

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 64/2021**

(Agenda item: 10)

# Board of Directors

**29 September 2021**

**Mental Health Transformation – Long Term Plan Progress Summary**

**For: Information**

**Executive Summary**

In October 2019, the Board were briefed on the Long Term Plan (LTP) for mental health transformation and expansion, period covering FY20 (year1) to FY24 (year 5). A multiyear summary of planned activity, workforce and finance was provided. It is now year 3 of the LTP and this paper serves as an update on how plans have progressed for OHFT services and the population that they serve.

FY22 has seen significant investment into mental health services through CCG baselines, Service Development and Spending Review Funding and in Oxfordshire from the mediation settlement. This is enabling services to expand and transform to progress towards the ambitions set out in the LTP.

Despite the additional funding, several barriers still remain meaning that OHFT and system partners are not on track with every LTP objective or trajectory. Some of the challenges that we are facing include:

* Legacy position of services in terms of under-commissioning and scale of investment & workforce expansion required to deliver to trajectory
* Complexity of funding streams with recurrent funding available being insufficient to deliver sustained growth in capacity
* Availability of clinical and non-clinical workforce
* Covid-19 Pandemic pressures on both demand and capacity
* Increase in demand, both in terms of volume and acuity

Local place based and BOB ICS governance and assurance frameworks have been established and the system position is a shared view across providers, commissioners and regulatory bodies.

**Governance Route/Escalation Process**

The underlying data and technical detail (activity, finance and workforce) that the narrative report is based on has been through the BOB ICS Mental Health LD and Autism Oversight Group (August 2021) chaired by the CEO Sponsor for Mental Health and will be refreshed every 4 months. The BSW allocations and monitoring takes place through the BSW Thrive Board. OHFT’s Executive Management Team were also taken through the technical detail in September 2021, at that point it was recommended that a narrative summary report would be provided for the Board.

**Statutory or Regulatory responsibilities**

Monitoring against these ambitions occurs in directorate senior management teams (SMTs), the Strategic Delivery Group (SDG), place-based Boards, at BOB ICS, BSW ICS and through Regional NHSE/I deep-dives (south east).

**Recommendation**

The Board is asked to note the considerable progress to date and risks to delivery of the LTP ambitions for mental health.

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**Lead Executive Director:** Debbie Richards – Executive Managing Director

***MAIN BODY OF THE REPORT***

[*Drafting note: the sections suggested below use the ‘SBAR’ approach of Situation, Background, Assessment and Recommendation to set out a method of providing concise and relevant information and making clear recommendations*. *It may be helpful to use this format but it will not suit all reporting e.g. periodic data-based financial and information reports which have their own pre-existing templates or where there are mandatory reporting format requirements*]

**SITUATION**

[*Drafting note: a concise summary to ascertain:*

* *why the paper is being presented;*
* *what background information is contained within it;*
* *what options have been considered/the Board is being asked to consider; and*
* *a clear recommendation as to what is expected when the Board considers the paper*]

**BACKGROUND**

*[Drafting note: this should summarise all of the key factors that the Board will need to bear in mind whilst making its decision or deliberating options. Typically, this might include, but is not limited to, the following drivers of change:*

* *new/emerging national guidance;*
* *new/emerging commissioning intentions;*
* *new/emerging analysis of the Trust’s own activities e.g. operational review, internal audit report, emerging risk/issue, system pressure;*
* *previous Board request/action against which an update is being provided or a further decision requested.*

*A balance needs to be struck between the paper being comprehensive and concise. If “deep reading” is required for the paper to be comprehensive then other mechanisms may be better suited to informing the Board e.g. references to web links. However, the paper must be able to stand-alone and not require Board members to access background material in order to understand the paper.]*

**ASSESSMENT/OPTIONS APPRAISAL**

*[Drafting note: this section may be shorter than the “Background” section because if the background has been clearly presented then the options should become fairly clear. Where there are several key options for the Board to decide upon then these should be outlined with the key pros/cons of each clearly laid out. Typically, at least one option should be to “do nothing differently to now” which provides the base case against which other options can be measured and compared. Decisions being escalated to the Board should already have had options appraisals conducted so the paper needs to describe the options appraisal process and conclusion. Where there is only one real option on the table then this can also be made clear.]*

**RECOMMENDATION**

*[If there is a clear recommendation then this should be made and the reasons why stated. If there is a choice then the recommendation should set out which option(s) is preferred and why, and the Board asked to make a decision. If there is no real option then the Board should be asked to approve the course of action already under way]*

*[Drafting note: the primary typeface for Trust documents is Segoe UI with body text set to a font size of 12 point. More detailed guidelines are available on the intranet as part of the Trust’s Branding Toolkit:*

[*http://obmhintranet.obmh.nhs.uk/TR/brand/Pages/default.aspx*](http://obmhintranet.obmh.nhs.uk/TR/brand/Pages/default.aspx) *]*