

# PAPER

BOD 64/2014

(Agenda Item: 8)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**Board Meeting**

**28 May 2014**

**Chief Operating Officer’s Report**

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**For Approval**

This month’s report provides the Board with an update on:

* Oxfordshire Patient Choice, Equity and Fair Access Policy
* Oxford Health NHS Foundation Trust Street Triage Project with Thames Valley Police

**Recommendations**

The Board is asked to approve the revised Oxfordshire Patient Choice, Equity and Fair Access Policy and to note the other items.

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

1. **OXFORDSHIRE PATIENT CHOICE, EQUITY AND FAIR ACCESS POLICY**

The Oxfordshire Patient Choice, Equity and Fair Access Policy is being presented to the Trust Board for approval. The Policy was presented to the Board in March 2014 and in line with comments from this Board and others work has been undertaken with a group of patients and carers from the Health and Social Care Panel (supported by Age UK) to review the language and style of the patient letters in the policy.

Choice delays occur when a patient is assessed as clinically ready to move to a lower acuity of setting before the patient / family have chosen the provider of onward care (domiciliary or residential) and the transfer has been agreed with the chosen provider. These delays often reflect the complexity of decisions at this time for families.

In Oxfordshire all providers and commissioners have been working together to improve supported discharge from bed-based settings (acute and community). The revision of the Oxfordshire Patient Choice, Equity and Fair Access Policy reflects the commitment of all partners to work together with patients and families to proactively plan discharge, and to ensure that the process is fair and transparent and that the roles and responsibilities for health and social care providers and patients and their families are clearly defined.

The number of choice delays varies from week to week, and in terms of the most recent weekly system reporting, this number totaled 26 for Oxfordshire (15 in the acute and 11 in community hospitals) within an overall total of 111 delayed transfers of care.

Health and social care providers are committed to ensuring all staff are trained and supported in using this revised choice policy: and the implementation and impact of the policy will be monitored via the whole system weekly urgent care summit meeting and the monthly whole system Programme Board, both of which are chaired by Oxfordshire Clinical Commissioning Group.

Non-recurring funding for winter pressures ceased on the 31st March 2014. All providers are currently working with commissioners to determine which initiatives need to be embedded in business as usual throughout the year. For Oxford Health NHS Foundation Trust, the majority of schemes were seasonal (for example flu vaccinations for housebound patients, or additional community hospital beds to meet increase in demand during winter). Others, such as weekend provision of community therapy will be addressed through the implementation of integrated localities so far as is possible within commissioned resources.

NHS England has committed to circulate the detail for winter pressures funding and monitoring by the end of May, with non-recurring funding for winter 2014 confirmed to individual health economies by June 2014. This is earlier than in previous years, and is very welcome as it gives providers lead-in time to agree plans and recruit additional staff where required.

1. **Street Triage Project Oxfordshire**

The Secretary of State for Health has established an innovation fund to support a programme of work with other Government Departments, as part of the Department’s contribution to the Government’s growth agenda. The Department has set aside £15m for taking forward innovative programmes of work. The funds will be used to fund three distinct projects as agreed with Home Office and Ministry of Justice. One of the key programmes to be funded will be street triage projects in nine English police forces.

Street triage refers to a service where clinical mental health professionals (MHPs) accompany or assist police at incidents where the mental ill health of an individual gives rise to concern. The MHPs will assist in ensuring the best option for the individuals in crisis. They will do this by offering professional advice on the spot, accessing health information systems, and helping to liaise with other care services to identify the right kind of support required.

Thames Valley Police (TVP) in partnership with Oxford Health NHS Foundation Trust (OH) has developed a Street Triage pilot in Oxfordshire providing dedicated MHPs working alongside Police. They target incidents reported to Police where individuals appear to be in immediate need of support for their mental ill health

The objectives of the pilot are to:

* Research and provide information and data on the full picture of mental health related incidents within the pilot area.
* Quickly assess a situation to ensure the appropriate care pathway is identified;
* Reduce the number of deprivations of liberty under S136 by identifying suitable, appropriate, less restrictive, alternatives;
* Improve the experience and outcomes for service users
* Reduce the amount of time police officers are spending managing situations in public or private locations by providing support for mental health assessments and facilitating access to appropriate services;
* Reduce the burden of inappropriate referrals to Emergency Departments;
* Improve training, awareness, confidence and joint working relationships between police and health professional staff;
* Reduce costs across the Police, Local Authority and NHS;
* Inform future commissioning including healthcare in custody, provision of health based places of safety and transportation for persons experiencing mental ill health

The Oxfordshire project commenced on December 31st 2014 and currently consists of a RMN Triage Nurse working with Thames Valley Police (TVP) Thursday to Monday nights 18.00hrs to 02.00am. For the first month (January) the nurse was always accompanied by a police officer, for February and for 3 weeks of March she worked unaccompanied (basing herself either at a police station or at the Warneford) and for the last week in March and the whole of April she was again always accompanied by an officer.

