

# PAPER

BOD 141/2014

(Agenda Item: 6)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**Board Meeting**

**26 November 2014**

**Chief Operating Officer’s Report**

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**For Information**

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

* How Assistive Technology is helping Service Delivery in Children and Young People’s Service
* Resilience Funding for mental health services
* The work of the Physical Disability Physiotherapy Service

**Recommendations**

The Board is asked to note the report.

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

1. **Children and Young People’s Services**

**Assistive Technology and Service Delivery**

With rising demand on our services and financial constraint, the children and young people’s services are exploring the use of technology to support delivery of services in a more efficient and effective way. This approach promotes self-management and increases choice for our patients as well as supporting staff wellbeing and enabling us to deliver quality services in different ways.

We are running a project within our Buckinghamshire’s Speech and Language Therapy Service, with funding from our commissioners within Buckinghamshire County Council. There are two strands to the project: the development of a web-based therapy tool and the use of skype for therapy sessions. Research in this area is limited, so we are undertaking a feasibility study to determine the technology, to find out if staff, children, parents and school staff like it, to measure the impact on staff time and the cost of travel, and to check that outcomes are maintained for sessions using skype in comparison to sessions where the therapist is physically in the room with a child.

The web-based therapy tool is more than a website – it offers information, resources, progress evaluation tools and training to families, the children’s workforce and young people. It means that families can manage their own conditions in much the same way as we would use NHS Direct.

[www.oxfordhealth.nhs.uk/slt-bucks/](http://www.oxfordhealth.nhs.uk/slt-bucks/)

Developing remote therapy increases choice and control for children and young people, and so supports us in delivering personalised care.

The evaluation of the project is scheduled for Summer 2015. We have presented at CLAHRC and will link back again with our data which will support us in applying for funding for research into the comparative responses of client groups to assistive technology.

The implications of service delivery in developing a web-based therapy tool and remote working, are wide reaching – where technology is valuable for Speech and Language Therapy which is a service supporting communication development, then technology can be used to deliver any Trust or NHS service. The Service shared their work at the Trust’s Senior Leader’s Conference last week where we were looking at how we can share service innovation across the organisation.

1. **Adult Services**

**Resilience Funding**

Funding specifically focused on the resilience of mental health services has been made available via NHS England. Such funding has historically been focused on acute and community services and this is the first time that mental health services have been identified. The bids, which had to be for projects related to crisis intervention or early intervention in psychosis are funded for 12 months and are open to all age groups. We are therefore pleased to report that we have been successful in winning four bids, which bring approximately £1m of funding, to enhance the services that we are able to provide our patients, especially when they are at their most unwell.

The schemes that the Trust is progressing include:

* Enhancing our Emergency Department Psychiatric Service, based at the John Radcliffe and Horton Hospitals, to offer senior clinical cover to provide leadership and expertise to patients who present to the Accident and Emergency Department overnight and at weekends. This will also ensure that staff working within the Emergency Department are able to provide care for those patients presenting with physical ill health and will enable the transfer process for those patients requiring further support from our specialist mental health services.
* Providing additional funding for our Psychiatric In-reach Liaison Service in Buckinghamshire so they can operate a 24/7 service providing psychiatric assessment and intervention to a number of wards and the Accident and Emergency Service across Buckinghamshire Healthcare NHS Trust.
* Following the success of the pilot programme in Oxfordshire, the implementation of a Street Triage Service in Buckinghamshire to provide mental health support and advice to Thames Valley Police. The pilot has also demonstrated that this joined up approach reduces use of Section 136, presentation to Accident and Emergency Departments or the need to hold people in police cells who are presenting with a possible mental health illness.
* Provision of mental health nursing support to South Central Ambulance Service to provide the 111 coordination centre with a mental health nurse from 6pm until 2am, 7 days a week. This provision will cover both Buckinghamshire and Oxfordshire and would work to a similar model to Street Triage so staff could offer a range of support including specialist training and advice to the call handlers.

The four bids are awaiting the final ratification process and approval of their implementation plans so the Adult Services Directorate will be setting up the new projects and service elements between January and March 2015.

1. **Older People’s Services**

**Physical Disability Physiotherapy Service (PDPS)**

The PDPS is a small specialist service providing physiotherapy management to people with a long-term neurological disability aged over 18 years. Its clinical focus is on enabling patients and their carers to self-manage their disability in their own environment and within their community. In addition its clinicians offer specialist neuro support and training for other physiotherapy services.

This is a small service commissioned by Oxfordshire Clinical Commissioning Group. It is part of a block contract, and income has not been adjusted to reflect the 100% increase in referrals that have occurred over the last five years. This increase in referrals reflects:

* Changes in patient pathways of care so more patients with complex neurological needs are supported in community settings.
* The increasing older population of Oxfordshire also increases the number of people living with these long term conditions within the population.
* Patients are also living longer with complex neurological conditions, meaning that there are more patients on the active caseload at any given time.
* This trend of increased need and demand is set to continue. It is known that the number of patients with neurological conditions will increase significantly in the future. For example, the number of people with Parkinsons’ is expected to double in number in the next 15 years.[[1]](#footnote-1)
* The Team have implemented a number of clinical innovations to meet the increase in patient need and demand; however despite these efficiencies, routine waiting times are still up to 14 weeks.

The service has sought to meet increasing need and demand through a variety of approaches. These include:

* Review of staff skill mix together with a move to clinic-based working (as opposed to home visits, except where the patient is house-bound) to maximise clinical capacity.
* Development of the patient pathway to extend into third and independent sector support, for example:
  + Close working relationships with leisure centre staff to increase the use of the Exercise on Referral scheme for people with neurological disability (*previously the scheme concentrated on patients with respiratory and cardiac conditions*).
  + Collaboration with leisure centres to site wheelchair accessible Motomed powered bikes in 4 leisure centres enabling more dependent patients to exercise 7 days a week. (*we now have patients going out weekly to the leisure centre to ‘cycle’, including some nursing home residents*).
  + PD “Big, Bold and Balance” exercise group developed in conjunction with Generation Games Age UK (*the first group began in Oct 2014 and is already seeing 20 patients regularly*).
  + Joint working with local voluntary organisations to promote self-care and education regarding neurological conditions (including *Headway, MS Society and the Motor Neurone Disease Association).*

**Going Forward**

Service developments for PDPS are underpinned by the current clinical evidence base for neurological long term conditions. For example, the NICE guidelines for MS (Oct 2014 CG 186) identify the implementation of supervised exercise programmes as a key priority.

However, there is an emerging and expanding gap between projected need / demand and the medium-term commissioned resource for this service. Addressing this is likely to require a multi-faceted approach which is delivered in partnership with commissioners, health providers and the third sector:

* + Maximising self-management and independence through group education, peer support (patients and carers) and exercise programmes, delivered in conjunction with the third sector and leisure industry
  + Commissioned capacity to sustainably provide clinical oversight for self-management programmes, together with sufficient clinical capacity to advise wider healthcare professionals on individual patient management and provide direct specialist care and treatment for people with complex needs or health crises.
  + Extension of personalised healthcare, for example through increased use of joint health and social care personal budgets.

1. Keus S, Domingos J, Rochester L, et al. European physiotherapy guideline for Parkinson’s disease

   [draft]. s.l.: European Parkinson’s Disease Association; 2013. URL: <http://www.parkinsonnet.info/>

   media/11928217/eu\_20physiotherapy\_20guideline\_20pd\_review\_2020131003-1.pdf [↑](#footnote-ref-1)