

# PAPER

BOD 87/2013

(Agenda Item: 10)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**31 July 2013**

**Chief Operating Officer’s Report**

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**For Information**

This month’s report provides the Board with updates on

* DTOC
* Newly won business
* Integrated Delivery
* Service Modelling
* Early Intervention and Self Management
* Improving Training
* Leadership, People and Culture
* Personal Health Budgets

**Recommendations**

The Board is asked to note the report.

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

1. **DTOC**

A two day workshop was held during July with OCCG, OCC, OUH, OH and primary care colleagues engaged on the development of Older People’s Service across primary care, community and acute services.

The purpose was to review the developments already completed and their effectiveness, examine work currently underway and agree further joint work to improve winter resilience this year.

1. **Newly Won Business**

Any Qualified Provider (AQP)

Podiatry has successfully become an Any Qualified Provider (AQP) in Oxfordshire, where the service is the current provider. The change means a move from a block to a tariff contract base. In 2012/13 the service over-performed on the block contract activity levels and the expectation is that with current demand as well as the demographic growth we would expect income to increase by circa £100,000 per annum. Additional staff resources and estates have been sourced by short term contract to deliver the additional work this year, whilst long term activity trend changes can be confirmed.

Podiatry Services have also been successful in becoming AQP for Berkshire which is the first time they have held a contract here. Initially it is anticipated that the growth will be on the south border with Berkshire, especially in Henley, and additional resources have been identified to support this. The service will monitor the demand, and review the potential for growth within the Berkshire Boarders. Both contracts started on 1 July 2013.

**Crisis Response Service**

This new service is commissioned by Oxfordshire County Council to provide a social care crisis response within 2 hours to prevent acute admissions for social care or support reasons. The service began at the end of March. The contract basis is a mixture of block for up to 15 new starters weekly and then tariff after this.

**South Buckinghamshire Care Home Matron Pilot**

Secured the contract to run a pilot in the South Locality of Aylesbury Vale CCG for six months with a view to testing out whether outcomes improve for residents in care homes in this area by a care home matron working with the care homes (this is the same model that is currently delivered by the Trust in Oxfordshire).

**Continuing Healthcare**

Additional resource commissioned by OCCG to deliver the work of the national close down of historic formally unclaimed Continuing Healthcare. Oxfordshire received 800+ requests for consideration for continuing healthcare funding dating back to 2006. The number received in Oxfordshire was in line with the national levels.

1. **Towards Integrated Delivery**

**Speech and Language Therapy**

* Pilot with the Care Home Support Team at Isis care home in Oxford: Dysphagia assessment and management of straightforward, non-complex cases
* Project implementing training and resource pack to improve nurse management of dysphagia on mental health wards

**ECHO project - (Enhanced Care Home Outreach)**

* Project supporting the integration of physical and mental healthcare in care homes. This project is part of the Prime Minister’s Dementia Challenge and will developing the mental health aspect of existing Care Home Support Service, by community mental health clinicians becoming part of the care home support service team.
* Improve access to specialist mental health assessment and early treatment and monitoring of care home residents
* Reduce the use of psychotropic drugs in the treatment of the symptoms of dementia
* Reduce admissions to older adult acute mental health wards and reduce length of stay.

**Physical Disability Physiotherapy Service**

* Parkinson’s Disease – joint clinics and educational classes with the Oxford University Hospital Trust Community Neurological Nursing Service being rolled out across the county.
* A further two Motomeds (specialist static bikes for the disabled) have been provided in leisure centres, bringing to 4 across the county, where the physiotherapist designs the exercise program and the trained leisure centre staff supervise the programme.
* Extended the partnership with Headway in Oxford, where the rehabilitation and or maintenance programme is set up by the physiotherapist but carried out at Headway by the volunteers in their gym.

**Generic Working Pilot between Community Therapists and District Nursing**

* Generic training delivered to staff in West Locality – Community Therapy Service have trained district nursing staff for initial assessment for mobility aids; district nursing staff training Community Therapy Service for pressure area care.
* This training has proved extremely successful and will now be rolled out to the other five locality teams
* Next training will be in MUST assessment and toileting.

**Care Home Support Service**

* Pilot of integrated delivery in Buford and Carterton between district nurses and the care home support service for the care homes in that area
* Skintelligence, led by the tissue viability team to improve competency around skin care in 4 nursing homes, possibly broadening this out further if successful.

**Psychological Therapies**

Adult Primary Care Psychological Therapies are delivered through the Children and Families Division through Improving Access to Psychological Therapies. In Oxfordshire this is delivered through TalkingSpace in partnership with Oxfordshire Mind and in Buckinghamshire the service is called Healthy Minds. The Trust also delivers Step 4 Specialist Psychological Therapies Services in both counties, which includes individual and group psychotherapy, work with highly complex individuals, using CBT, IPT, Family Therapy, and Psychotherapies.

The IAPT services treat a high volume of patients each year; TalkingSpace and Healthy Minds treat around 6,000 – 6,500 patients each per year with recovery rates (as nationally specified reaching 48-49% which is above the national average for IAPT Services. IAPT services record outcome measures on a session by session basis and have begun to use disorder specific outcome measures in some cases.

An organisational change process has taken place to bring together steps 2, 3, and 4 under single clinical and operational leadership. This has enabled a much greater degree of flexibility across steps and aim is to improve the patient pathway to ensure patients get to the right step first time.

Both IAPT services are pathfinder sites for psychological interventions in long term conditions and were highly commended at the recent National HSJ Integrated Care Awards for the Integration of psychological and physical health care pathways. These developments are excellent examples of how patients benefit from integrated working across psychological therapies, the acute Trusts and our own Community Division to deliver care.

