

# Report to the Meeting of the

**CoG 12/2021**

(Agenda item: 07)

# Oxford Health NHS Foundation Trust

# Council of Governors

**Thursday 09 September 2021**

**Trust Chair’s Report**

**For: Information**

We return after the summer – when, despite the weather, I hope you managed some rest and relaxation -- amid multiple uncertainties. First, Covid. The pandemic rages still. Our staff, on the wards, in community setting, still wear protective equipment. Our vaccination centres remain open. Are they a permanent fixture – will they be required to administer booster jabs during the autumn. Meanwhile, we have to think about flu and inoculating our staff.

In a joint approach to the government, NHS Providers and the NHS Confederation say the NHS itself needs a booster shot of at least £10bn this year – so that we can cope with the backlog of treatments and procedures delayed during Covid as well as the lingering consequences of the virus itself. As always, we would need to fight to ensure that, any additional funding was fairly distributed to mental health and community services. Surely a high priority must be eating disorder and other wellbeing services for children and young people. It is a scandal that children are being left in hospital beds when what they need are programmes of therapy of the kind we offer at Marlborough House in Swindon and the Highfield Centre in Oxford. Governors and members of Oxford Health should speak up, trying to ensure that in schools, in what remains of early years children’s services mental health needs are recognised and that we as a trust to which referrals will come are equipped to deal with demand – which also includes our role in supporting research and training tomorrow’s nurses, doctors and health professionals specialising in children and young people’s services.

As the legislation establishing integrated care systems winds through parliament, a chair will shortly be appointed for Buckinghamshire, Oxfordshire and Berkshire West and, soon after, appointments will be made to the organisation’s new board. As the ICS becomes an administrative reality, so we will all have to adapt, governors, staff and management. The ICS board will determine our finances and perhaps also, eventually, our services. In anticipation, we are striving to talk to and work with our colleagues at the John Radcliffe, the Horton, Stoke Mandeville, also in Reading and Newbury. I have begun a series of dialogues with the leaders of Oxfordshire’s district councils – which have important roles to play in housing and the prevention of ill health. One of the great promises of integration must be to move the NHS from its role as a ‘sickness’ service to become more of a ‘health service’, trying to address the reasons why people become ill, many of them social, some genetic.

That transition must be based on evidence. We need better knowledge about people’s lives and conditions. We are, however, well placed to generate it. We’re delighted that one of our psychiatric consultants, Belinda Lennox, is taking over from Professor John Geddes as head of the University of Oxford’s department of psychiatry at the same time as we welcome to the board as a non-executive director Professor Kia Nobre of the university’s clinical psychology department. Over the next few months, the membership of the board will be changing, and I am looking forward to working with Mike Hobbs as lead governor and Chris Roberts as his predecessor – a font of experience and good sense – to find new non-executive directors. Nick will report to you on changes among the executive directors.

So, amid the multiple uncertainties this autumn, there’s a sense of momentum at the trust. We may soon be welcoming the Care Quality Commission conducting a ‘well led’ review. Marie Crofts, Karl Marlowe and colleagues have been working hard to prepare – not for a box-ticking exercise but for an opportunity to convince impartial inspectors that the trust is gearing up to improve the way we operate, as a precondition for improving the services we offer patients and the public. But we must not be naïve. I will be the first to say to the CQC on your behalf that our service to the public ultimately depends on the resources we are given. And that follows from the system – NHS top brass and ministers --- seeing that mental health and unglamorous but vital community services (step forward our great podiatry teams!) deserve fair funding.

**Author and Title: David Walker, Trust Chair**