

# PAPER

BOD 51/2015

(Agenda item: 6)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**Board Meeting**

**29 April 2015**

**Chief Operating Officer’s Report**

**For Information**

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

* Buckinghamshire CAMHS
* Quality Network for Forensic Mental Health Services
* Move of Oxford City Community Hospital from JR 2 to The Fulbrook Centre

**Recommendations**

The Board is asked to note the report.

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

1. **Buckinghamshire CAMHS**

Following the completion of the recent national tender process, The Children and Young People’s Directorate has been successful in bidding to continue to provide CAMHS in Buckinghamshire from October 2015. This will be a five year contract with the possibility of an extension of a further 2 years if the service is performing well and secures delivery of children and young people’s mental health services in Buckinghamshire until at least October 2020.

The Trust has developed a new service model in partnership with Barnardo’s. The model is in line with the recent recommendations from the National CAMHS Taskforce and has been designed with input from young people, parents as well as CAMHS and Barnardo’s staff.

We are delighted that along with our new partners, Barnardo’s, we have the opportunity to provide an innovative service which will support children, young people and their families. The partnership will enable us to bring together the expertise and flexibility from the 3rd sector and NHS and combine them to offer a service that is outward facing, is linked closely to the localities in Buckinghamshire, supporting primary care, public health services, social care and schools and of course CYP and their families to develop tools in managing common childhood mental health issues as well as offering evidence based interventions to help young people recover their mental wellbeing.

1. Key changes in the new service model:

* The service will be delivered in partnership with Barnardo’s who will provide every young person in the service with a Barnardo’s worker (a Buddy) who will support young people and their families throughout their journey in the service. Barnardo’s staff are already very experienced at working alongside children and young people and will also receive further training and supervision from CAMHS to enable them to provide a range of interventions.
* This is not a traditional CAMH Service separated into TIERs but one that offers clinical pathways for children and young people which increase the range of specialist interventions they can access depending on their level of need and presentation.
* A resource library will be developed that will be available on line as well as hard copy for parents, young people and professionals across the range of children’s services giving information on common mental health issues/illness in childhood, how to manage them and the available treatments.
* A telephone call service will be available to universal children’s services, third sector staff, schools, children and young people themselves and parents/carers to provide advice or information if there are concerns about a young person’s mental health.
* A confidential email line will be available for GPs to be able to access advice from Consultant Psychiatrists.
* There will be a single point of access for all referrals to a central hub in Aylesbury.
* Drop-in clinics will be available in evenings for children and young people and their families to discuss mental health concerns with staff and decide the best way to meet their needs.
* The Barnardo’s buddie will also contact children and young people and families 6 months post discharge from the service to check on their progress to ensure recovery is being maintained.
* Support to parents will be provided through Barnardo’s parenting services.
* Beat (3rd sector provider with expertise in eating disorders) will provide on-line support to young people with eating disorders.
* Barnardo’s will lead for the Service on the involvement of children and young people in service developments through the setting up and development of CYP and Parent forums.
* Development of apprentice posts for Buckinghamshire CYP.

1. **Quality Network for Forensic Mental Health Services**

The Royal College of Psychiatrists Quality Network for Forensic Mental Health Services (QNFMHS), part of the RCPsych Centre for Quality Improvement, aims to promote and demonstrably achieve quality improvements in medium and low secure forensic mental health services through a cycle of peer review and action planning for improvement against designated standards.

Quality improvement is facilitated through a peer review process that enables member services to engage in an honest process of self-evaluation by peers. This involves a team of clinicians (coordinated centrally by the Quality Network) from a wide range of forensic services visiting other units to conduct an annual audit against a set of nationally defined standards. The process includes interviews with senior and frontline staff, patients and carers along with information gathering through observation of the environment and scrutiny of local policy and practice guidelines.

We have now completed all of the forensic inpatient wards across the directorate and this has produced some areas of very positive feedback as well as some areas for improvement. Patients from across the units have told us that they valued the relationships with staff and felt that they were an important factor in their ongoing recovery and rehabilitation. The visiting teams have also told us that the positive ethos amongst the staff teams was particularly evident and this was reflected in their morale and their promotion of a positive patient-centred culture. We were very pleased that both our medium and low secure services scored 100% in six of the standards, with our medium secure units achieving an overall 90% and our low secure services 93% which are testament to the staff working in these services who are so committed to working with these patient groups.