Data analysis has evidenced that referrals and face to face triage numbers increase when the Triage Nurse works with a police officer at all times. There is also evidence that a growing percentage of those service users triaged and subsequently referred to our mental health services are still engaged two weeks later.

There is a decrease in the number of s136 when the Triage Nurse is on duty and involved in face to face triage assessments and an associated decrease in the number of clients discharged from s136 without requiring mental health services.

Analysis of adult mental health s136 patient outcomes comparing the period October to December 2013 (pre-project) and January - March 2014 (post start of project) demonstrates a reduction of 40% in the period following the beginning of the project. There is an increase in the number of patients admitted following s136 (up by 4%) which may indicate a reduction in ‘unnecessary’ s136s.

The Project has just begun to collect feedback from carers and clients via questionnaires, GPs have also been contacted and a number of focus groups have been set up with Oxfordshire Mind to elicit views on pre and post experience of the pilot.

A regional Conference will be held on 4 July at the Kassam Stadium in Oxford to share good practice and findings from the project.

1. **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES**

Over the past year there has been an increase in referrals to our CAMHS Services as well as an increase in complexity in terms of the needs of the young people and their families. This is a developing picture and is taking place across steps 2 and 3 of CAMHS in Oxfordshire, Buckinghamshire, Wiltshire as well as Bath and North East Somerset.  There is a Health Select Committee Parliamentary Review into CAMH Services nationally taking place currently and the Trust has already submitted written evidence to this body. In discussion with partners in the CYP IAPT Collaborative it seems that the increase in complexity and numbers of referrals that we are experiencing is replicated across the country and is a growing part of the evidence being submitted to the Select Committee Review.

The Trust CAMH Services provide for children and young people up to 18 years of age. In spite of these increasing numbers, the Trust continues to meet targets for those young people who present as an emergency and must be seen within 24 hours of referral and for those needing an urgent referral who need to be seen within 7 days.  

In order to put this increase into national perspective the following is an extract from the CAMHS National Benchmarking Executive Summary December 2013:

*Average waiting times have increased consistently since the first report published in January 2011. This may reflect increasing levels of demand for CAMHS as alternative services come under pressure and the impact of new capacity limitations through QIPP initiatives and restrictions on ABG funding. Data from 2012/13 shows that maximum waiting times for specialist CAMHS average 15 weeks across the participating providers. This has increased from 14 weeks recorded in 2011/12. Waiting times for accessing urgent CAMHS services have shown a 3-week median wait. This confirms that many CAMHS services can offer rapid access to appointments although 3 weeks waiting time for an emergency appointment is a lengthy wait for a service user with urgent needs. This should also be seen in the context of the lack of crisis response services in CAMHS with less than 40% of CAMHS offering rapid access through crisis pathways.*

We are concerned about the increase in waiting times for routine referrals which are between 8 and 13 weeks for treatment across the 5 counties and plan to offer appointments on Saturdays to help to reduce waiting times. We are working with colleagues in Oxford University to evaluate a CAMHS into schools project and plan an initial pilot with 3 secondary schools in Oxfordshire, offering regular CAMHS appointments in schools. We are also working with School Health Nurses across all counties to ensure that they have support, supervision and training to be able to identify mental health issues.  We are monitoring the increase in demand closely and continually manage resources to move around the system where needed to meet the needs of young people. We are discussing the increase in demand with commissioners and colleagues across children’s services to ensure that we are using resources as efficiently and effectively as possible.

The Trust is looking at national benchmarking data and as stated is participating in the national reviews of CAMHS services commissioned by the government to review how CAMHS is delivered nationally. We have listened to feedback from schools and GPs about ease of access to our services and have been working hard to ensure the young person’s journey into the correct service is smooth and appropriate this includes the roll out of self-referral for 16-18 year olds starting this summer.