

# PAPER

BOD 03/2016

(Agenda item: 5)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**Board Meeting**

**27 January 2016**

**Chief Operating Officer’s Report**

**For Information**

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

* Buckinghamshire CAMHS
* Acute to Community Workstream
* Henley Townlands

**Recommendations**

The Board is asked to note the report.

**Lead Executive Director: Pauline Scully, Interim Chief Operating Officer**

1. **Buckinghamshire CAMHS**

The new Buckinghamshire CAMH service has now been operational for 3 months. The service is a partnership between Oxford Health, Barnardos and Beat. We have established excellent working relationships with Barnardos with contract monitoring and operational and clinical governance meetings established. Beat will start delivering the on line groups and transitional support from mid-February. Barnardos have recruited 16 Volunteers for the service, 4 are actively volunteering: undertaking support for home visits, working with the participation worker and performing admin tasks. The others have now completed their induction and we are looking at what they can do to support with a view to commencing them volunteering in the month.

The service is currently in transition to the new model, clinically led care-pathway groups have been established and the Neuro-developmental and Eating Disorder pathways have started. We have established the single point of access operating from 8-6 weekdays staffed by Barnardos with clinical oversite from Oxford Health staff. The single point of access accepts referrals and queries from families, young people and professionals. Feedback from other professionals to date has been positive especially regarding responsiveness and communication. Every primary and secondary school has a link worker (Barnardos staff are working with the primary schools and Oxford Health are working with Secondary and special schools). In addition Buckinghamshire is one of 22 pilot areas nationally looking at more joined up working between schools and mental health services. The pilot funded jointly by the Department for Education and NHS England will test a named single point of contact for 14 schools in Buckinghamshire. Alongside this we were also successful in obtaining further funding to develop a training module for schools and children’s centers focused on attachment; we are working in partnership with social care to implement this project. We plan to hold a number of launch events early summer across Buckinghamshire.

Whilst good progress has been made to move to the new model there are significant challenges regarding recruitment of staff with the appropriate skill set. In order to address this we have accelerated the recruitment of additional Barnardos staff within the ED and neurodevelopmental pathways alongside use of experienced longer term agency staff whilst we continue our recruitment process. We are working proactively on the functionality of Care-notes to ensure that it supports efficient clinical work. The new model also challenges the traditional ways of working within CAMHS and across the partnership, in order to support this transition for staff we are planning away days for each pathway and a whole service celebration event for all staff in the partnership early summer.

Following the national review of mental health services for children and young people and subsequent publication of “Future in Mind”, Buckinghamshire has been successful in gaining additional funding for further enhancement building on the existing plans to transform the service. The main areas for delivery by March 16 are:

* Develop resources and skills in universal services to enable improved early support and advice for CYP with mental health concerns.
* Ensuring CYP in crisis have access to timely support to prevent/minimise escalation to more complex need.
* Continue to embed whole system working to ensure services delivering to CYP work together to meet the mental health needs of this group.
* Ensure sufficient capacity for project management, performance monitoring and assurance.

There are identified actions for each indicator which are on target.

1. **Acute to Community Workstream**

The Oxfordshire Mental Health Partnership was created so that the organisations involved could work together to improve access for patients, integrate interventions and achieve better health outcomes. The key benefit of the partnership is the different areas of expertise that each of the six organisations bring, whether it be the provision of appropriate accommodation, support to find employment after a period of illness or having the specialist skills to work with people during their recovery to support them to becoming as independent as possible.

There is a 5 year programme to deliver all of the elements that will achieve the outcomes, one of which, the acute to community workstream, is looking at the pathway for patients who are in crisis, or require an inpatient admission and how their recovery can be supported through access and the use of a number of different resources provided within the community. This is a substantial piece of work which has a 5 year programme of delivery, however we are pleased to report that there have been some key deliverables that have been achieved already and these include;