There were some areas that the review team felt would benefit from changing for example an increase the frequency of the CPA process across the medium secure services as well as the redecoration of some of the communal spaces such as the visiting room which would improve both patient and visitor experience. A comprehensive action plan has been developed and the teams are working to implement the changes.

1. **The Move of City Community Hospital from JR2 to The Fulbrook Centre**

Following capital funding to refit the former Windrush ward at the Fulbrook Centre, City Community Hospital re-located from its temporary location on the 7th floor of the John Radcliffe to the Fulbrook Centre on 22nd November 2014. The strategic aim that prompted this investment and relocation focused on

* Developing a new model of holistic care for older people with high acuity mental health and physical health needs.
* Moving City Community Hospital to a therapeutic environment better suited to its clinical purpose of sub-acute and rehabilitation care.

As noted to Board previously, the move itself was completed successfully and without incident. Following a period of staff team development to ensure that the patient benefits of the new environment were optimised, the immediate benefits realised to date include:

* Improved rehabilitation assessment of patients – the new ward environment has a rehabilitation kitchen to enable activities of daily living assessments (for example, making hot drinks, preparing simple meals). This facility was not available in the previous accommodation. This facility is an important aspect of discharge planning, to establish how independent a patient can be following significant illness, and how much help or support they will need on their return home.
* Improved rehabilitation for patients – unlike the previous environment, the new ward area has a rehabilitation gym. This is equipped with steps, slopes and parallel bars to help people return to mobility and improve their balance whilst walking; it also now houses the ward’s jigsaws/puzzles and similar equipment, which are used to help patients regain their hand/eye co-ordination (and support return to independence in daily tasks such as eating). There is also a rehabilitation couch to facilitate muscular-skeletal physiotherapy for patients with such clinical needs.
* The new ward environment enables each patient to have their own bedroom. This maximises patient privacy and dignity in the inpatient environment; and is supported by dementia-friendly signage such as use of different flowers as signs for female bedrooms, and pictures of different animals for male bedrooms. This helps people with cognitive impairment identify their own bedroom.
* The new ward environment also has a bespoke dining room and day room. This has prompted much greater “social eating” with patients now typically eating meals together (rather than at their bed-side) and spending time chatting to each other in communal areas. This has helped minimise the risk of loneliness and social isolation whilst in hospital, and created a positive and lively ambience which fosters the therapeutic aims of rehabilitation and recovery.

Developments currently underway include:

* The ward staff have increased patient benefit of the day room by procuring a film projector and screen which mimics the 1950’s style of cinema (complete with curtains for the screen). This is used to support reminiscence sessions, and the ward is currently establishing Sunday matinee sessions showing classic films of yester year.
* The new ward environment is on ground level, and has a flat outside area directly adjacent to it. It is planned this this is developed (with input from patients and volunteers) over the summer to create a pleasant outdoor area to enable inpatients to get fresh air and develop their confidence in being mobile outside.

There have been immediate clinical benefits in the co-location and thus sharing of clinical expertise between the older adult mental health inpatient teams and those from the community hospital in terms of shared expertise for individual patients. However the optimal benefits will come through the development of an integrated model of care for those patients with dual high acuity mental health and physical health needs, for example OAMH patients with complex physical long term conditions, as well as community hospital patients with depression, anxiety or psychosis, as well as improving dementia care.

This work has been commenced by the matrons, supported by the Directorate's senior clinical leadership. Its scope is expected to include:

* A shared nursing competency framework for those clinical interventions occurring in both patient cohorts.
* A staff development programme, including shadowing, rotation and joint innovation on shared areas of care (for example nutrition, care of people with cognitive impairment).
* The development of "cross-over" clinical competencies and increased shared practice for AHP and rehabilitation teams supporting both inpatient specialities.
* The development of a more integrated model of care to meet the needs of patient with dual needs to augment existing specialty-specific models of care.