

# PAPER

BOD 04/2015

(Agenda item: 6)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**Board Meeting**

**28 January 2015**

**Chief Operating Officer’s Report**

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**For Information**

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

* Crisis Care Concordat in Oxfordshire and Buckinghamshire
* Urgent Care

**Recommendations**

The Board is asked to note the report.

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

1. **Crisis Care Concordats**

Following the launch of a new national multi-agency agreement to improve care for people experiencing a mental health crisis the Trust has now signed up to the declarations of commitment for both Oxfordshire and Buckinghamshire which are available on the national website. These declarations meet the standards in the national Crisis Care Concordat and are an agreement between all local agencies (Police, Ambulance Service and our Local Authority and NHS Partners) of our commitment to support people with mental health problems who are in crisis. Following the submission of the declarations each county is developing the action plans to support these. Multi-agency groups, chaired by the CCGs have been set up in both counties in order to oversee the implementation of the action plans and the Trust has senior representation at these groups. There are a number of actions for all agencies and the areas which the Trust is taking a lead on with the support of commissioners 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 EDs during the overnight period and weekends.

* Extending the scope of the Psychiatric In-reach Liaison Service (PIRLS) in Buckinghamshire to operate a 24/7 service providing psychiatric assessment and intervention to agreed wards and ED across Buckinghamshire Healthcare NHS Trust.

* Following the success of the pilot programme in Oxfordshire, the implementation of Street Triage in Buckinghamshire to provide mental health clinical support and advice to Thames Valley Police.

* Provision of mental health clinical 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 would cover both Buckinghamshire and Oxfordshire and would enhance the range of support including specialist training and advice to the call handlers.

1. **Urgent Care**

As reported in national media, physical health urgent care demand this winter has been higher than in recent winters across the UK. The reasons for this year's significant increase are not yet fully determined, but seem to reflect the increasing cohort of elderly people with complex co-morbidities as well as the relatively high incidence of colds / flu in the wider population.

This has presented exceptional challenge in meeting both ambulatory and bed-based urgent care needs in both Buckinghamshire and in Oxfordshire. The Trust has experienced this increased need and demand within our own care pathways within the Older People’s Directorate; and has also contributed to managing whole systems pressures through a variety of service extensions and developments, as summarised below:

* increased demand for beds to manage medical, non-elective (typically older people) admissions. The Trust has responded to the need for additional bedded capacity by opening a total of 10 escalation beds across community hospitals, wherever capacity and staffing have allowed.
* Initiated weekend working for community therapy services to support both admission avoidance and supported discharge.
* Extended hours of service for the Minor Injury Units at both Witney and Abingdon to meet increased patient demand.
* Increased clinical capacity within the GP OOH service to support ambulance crews during the out of hours period when GP advice is needed, enabling SCAS to redeploy ambulance crews promptly.

These actions have been supported by developments within localities to improve delivery of integrated care to patients, including:

* Daily teleconferences in each locality to agree multi-disciplinary care (community nursing, therapy and older adult mental health) for those patients with complex and escalating co-morbidities.
* The Care home support service working with bed-based services and care homes to facilitate safe and timely transfer of patients when they are ready for discharge.

In addition we have also managed very high levels of demand in the GP OOH service, with patient numbers coming into the service regularly topping 80 new patients an hour during the bank holiday periods. The service has seen an increased level of demand from very elderly patients with complex urgent care needs, particularly from patients aged over 100 years of age.

System-wide escalation has been in place in both Buckinghamshire and Oxfordshire to ensure best use of resources to meet the high patient need and demand, and to support effective onward transfer for patients who need support following admission. This has included daily Director level teleconferences to determine how best to deploy clinical and social care capacity, and to keep a whole system focus (rather than organisation-specific) on safely meeting patient need and demand.

This has been a very challenging period for urgent care services even with all these actions in place. Although we are still experiencing high levels of demand, as health and social care systems we are identifying learning and using it to develop services for the future.