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Report to the Meeting of the Oxford Health NHS Foundation Trust

CoG 08(i)/2020 (Agenda item: 11)
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Council of Governors

September 10th, 2020

Out of Hours Services Update and Progress Report

For: Assurance

Executive Summary

In late 2018 / early 2019 concerns were raised by Governors regarding the quality and safety of out-of-hours mental health provision. The Governors commenced their own 'deep-dive' review of provision led by Governor Maddy Radburn and supported by NED Sir Jonathan Asbridge. Services were informed at the time, that this "deep dive" would not cover services in Buckinghamshire and those services were therefore not engaged in the review. The report did however make comments on the services within both counties. The Oxon clinical service undertook their own quality review of Night Team provision and the outcome from this was presented to the Quality Committee and the Governors. A number of actions and service developments were identified.

This slide deck presentation provides an update regarding those actions and service developments. The presentation is provided for assurance.

Recommendation

The Council is asked to note the report.

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and (Head of Service Bucks)

Lead Executive Director: Debbie Richards

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)

SITUATION

The slides contain a summary of the actions taken following quality review of the Oxon Night Team and a summary of other actions and developments regarding

out of hours support for people seeking help with their mental health (both Oxon and Bucks). The slides are provided for assurance.

BACKGROUND

The situation across Oxon and Bucks differs in that Bucks received a larger amount of investment for crisis provision in FY19/20 which has allowed for greater and faster expansion of much needed crisis response provision. In Oxon, a smaller amount of funding was received, and this was prioritised against the need to improve flow out of inpatient services for our highest demand area (Oxford City). There will be further future opportunities (investment allowing) to improve night provision, although in Oxon the in uncertainty over the timing and phasing of these plans. It is unlikely that there will be further expansion of CRHT provision in Oxon during FY21. Oxon will be submitting an application for 'Crisis Alternatives' Transformation Funding in October 2020 – this is specifically targeted at collaborations between NHS and the 3rd Sector and within current gap analysis night provision is identified.

Covid has brought forwards a future ambition regarding single points of access and publicly available 24/7 direct access into mental health care and we (both counties) are currently recruiting to a new 24/7 service embedded within SCAS 111 / 999 for which a Business Case will be submitted shortly. The service has been required to commence recruitment and service initiation prior to full and future funding being agreed due to the unsustainability of the current interim MH Helpline model and the need to secure a rapid exit strategy from the current position. The enhanced SCAS based 24/7 service will allow for continuation of the same direct access model as we have with the current MH Helpline.

RECOMMENDATION

The presentation is provided for assurance.