

# PAPER

BOD 122/2015

(Agenda item: 7)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**Board Meeting**

**30 September 2015**

**Chief Operating Officer’s Report**

**For Information**

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

* The Future in Mind Report – Promoting, Protecting and Improving Our Children and Young People’s Mental Health and Wellbeing (2015)
* Launch of the Oxfordshire Recovery College
* Temporary Closure of Wenrisc Ward,Witney Community Hospital

**Recommendations**

The Board is asked to note the report.

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

1. **Future in Mind Report**

*Promoting, protecting and Improving our Children and young people’s mental health and wellbeing.*

The Future in Mind report sets out the case and future direction for increased investment in child and adolescent mental health services. The report recognises that need has outstripped investment and sets out a number of key recommendations to transform mental health services for children, young people and their families.

Simon Stevens has cautioned the need to address this rising demand, without over medicalising our children along the way. The recommendations impact on a number of areas including:

**Commissioning**

* increase co-commissioning for community and in-patient care with a view to moving away from the tiered model.
* local lead accountable commissioning body with single separate identifiable budget for children and young people’s mental health.
* design and implement a local plan for children and young people’s mental health in each commissioning area with inputs from all agencies, children and young people and their parents

**Early Years**

* increased commissioning of home treatment and other flexible services with every birthing unit to have a specialist perinatal mental health clinician by 2017.
* increased investment in early years health services and ensuring parents have access to evidence based interventions and support to strengthen attachment and avoid trauma.
* local authorities to invest in funding for early support initiatives and invest strategically in mental health services from 0-5 from Oct 2015.
* health visitors should receive updated training in mental health.

**Schools**

* providing a named CAMHS contact in all schools.
* involving schools in the local plans devised by Health and Wellbeing Boards.
* alternative treatment venues should be made available, in particular for children from vulnerable and hard to reach backgrounds.
* promotion of whole-school approach to fostering resilience within schools.

**Children and young people from vulnerable backgrounds**

* remove the arbitrary age cut-off especially for Looked After Children and children and young people from vulnerable backgrounds.
* need for bespoke care pathways using evidence based interventions for children from minority and vulnerable backgrounds.
* alternative treatment venues should be made available, in particular for children from vulnerable and hard to reach backgrounds.
* shared assessment, case management and regular multi-agency case review processes for these young people.
* designated professionals to liaise with agencies and ensure that services are targeted and delivered in an integrated way for children and young people from vulnerable backgrounds.

**Improved access**

* developing a nationally branded web based portal for children and young people, parents and teachers to access information and support.
* all GPs should have a named CAMHS contact.
* improve accessibility by practically applying the Department of Health “You’re Welcome” quality criteria for young people friendly health services.
* potentially extend CAMHS services to young people up to 25 years of age.
* best practice guidelines to be developed for CCGs and GPs around student transitions.
* increase in number of one-stop shops with single point of access systems based in the community.
* greater access to personal budgets for children and young people and their families.
* development of peer-support schemes with professional support.

**Data and standards**

* Prevalence survey to be conducted by the Department of Health every 5 years which would produce data that can be analysed by characteristics such as ethnicity/deprivation/Looked after children etc.
* the production of the CAMHS dataset which would collate key indicators, patient experience and patient outcomes would be a key priority at a national and local level.

The CYP Directorate are working with commissioners across Oxfordshire, Buckinghamshire, Swindon, Wiltshire and BaNES developing CAMHS transformation plans. These plans are the means through which future increased investment into services will be driven. Each CCG is responsible for drawing up plans that include intensive specialist community services for CYP who have an eating disorder as well as local transformation plans that will enable transformation of services to meet the increased levels of need whilst enabling children and young people to get help much more easily in a variety of community settings.

The CAMHS model the directorate has developed and which will be implemented over the next few months in Buckinghamshire meets all the recommendations set out in the ‘Future in Mind Report’ and means that the Trust is in an excellent position going forward to lead in innovation in children’s mental health.

The Directorate has also been working with colleagues in developing a CAMHS dynamic modeling tool which is currently being trialled which will enable commissioners and providers to ensure there is less fragmentation of services by tracking patient flows through pathways.

1. **Opening of the Oxfordshire Recovery College**

The Oxfordshire Recovery College is our exciting new development for mental health services across Oxfordshire as part of the agreed programme of work of the Oxfordshire Mental Health Partnership. The College will be using an empowering and educational approach to support mental health recovery and will be run by people who have lived experience of mental health problems, alongside people with professional experience.

The aim of the college is to provide an innovative shared learning environment for people who use mental health services, their families, carers as well as staff and volunteers from any of the partner organisations. The Recovery College is at the centre of the Oxfordshire Mental Health Partnership’s commitment to ensuring the provision of recovery focused services across Oxfordshire and will provide a series of courses and workshops across the county using a number of educational and community based venues. All courses and workshops will be co-produced and co-delivered by tutors with personal experience and tutors with professional experience of mental health problems. This will enable to help people recognise their talents and their resources, explore their possibilities, develop their skills and take control over their own mental health recovery.

The launch was held at the mental health charity, Restore, who are the lead partner for the College. Staff from across the partnership, service users and volunteers who have all been involved in the workstreams attended, which was an opportunity to come together and celebrate all that they have achieved over the last few months.

We would like to take this opportunity to formally thank everyone involved in the development of our new college with particular thanks to Caz Hedges, Head of the Recovery College and our colleagues at Restore who have been so supportive and engaged with this venture. More information is available via our new website which has more information about the college as well as details of courses, which are free and open to anyone with an interest in mental health in Oxfordshire: [www.oxfordshirerecoverycollege.org.uk](http://www.oxfordshirerecoverycollege.org.uk)

1. **Temporary Closure of Wenrisc Ward at Witney Community Hospital**

The Trust operates two 30-bedded wards at Witney Community Hospital; Linfoot and Wenrisc. In order to ensure safer staffing within resources available without over-reliance on agency staffing, the Trust reduced bed numbers across community hospitals from May 2015. However this then presented a risk that a small community hospital could become unviable and so to ensure safe running of all community hospitals across Oxfordshire, the Trust took the decision in July consolidate by a temporary closure of Wenrisc Ward for 7 months from September 2015. Linfoot Ward, which includes beds supporting our Emergency Multi-Disciplinary Unit, will remain fully operational and will benefit from our piloting of a new intensive nursing and therapist service model, which aims to improve the rate and quality of patient care. During the period of closure, a number of essential estates works will be completed: Linfoot kitchen will be reburbished as well as the dining room and gym in Wenrisc Ward.

Following consultation, all staff have been redeployed to other posts with some staff remaining at Witney whilst others have moved to Abingdon, Chipping Norton Community Hospitals, District Nursing Teams and Continuing Health Care (CHC). Several staff have chosen to increase their clinical skills by having short term (2-4 week) placements with EMU, MIU, Bladder and Bowel and other services. development. Now that staff are settled into their new locations, and ward teams are established, we are re-opening beds on other sites as quickly as we safely can. The Trust has continued to work with partners at OUH, OCCG and OCC to ensure safe and sustainable services across Oxfordshire. We have also been offering regular briefings to Oxfordshire Health Overview and Scrutiny Committee, West Oxfordshire District Council, local councilors and MPs.

There still remains the risk of increasing pressure for staff to maintain safe skilled staffing levels To date this has been managed and we continue to monitor the average length of stay and quality of provision in community hospitals