board (LSCB) areas as well as strategic level organisational representation on LSCBs and key partnership groups by Heads of children’s services / leads.

Partnership working has been further developed and has been particularly strong in relation to Child Sexual Exploitation (CSE) work with increased multi- agency working and information sharing.

The Trust has seconded a member of staff to be part of the Oxfordshire Kingfisher Team – this is a multi-agency team (police, social workers and health) which has been set up to receive and investigate new allegations of CSE and support victims. The following actions have also been undertaken to further develop staff awareness and support partnership working in relation to CSE in line with national guidance:

* Training in relation to child sexual exploitation including use of CSE risk assessment tool has been completed with Children Universal Services, School Health Nurses, CAMHs and Contraceptive & Sexual Health services. Further training is planned.
* School Health Nurses have supported roll out of Chelsea’s Choice CSE theatre production within Oxfordshire secondary schools with workshop afterwards to raise awareness of CSE and staying safe.

* The Trust is contributing to the Oxfordshire Safeguarding Children Board multi- agency Child Sexual Exploitation Strategy.
1. **Family Nurse Partnership Service**

*“There is a magic window in pregnancy.... it’s a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse” David Olds PHD, Founder Nurse-Family Partnership.*

The Family Nurse Partnership (FNP) is the UK name for the US developed Nurse - Family Partnership (NFP) which is probably the leading and best-evaluated model of home visiting by health professionals The Family Nurse Partnership is an intensive, structured, home visiting programme, which is offered to first time parents under the age of 20. A specially trained family nurse visits the mother regularly from early pregnancy until the baby is 2 years old and builds a close, therapeutic relationship with the family. The FNP service aims, to improve: pregnancy outcomes, child health and development and parents’ economic self-sufficiency. The methods are based on theories of human ecology, self-efficacy and attachment, with much of the work focused on building a strong relationship between the client and family nurse to facilitate behaviour change and tackle issues that prevent some mothers and fathers caring well for their child.

FNP is one of only two programmes shown to prevent child maltreatment. There are high levels of commitment to continued research and it remains high on the political agenda within the UK. Initial research in England has found that mothers who receive support from family nurses show positive results, including:

* stopping smoking during pregnancy
* high levels of breastfeeding
* improved self esteem
* being much more likely to return to education or employment when their children are old enough

In Oxfordshire, the Trust delivers a Family Nurse Partnership Programme, which in January moved into its fourth year.Family Nurse Partnership is part of the Universal Partnership Plus offer of the Health Visitor Implementation Plan.  There is an expectation that “there are additional services for vulnerable families requiring ongoing additional support”. The FNP can be seen as an intensive care service for our most vulnerable families and is commissioned to support 200 families across Oxfordshire with 8 nurses with a maximum case load of 25 families each.

On 20th March, the central Family Nurse Partnership team from the Department of Health visited Oxfordshire for an annual review. The outcome was very positive “ Oxfordshire is one of the best sites in the country” with the team commended for delivering the programme extremely well. The transition pathway between family nurses and health visitor was noted as an example of good practice and this will be shared with other sites. The first cohort of service users are now starting to ‘graduate’ from the FNP Programme.  There has been positive feedback in respect of the transition pathway - in particular, clients have responded well to a joint visit with a health visitor prior to their programme ending. Service users give feedback throughout the programme and graduates are helping to promote the service to other young people by making user video, developing literature, recruiting staff etc.

1. **Partnership Working with the Third Sector**

As part of the service remodelling programme mental health services have been working closely with senior colleagues in third sector organisations within Oxfordshire. These organisations - Oxfordshire Mind, Response and Restore - are leaders in the provision of mental health support, accommodation and day activity into employment. Following initial meetings a workshop was held with operational managers all services to share opportunities for partnership working across care pathways to enhance the quality of care provision for patients. In particular MIND and Response provide a range of housing with support ranging from 24 hour staffed accommodation to low level floating support. We would like to explore with them the opportunities to develop further our rehabilitation pathways of care including an increase in high support accommodation. The Trust and Restore currently work together to provide employment support and we would like to build upon this to work together to ensure that our patients can access a range of meaningful activities to assist their recovery. We have agreed that we will use the recovery model approach to delivering shared packages of care. There is a joint workshop on 3 June with these Oxfordshire partners and also with Buckinghamshire partners from Buckinghamshire MIND, the Shaw Trust and Back to Base to further develop plans for joint-working.

1. **Improving Clinical Multi-disciplinary Leadership for Adult In-patient Services**

Through its work on service models and the development of care pathways, the mental health division clinicians and managers highlighted a number of quality improvements. Consistent clinical leadership on inpatient units across the 24/7 period was identified very important to improve the quality and therapeutic milieu of these services. As a first part of this, dedicated in-patient consultants for all wards across Oxfordshire and Buckinghamshire have now been appointed. Within Oxfordshire single consultants for each of the five adult wards (including PICU) have been appointed whilst in Buckinghamshire there is a single consultant for the rehabilitation unit and three consultants providing cover to our two acute units. This development will require a reworking of the community patches to free up the successful candidates (who currently have community patches) to undertake these roles. There is a three month timescale for implementing these changes to ensure that we do not compromise continuity of patient care.

1. Urgent and Emergency Care: A Review for NHS South of England, The King’s Fund, March 2013 [↑](#footnote-ref-1)