* The development of the Littlemore Recovery Campus, which is being led by Response. This new initiative will provide a safe and supported environment for patients who do not need to be in hospital to continue to receive social care support (housing, employment and wellbeing). We have identified 10 of these units, and are pleased to report that 5 of these are already in use, with the other 5 becoming available in February of this year. These units will not only ensure that patients are receiving the care that they need in the most appropriate location, but will reduce the length of time that some people have to stay in hospital and also reduce the number of people who have to be admitted out of area, due to the pressures on beds locally.
* Oxfordshire Mind and Response have been working with OH services to review all of our patients who are currently on an inpatient ward, but are unable to be discharged because they are waiting for an appropriate accommodation solution. This has been an intensive piece of work and we are pleased that there has been a significant reduction in the number of patients who are now waiting for accommodation. The AMHTs now have Mind Information Workers aligned to each team and they have been instrumental in helping to facilitate and support some of these moves.
* Elmore and ConnectionFS have undertaken reviews of their services which has included clustering all of their service users to ensure that they are people who we should be working with under the outline of the new contract. Any patient who has been identified outside of this has been referred to the appropriate service and is being supported to access this.
* We are also working to ensure that the Triangle of Care, which is focused on supporting those that care for someone with a mental health illness, is fully embedded across the partnership organisations. We now have named leads across the partnership who will support their teams to be able to identify carers at the earliest point so we can provide them with support, tailored to their individual needs.
* The directorate will be developing multiagency staffing within in-patient wards, that will have staff from across the partnership working with the patients to provide a focused holistic approach to their recovery, by being able to identify all of their needs on admission and working together to facilitate a safe and appropriate discharge.

Going forward our longer term care provision is being reviewed. Oxfordshire Mind are planning to increase their housing stock, and a 2 bedroom property has been acquired in Carterton with a further property having being identified for purchase in Didcot. Response will also be making an additional 100+ units of accommodation available to eligible patients across the county. The Directorate will also be undertaking a piece of work to see whether a crisis café could be an initiative we could explore to support people in crisis that would work to support them during this period to avoid admission to an acute mental health ward.

1. **Henley Townlands**

The Trust continues to work in partnership with OCCG, the Royal Berkshire NHS Foundation Trust and locality partners to plan the implementation of the Rapid Access Care Unit (RACU) model of care in preparation for the completion of the new hospital building.

The transition/implementation plan comprises of three key areas:

* Implementing the new model of care for the RACU in conjunction with partners, including staff consultation processes which will start at the end of January.
* Interim/transition arrangements, including the move undertaken late last year to move the inpatient capacity from the old Peppard ward to Wallingford Hospital pending implementation of the RACU and the “step-up/step-down beds” (the latter to be co-located at Henley Townlands hospital site).
* Move arrangements for existing services that will transfer from the current accommodation into the new hospital building once it is completed, for example the minor injuries unit, GP OOH and outpatient services such as podiatry.

Once the contractors have completed the new build and it has achieved formal completion status, the Trust will re-locate existing services into the new building within 28 days. This will also enable the final stages of the RACU implementation to be completed. A key aspect of this transition is to ensure any potential disruption to service delivery during the actual move from the old to the new accommodation.

**Patient Need and Demand over the Holiday Period**

Christmas and New Year week are the busiest time of the year for the GP OOH service, reflecting the high number of public bank holidays and coinciding with winter seasonal increase in patient need and demand. However, patient contacts (attendances at the GP OOH centres, telephone consultations and home visits) were slightly lower than 2014 for the same period (24th December – 4th January).

Activity during this period was 7,924 patient contacts, compared to 8,273 for the same period in 2014, a reduction of 4.4%. This is well within normal variation between years (often determined by prevalence of viruses/weather conditions) and is in line with the activity profile for GP OOH during the preceding December period.

The principle reasons patients contacted the GP OOH service over this period are summarised below (percentage of overall activity during this period):

* Upper respiratory tract infection/acute tonsillitis – 8.9%.
* Urinary tract infection – 6%.
* Lower respiratory tract infection – 5.1%.
* Repeat prescriptions – 3.5% (249 patients).

Activity in the Minor Injuries Units was as predicted. The social media/Twitter reach to Oxfordshire residents has now reached a total of 17,000 followers and the following public health messages were actively promoted:

* Stay Well.
* Choose Well.
* Flu vaccination.
* Cough and Cold self-care.
* Pharmacist intervention for minor ailments.