

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 59/2021**

(Agenda item: 5)

# Board of Directors

**29 September 2021**

**Trust Chair’s report and system update**

**For: Information/Discussion**

An editorial in this week’s *Lancet*, the medical journal, says that in understanding and treating mental illness ‘social determinants’ are key. They start with financial worries and include housing, unemployment, domestic violence, excess drinking and drug use. Consider the first of those. The NHS does not ‘do’ social policy in the wide sense and certainly is not in a position to ensure household income is kept at a reasonable level; but do we none the less have some obligation to acknowledge and maybe even criticise policies that make people more anxious, even suicidal because they do not have enough money. The forthcoming reduction in Universal Credit will create additional stress for many people and – even if the connections are not linear – contribute to heightened anxiety and feed through into more work for stretched GPS and more mental health referrals. Robbing Peter, the policy will pile up work for Paul, who is already finding it hard to cope with demand. Should we therefore protest, or is that ‘political’? The answer hinges on whether we merely try to provide a sickness service or whether we try to improve the health of the nation in the broad sense.

That question will more obviously confront us as ‘integrated care’ is stitched together. That’s proving arduous. We are in a holding pattern until the Chair of the Buckingham, Oxfordshire and Berkshire West (**BOB**) Integrated Care System (**ICS**) is announced and its construction can go ahead. Choice of Chair is ‘political’ – appointments to these positions have to be approved by the secretary of state for health and social care.

But we have not been standing still. In anticipation we have ramped up our contacts with local councils – we welcomed the leader of Oxfordshire County Council to the Warneford during the summer and I have been catching up with the leaders of Oxfordshire district councils. On their active participation hinges whether the ICS can even attempt to ‘manage population health’, which means addressing those social determinants of ill health.

That is BOB. The Bath, Swindon and Wiltshire ICS is further ahead. I recently visited Marlborough House in Swindon together with Stephanie Elsy, its Chair. (Because she had previously been appointed after a competitive process, she remains in post.) Already a start has been made within the shadow ICS on better linking our mental health services for children and young people – which are highly regarded in the area - with the acute hospitals and local authorities.

During the summer, the NHS set new tighter targets for mental health care – for getting urgent help, for length of time spent in A&E and so on. They parallel targets already in place for physical healthcare. Of course ‘parity’ is welcome. It has, however, to be matched by parity in the flow of funds for mental health and not just revenue. Unless and until the aching need for investment in mental health hospitals is recognised the system remains unbalanced and for us that is symbolised by the Warneford, where some buildings date from the year that the Lancet was founded, in 1823.

**Recommendation**

The Board is asked to note the report.

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

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 the following Strategic Objectives:*

*1) Quality - Deliver the best possible 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*