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Oxford Health
NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 49/2020
(Agenda item: 3)

Board of Directors

30 September 2020

Trust Chair's Report

For: Information/Discussion

Let me first focus on the Trust's context and external environment to avoid duplication with the Chief Executive's report: these observations are drawn from the recent round of meetings with other trust chairs, NHS Providers and the NHS Confederation, the integrated care system and the newly convened senior leaders' group for Oxfordshire.

On the national scene, pundits say that the major legislation being prepared for the NHS will turn out to be less radical than previously thought. Integrated care systems may not, after all, become statutory bodies – which would have radical consequences for foundation trusts such as ours. The systems may retain cooperative elements. But in practice the BOB ICS is becoming the channel through which money now flows, raising unanswered questions about its accountability. Ahead lie big questions about NHS finance – meeting staff pay claims, lodging NHS needs in the spending review supposedly happening this winter.

One reassuring message that keeps coming through is that despite Covid and despite pressures on the acute hospitals, the NHS in England remains committed to 'levelling up' funds for mental health. The message adds that if we do not see the mental health investment standard being delivered locally, we must shout loud; it is up to us to ensure that mental health gets fair recognition within the ICS.

But between the twin pillars of acute hospital care and mental health may sink adequate provision for community health services. A strong emphasis in messages coming our way from NHS central as from the ICS is 'place' and closer collaboration

with neighbours. That principally concerns Oxfordshire. Arrangements appear to work more smoothly in Buckinghamshire; we tend to focus less on our connections with other ICSs in Swindon, Wiltshire and BANES.

Oxfordshire health and care still feels disjointed and uncollaborative. In conversation with Jonathan Montgomery, Chair of Oxford University Hospitals NHS FT, we recently discussed our mutual interest in the multiple sites delivering community care in the county and in-patient pathways interweaving confusedly between our two organisations: streamlining is possible and necessary. Meanwhile, although the dialogue between the NHS and local government is richer than previously, across public health, social care as in mental health, learning disabilities provision and community services it is hard to resist a sense that things could be so much more rationally organised. The part that local authorities will play in the BOB ICS remains problematic; other areas (with more 'natural' boundaries) seem to have worked this out.

Nick Broughton's arrival has pushed us to look hard at the functioning of the board. We are focusing on the division of labour between its committees and the undergrowth of sub-committees beneath them, seeking to avoid duplication and the risk that 'risk' disappears between the cracks. We are all aware of the limitations of virtual meetings but they are now the norm and we will have to adapt and make the best of available platforms.

Covid has and will go on preoccupying us but climate change and environmental degradation continue. We have a programme of action on minimising carbon consumption and greening the Trust but it could be so much bigger and central; the 'benefits' of Covid for example in terms of mileage forgone need to be made permanent. Another beneficial Covid effect has been the public's generosity in charitable giving to NHS causes and volunteering. Our Charity has grown in significance and we are thinking hard about what it ought to support, avoiding services that the NHS budget should itself sustain and instead stimulating innovation and research

Recommendation
The Board is asked to note the report.

Author and Title: David Walker, Trust Chair

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*

2. ***Strategic Objectives/Priorities*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust:*

1) Deliver the best care possible within available resources
(Goals: delivering the best care possible within available resources through improved safety, effective evidence-based treatments and an improved patient experience to create better outcomes for those who use our services)

2) Deliver care in the most efficient way
(Goals: focus on getting the most value and benefit from the expertise of staff, and from organisational processes, finances, and system relationships to achieve a high-level of organisational effectiveness)

3) Attract, retain and develop outstanding staff
(Goals: make Oxford Health a place where people want to work, feel valued, empowered, developed and listened to as they strive to deliver outstanding care)

4) Remain financially sustainable
(Goals: maintain financial sustainability in the face of a combination of increasing demand, substantial under-investment by commissioners and a lack of available workforce)

5) Collaborate with stakeholders to create integrated health systems
(Goals: be a leading player in the joining-up of local healthcare; and focus on pathways of care (rather than individual service areas) to improve access and waiting times, care quality, and the impact of prevention and early intervention initiatives)

6) Leading healthcare innovation and research
(Goals: be globally recognised as a leading health innovation and research organisation; and use relationships with academic institutions and regional partners to increase understanding of the causes, prevention and treatment of mental health disorders and community and social health care, to make significant improvements to peoples' lives)