

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

Board of Directors

14 April 2021

Trust Chair's report

For: Information/Discussion

BOD 15/2021
(Agenda item: 5)

A Trust Chair recently observed that his Chief Executive was now spending over half her time on external business – much of that to do with the creation of an Integrated Care System. Since the white paper published in February, we too have been taking part in a hectic round of discussions about the forthcoming legislation and about the shape of BOB – Buckinghamshire, Oxfordshire and Berkshire West. We have, I am afraid, been a largely silent passenger in our other ICS, Bath and North-East Somerset, Swindon and Wiltshire.

A big, open question is whether the ICSs will fall under the domination of the acute hospitals, which consume most NHS resources, jeopardising the long run aim of re-equilibrating the flow of money into Mental Health. I joined with other Mental Health Provider Chairs in writing to the HSJ to make the point. (Primary Care and the prevention of ill health must also be priorities in the new scheme). Another puzzle is how money will flow within the ICS to the 'places' where integration is most practicable, that is within the counties respectively of Oxfordshire and Buckinghamshire. (Who scales the needs of people in Reading vs Aylesbury vs Oxford?) In places, the prize – and the problem – for the ICS will be aligning the NHS and local government. The latter is even more cash strapped, is run on party lines (elections are taking place next month) and still awaits a plan for what to do with its most expensive sector, the care of older adults and people with disabilities – who of course also have healthcare needs.

It is they who matter, along with all our other patients and service users. What we have failed to do so far is endow them or the wider public with a sense that this reorganisation of the NHS will make it easier to see a doctor or nurse or get treatment or, even more radically, be nudged or incentivised into a way of living that prevents them needing clinical intervention. As a Trust we have no choice but to get energetically involved in constructing BOB; but the public still know little about its point or purpose; members of the Trust who are now voting for our Council of Governors face the prospect of their role being diminished, since the authors of the white paper seem to have forgotten that Foundation Trusts are specially constituted and do not fit comfortably into the new scheme.

A few weeks ago, I had the pleasure of doing something I rarely do in the garden at home – wield a spade. The Trust was given some saplings and to mark NHS Sustainability Day we planted them at various sites, in my case at the Whiteleaf Centre. There is tremendous goodwill on the part of staff to do more to ‘green’ the Trust, which ought to help as we reset activities as the Covid-19 emergency ends. What we have learned during it, not least about home working and at-a-distance meeting, is tremendously valuable as we reduce our carbon footprint. Above all, it is what is best for our patients and service users. Professor Andrea Cipriani’s study of at-a-distance psychiatric diagnosis will be of immense use as we try to cut waiting times and reduce travel obligations.

That said, Covid-19 looks like it could add directly and indirectly to demand for our services, especially on the part of children and younger people. Yet here we are most exposed in terms of staff. The curse of Mental Health services remains – many more people needing help than we are equipped to provide. But of course Mental Health needs are far from uniform. One of the great potential benefits of the integration project is better communication and cooperation between us and Primary Care, some of which we already provide. Mental Health spans a wide spectrum. We have been boosting what we offer in psychological therapy, especially to those suffering the after-effects of Covid-19. By collaborating with GPs and Primary Care more instances of poor Mental Health might be dealt with earlier – including those suffered by the many people to whose condition the old clinical boundary between physical and mental does not apply. Eating Disorder is a burgeoning problem, especially among the young. Resources permitting, we are as a Trust uniquely positioned to confront it as in our clinical practice we re-unite body and mind.

Recommendation

The Board is asked to note the report.

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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 Objectives:*
 - 1) *Quality - Deliver the best possible clinical care and health outcomes*
 - 2) *People - Be a great place to work*
 - 3) *Sustainability – Make best use of our resources and protect the environment*
 - 4) *Research and Education – Become a leader in healthcare research and education*