

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 29/2021**

(Agenda item: 02)

# Board of Directors

**9th June 2021**

**Forensic Services Patient Story**

**For: Information**

Chris, a current resident at Lambourn House, Littlemore, will share his journey through services over the last 25 years and he will particularly focus on the use of restraint and seclusion and how different approaches have impacted his recovery.

***About the service***

Lambourn House is a 15-bedded (11/12 male, 3/4 female) open forensic pre-discharge ward within the Low Secure Stream of Thames Valley Forensic Mental Health Services. As an open ward, it offers a relatively rare provision to residents who are reaching the end of their inpatient forensic care pathway. Notably, the term “residents” is used to emphasise the difference between our ward and other secure wards in the service, and to fully embrace an approach which has personal responsibility, independence, and hope at its heart.

***About the service users***

The majority of our residents will have received significant care and treatment of varying lengths on other, more secure wards within the service. At this stage in their pathway, treatment is primarily aimed at helping residents to negotiate a safe and successful transition from secure services, out into the community. To achieve this, Lambourn House supports residents in their recovery process and facilitates improved psychological wellbeing, risk management and occupational functioning through the development of individualised therapeutic programmes that are collaboratively developed to enhance hope, independence, responsibility, and social inclusion.

***Service delivery***

Lambourn House implements and integrates eight key elements of recovery into everyday practice (Hope; Meaning; Empowerment; Identity, sense of self & social inclusion; Supportive relationships; Development of self-management skills; and Secure base & safe haven):

***Service challenges***

The challenges we face are mainly linked to future placement in the community like

1.There is a lack of accommodation and the residents are having to wait a long time in hospital.

2.Our residents often face with social isolation and find it very difficult to integrate in the community with a good social network. They become isolated with no positive peer support and do not want to leave all the facilities they can access on Lambourn (gate fever).

3.There is a clear need for more investment in the community services in establishing the link from hospital care for a safe transition in the community to minimize recall.

4. We also face the challenge working with residents who have 2 sections (MHA & Prison status). They may have a deferred conditional discharge but have to wait for a long time for a parole hearing before the can move on.