

# PAPER

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# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**25 September 2013**

**Chief Operating Officer’s Report**

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**For Information**

This month’s report provides the Board with updates on:

* Urgent care and winter pressures
* DTOC
* Service Remodelling

**Recommendations**

The Board is asked to note the report.

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

1. **URGENT CARE AND WINTER PRESSURES**  
   Community services play a significant role in Oxfordshire in providing urgent care (especially to older people) during the period of winter pressures. This period typically runs from October through to March / April each year, with a significant seasonal increase in urgent care demand, usually nuanced by weather conditions and the local prevalence of flu and viruses.

In September, the Department of Health announced £250 million investment to reduce immediate pressures on A & E Departments this winter focussing on 53 eligible healthcare systems and those most at risk of breaching A & E standards. It has been confirmed that Oxfordshire is one of the few counties to receive funding this year which has been confirmed at £10.2 million (the second highest figure nationally). Unfortunately it has also been confirmed that Buckinghamshire will not receive winter pressures money this year.  
  
This funding has two purposes:

* To create additional clinical capacity to meet increased demand (varying from 11 % in acute non-elective admissions to and increases of circa 30 % in therapy rehabilitation services).
* To accelerate service and pathway improvements to deliver sustainable performance on the urgent care pathway, where the 4 hour A&E target performance is used as the proxy measure of an adequately performing system.

As part of the local health and social care system, the Trust has undertaken significant joint planning for resilience and increased capacity to meet increased patient demand. OHFT's allocation is £2.2 million, against detailed plans to

* Increase district nursing capacity (flu vaccinations, palliative care, post admission care).
* Increase rehabilitation (therapy capacity) to provide a rapid response, seven day a week service.
* Provision of 12 escalation beds in community hospitals.
* Increase discharge co-ordination capacity (joint with OUH).
* Increase senior clinical capacity to enable clinical trouble shooting on the supported discharge pathway (from acute and community hospitals).
* Provision of day time GP / emergency nurse practitioner capacity to support primary care in rapid home assessments of older people at imminent risk of acute admission

In addition to this, the Trust has

* made good progress in implementation of interface medicine (interviews 4th October)
* plans in place to commence EMU in Witney during October
* undertaken demand and capacity modelling to ensure capacity at peak periods during winter
* on track to commence locality integrated front doors in October
* plans in place to deliver flu vaccinations to all housebound patients (circa 3000)

OHFT has also been working closely with OUHT to agree a joint leadership approach to managing demand and equalising demand pressure appropriately during periods of very high pressure (i.e. surges of up to 90 patients presenting to the Emergency Department which occur frequently during winter period - a more typical "run rate" for the JR is 35 patients). This includes a shared senior manager on call function, where decision-making spans the shared care pathway to enable rapid response to surges. This is critical in maintaining flow in the urgent care pathway and preventing queues within A&E and ambulance delays in handing over patients.

The additional funding to Oxfordshire comes with some clear expectations regarding performance and delivery:

* delivery of the 4 hour A&E target
* achievement of 75 per cent target for staff flu vaccinations (the Trust already has plans in place).
* delivery of sustainable change across the urgent care pathway to address core problems of system sustainability

Delivery of all Oxfordshire plans are being monitored through the Oxfordshire Urgent Care Board chaired by Oxfordshire CCG with representation from all organisations. The Trust’s representatives on the Board are COO and Clinical Director of Community Services.

1. **DTOC**An audit of the Oxfordshire Discharge pathway has been completed and a multi-agency workshop is being held on Friday 20 September 2013 to review the findings and agree further actions across all organisations.
2. **SERVICE REMODELLING**Workshops have continued to be held with staff, stakeholders, Staff Side, partners and commissioners over the summer to continue to inform service remodelling.   
   A formal consultation with staff in Adult Mental Health Services began on 18 September which is focussed on the changes to be made in community mental health services in order to move to 7 day a week provision, the change to assessment and treatment teams and to be able to make the investment into inpatient services both in terms of staffing and clinical leadership.

Subject to further changes from feedback during the consultation phase, the main proposed changes to services are:

* Community mental health teams will become Adult Mental Health Teams (AMHTs) and will provide all of the main assessment and treatment functions to patients referred to mental health services in Oxfordshire and Buckinghamshire to reduce patients being moved within teams.
* The AMHTs will work alongside the CCG localities and provide services from 7am until 8pm, 7 days a week to improve local access to services and to reduce the need for admission.
* Overnight from 8pm to 7am a service will be provided from the Warneford Hospital in Oxford and the new Whiteleaf Centre in Aylesbury and if there is a need staff will be able to go out to see patients either at home or in another setting eg out of hours service base.
* Day Hospitals will also provide a flexible service covering the 7 day period.
* Choose and book will be available to GPs for assessment slots.
* The inpatient units will remain the same although each will have a dedicated Consultant team and strengthened nursing leadership and establishments.

Based on current information, it is likely that there may be a reduction of around 27 posts in community services across Oxfordshire and Buckinghamshire in order to make these service and clinical improvements across community and inpatient mental health services within existing resources. In line with the principles of our remodelling, we are prioritising front-line clinical posts and so the majority of these are administrative roles and currently we anticipate a very small reduction in clinical posts.