A number of key initiatives are underway:

* Training in psychological skills for stroke staff in Oxfordshire by psychological services to deliver hands on psychological assessment and intervention.
* Mapping and improving the psychological care pathway for stroke patients in Buckinghamshire and Oxfordshire
* Delivering integrated physical and psychological care to cardiac patients in Oxfordshire as a DH Pathfinder site.

*This project was a finalist at the national HSJ integrated care awards and received highly commended*

* Delivering integrated physical and psychological care to COPD patients in Buckinghamshire as a DH Pathfinder site

*This project was a finalist at the national HSJ integrated care awards and received highly commended*

* Implementing a new model of integrated care for LTC patients, based in primary care in Aylesbury Vale CCG, training all GPs in psychological perspectives in primary care (PIPPCare).
* Piloting an integrated weight management programme in Buckinghamshire incorporating psychological assessment and intervention.
* Research studies into tele-health for COPD and Collaborative Care for diabetes (research nurses working with Oxford University Department of Primary Care).
* Integration of psychological approach and diabetes in podiatry Oxfordshire. Additionally the diabetes educational programme now includes psychological wellbeing.
* Working with colleagues from Older Adult Services to ensure that psychological therapies are part of the pathway for older adults – including older adult inpatient wards.
* Working with colleagues in Adult Mental Health to ensure access to psychological therapies across the pathway including inpatient wards.

The adult Psychological Therapy Services will move from the Children and Families Division into the Adult Pathway later this year. A project to ensure the smooth transition of services has commenced with the full engagement of clinical and operational leads.

1. **Service Modelling**

We are working with commissioners from both OCCG and OCC in the development of quality standards for care homes in Oxfordshire.

Integrated pathway and delivery for Chronic Fatigue, between Occmet and psychological services

* Developed the Bibliotherapy: Activity Management Self Help manual
* Multi service triage meeting as part of the new pathway: Supporting patients to access services in the “Right Place” at the “Right Time”
* Early intervention psycho-education class in Didcot stated in April (2 sessions and 1 follow-up, carers and family invited too)

Nutrition and Dieticians have been contracted by Public Health to design a Childhood Obesity programme.

The development of new service models continues with good input from staff, patients and carers and partners to ensure clear pathways for patients which will be transparent and evidence based. As part of this process focus groups have been taking place in most major towns in Oxfordshire and Buckinghamshire to gain the views of service users and their carers regarding the service change. This has been very useful in developing the operational model of provision.

1. **Early Intervention and self-management**

* Speech and Language Therapy - Initial voice care and education groups in community
* Speech and Language therapy -Developing and establishing STEPS telehealth computer intervention for stroke patients with communication difficulties (aphasia) – pilot project funded by social services.

1. **Improving training**

* E-learning Package designed and developed by the Falls Prevention Team has now been rolled out to community and mental health hospital staff
* Next stage District Nursing teams and Physiotherapists
* Has reduced from 2.5 hours face to face to 1 hour e-learning
* Community Diabetes Service has providing primary care training on “Supporting People with Diabetes during Ramadan”.
* Jackie Connelly, Continuing Healthcare Manager and Trudy Reynolds, Personalisation Service Development Manager have worked with the Department of Health to produce a national web based educational tool on Continuing Healthcare, to be launched this summer.

1. **Developing Leadership, People and Culture**

* Rebecca Harrex, a community Dietition, as part of a research group from the University of Hertfordshire has been published in the British Journal of Human Nutrition and Dietetics
* Suzanne Bradshaw, a senior Dietition has been awarded with an Investors in Education Award from the Oxfordshire Business Education Alliance, she was nominated by Marlborough School, Woodstock.
* Perdy Van du Berg, clinical nurse lead for Diabetes is a member of the advisory group for NICE for their Diabetic Pathway work
* The MSK Physiotherapy service ran Fitness to Work Day on June 12th as part of the national Fitness to Work Day, putting on activities across the county including ‘Cycling to Wimbledon’ for OHFT staff.
* The Health Service Journal has accepted an article about the development of Oxtext work; from research into practice and a further article has been put forward for publication about the work of the research assistants who work half time in the South East Oxfordshire CMHT and half time in the University Department.
* The Mental Health Division has been implementing Safer Care principles into its Crisis Teams and was shortlisted for the Safer Care Awards and HSJ Awards.   
    
  **8. Personal Health Budgets**

The Cabinet Office visited Oxfordshire on June 7th and spent the day interviewing a range of stakeholders from across the community as part of their fact finding on the success and barriers to implementing PHB. Our lead, Trudy Reynolds then attended the review of the 6 sites visited in the cabinet office the following week and supported the national lead in the House of Commons select committee debate. Following this it appears that the legislation on PHB will be strengthened; this will meet what we are already undertaking in Oxfordshire.

* Locally PHB is working in a number of areas including:
  + Childrens Continuing Healthcare, so that they can offer PHB and are fully compliant with the legislation on April 1 2014 – the first 3 direct payments in place.
  + DTOC – working with some long stays to use the principles of PHB to test whether this will unlock the blockages and then use the learning in other cases
  + Dementia – starting to work with one of the older people’s mental health team to see how personalisation and personal health budgets could improve patient outcomes
  + Individual budgets with social care in shared care arrangements
* Working closely with local peer network to complete the Department of Health’s personal health budget markers of progress – to inform central government of local progress towards delivering personal health budgets.
* PHB DVD explaining the process with four patients stories uploaded onto Trust face book
* In total 98 live PHBs currently – more than this have been set up however the nature of continuing healthcare and some individuals have since passed away.