

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 63/2020**

(Agenda item: 05)

# Board of Directors

**26 November 2020**

**Trust Chair’s Report**

**For: Information/Discussion**

One of the privileges of being associated with Oxford Health in recent months has been the sense of making some contribution – small as it has been – to the tremendous work being done by our neighbours at the Jenner Institute on developing a vaccine for Covid19. That effort now looks to be on the verge of success – what an achievement. The Oxford University Medical Sciences Division is an intellectual powerhouse and we are hugely proud of our connection through the department of psychiatry, so energetically led by Professor John Geddes.

John has recently been in discussion over our role in providing a more integrated and sophisticated student mental health service for the University of Oxford – into which we would hope Oxford Brookes could potentially come. The colleges of the university make provision but it’s often disaggregated and piecemeal: OHFT could and should be the university’s principal partner in addressing what has become an area of intense focus as the impact of Covid19 on higher education institutions became apparent this autumn.

There will be more to say about Covid19 today. Let me pick up just one dimension. The pandemic has put much pressure on our mental health services, on the wards, in the community. The pandemic will put further pressure on services; the longer run direct and indirect impact of the disease on people’s wellbeing and mental health are big, perhaps not yet even scoped. But does the system recognise the consequences for mental health providers such as us. On a recent call with NHS Providers – the national group for trusts – colleagues heard that there is ‘structural discrimination’ against mental health within the funding arrangements.

Unfortunately we have seen one this autumn. The government’s much-publicised list of 40 ‘new hospitals’ included barely a single project within mental health: proportionately that should have been at least eight. As I write this I have just heard Professor Tim Kendall, NHS England’s clinical director for mental health, saying too many top table conversations are taking place that ignore or sideline mental health. Several times he used the phrase ‘it doesn’t look hopeful’ in discussing the status of mental health in NHS finance plans and policies. Perhaps we should be doing more, with the governors, with voluntary organisations, with our public to bang the drum. The great effort made in recent years to move towards ‘parity of esteem’ for mental health services seems to be running into the sand.

We don’t have a specific session today dedicated to our involvement in the integrated care system for our area – Buckinghamshire, Oxfordshire and Berkshire West (BOB): notes about the ICS spill across various reporting lines. So I should perhaps say here that OHFT has been and remains an active proponent of streamlining and integrating, both within our places (Oxfordshire and Buckingham especially) and within the wider area. Many questions remain open, not least the formal basis of the ICS. Next year, it seems, legislation will come forward establishing the ICS as a legal entity. That will be consequences for us, for our governors, for our finances. Suffice it to say here that I along with trust executive directors will continue to fly the flag for mental health in BOB, along with our colleagues in Berkshire Healthcare, and energetically push in our conversations with our acute sector partners, Oxford University Hospitals, Buckingham Healthcare and the Royal Berkshire Hospital in Reading.

**Recommendation**

The Board is asked to note the report.

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