

## Application to become an NHS Foundation Trust: update, April 2007

This paper provides an update on OBMH's application for NHS Foundation Trust status and seeks refreshed OSC support for its plan to do so.

### Background

- 1 OBMH submitted its application for NHS Foundation Trust status to the Department of Health in June 2006. The application (in the form of an Integrated Business Plan or IBP) set out service, finance and workforce plans for five years and was assessed by the Department as 'strong.'
- 2 After due consideration and in the context of reported NHS deficits, the Department advised the Trust that consideration of its application would be deferred in order to:  
"give the Trust more time to demonstrate further that the [financial] recovery is on track. It is best that this year the Trust concentrate on making a success of the merger and delivering the significant cost improvements that are planned."
- 3 OBMH has participated in the NHS South Central Mental Health FT Diagnostic Programme. This reported in December 2006 and supported the Trust in its plan to re-apply in April 2007.
- 4 The Trust expects to have achieved financial break-even for 2006/07 and is refreshing its five-year IBP to take account of developments and changes in the environment in which it operates.

### Our vision

- 5 OBMH's vision is to excel in supporting people's recovery from mental ill-health and to promote well-being in the communities we serve.
- 6 As an NHSFT we will be locally accountable, required to take responsibility and decisions (notably for us in the near future, about capital investment) and able to make surpluses to reinvest where these are justified. We will still be required to provide a range of services as agreed with our commissioners and Monitor, the NHSFT regulator. We will also be able to establish new services and joint ventures.

### Timetable

- 7 The national timetable sees OBMH submit its IBP by 30 April, Secretary of State approval by early July after historic due diligence, then scrutiny by Monitor from July (after publication of our audited accounts). Legally-binding contracts with key commissioners should be in place by the time of Monitor scrutiny. We therefore aim to have these in place during June.

The earliest that licensing could take place by Monitor is in October 2007, with the timetable determined by Monitor.

- 8 Before the date of licensing, the Trust will need to have in place its membership and to have elected its governing Council. These must therefore be in place by September.

### **Progress made in delivering our service development strategy**

- 9 Our June 2006 IBP set out a service development strategy to deliver our core aims through six clearly defined workstreams. Progress has been made in all six areas, with progress relevant to this county outlined in the Annex to this paper.

### **Changes in the environment in which the Trust operates**

- 10 Since June 2006 there have been significant developments with a material impact on the market within which we operate. The Government's declared ambition to secure contestability and develop a market for NHS services is expected to change the mix of mental health service providers within the next 3 – 5 years.
- 11 In response we will:
  - a) Continually improve our clinical, financial and operational management to remain competitive on cost, clinical quality and reputation
  - b) Evaluate and communicate our success in delivering national pilot schemes, such as the Thames Valley Complex Needs service
  - c) Continue to develop a range of specialist services including forensic mental health care, eating disorders and training.
  - d) Embed and deliver work in progress to increase and promote choice for service users and their carers in both counties
  - e) Build our marketing, business planning and tendering skills, and remain alert to market opportunities and threats.

### **Board Development**

- 11.2 Our Board of Directors at licensing will comprise a Chair, six non-executive Directors, six Executive Directors and a vacancy for a seventh non-executive.
- 11.3 Recruitment has filled three non-executive vacancies with Board members with skills in corporate finance and governance and marketing. A structured Board development programme will continue through 2007.

### **Governance development**

- 12 A number of key guidance documents and initiatives influencing governance arrangements have been published or introduced during 2006, including the latest NHS Foundation Trust Code of Governance. The Trust has agreed and is implementing a new integrated governance

structure to meet these new requirements and to ensure that it has in place effective decision-making and assurance processes.

- 13 Public consultation which took place between February and May 2006 on how the proposed NHSFT would be governed supported the proposed arrangements for membership and the governing Council. These proposals are unchanged. We have now begun actively to recruit members, with any resident of Buckinghamshire aged over 12 eligible to join. Details are at [www.obmh.nhs.uk/foundationtrust](http://www.obmh.nhs.uk/foundationtrust)

### **Recommendation**

- 14 The OSC is asked to note progress and confirm its support for OBMH taking this next step in its development.

Julie Waldron  
Chief Executive  
April, 2007

## ***Annex – Buckinghamshire service developments***

### ***Developing modern inpatient facilities for adults and older adults in Buckinghamshire, supported by improved community services***

The community services agreed in the *Putting People First* consultation have been established. As agreed with the PCT, vacancies have been held in several teams to complete savings plans, but recruitment is taking place to deliver the full volume of care required.

NHS learning disability services have transferred to the Ridgeway Partnership and the Turnstone independent sector organisation, ending the Trust's involvement in and liability for these services.

A contract has been secured from Milton Keynes PCT for 3 intensive care beds.

Revised legal agreements, including a provider-to-provider pool, have been operating with Buckinghamshire County Council since March.

The inpatient estate we use in Buckinghamshire remains unfit for purpose. This compromises the quality of care we can offer, service users' experience of care and our potential to generate income. A strategic planning group, chaired by our Chief Executive, has worked to review the estate needs of the health economy in Buckinghamshire. This has now been included in the PCT's work programme. Strategic support for change will be necessary to allow OBMH to deliver its five-year business plan. This commitment is sought from the PCT in April to allow a Strategic Outline Case to be produced for agreement by July.

### ***Developing forensic mental health services***

The 2006 IBP highlighted three issues to address in forensic services: lack of provision for women, the large number of out-of-area treatments for some commissioners, and a need to develop community forensic services to support resettlement. Since then we have:

- Begun building a new women-only secure unit, to open in May 2007.
- Secured a contract for 20 of the 24 beds from local specialist commissioners and agreement that £500,000 saved will be invested in a new community forensic service in Buckinghamshire

### ***Expanding the Eating Disorders Service***

An extra four inpatient beds opened in December 2006.

### ***Boundary changes***

OBMH now provides care for the whole county of Buckinghamshire. Transfer 'out' of all Hertfordshire and Bedfordshire patients took place in late 2006. The transfer of care 'in' for residents of South Bucks to OBMH from Berkshire Healthcare slipped from its original October date but work with the PCT and Berkshire Healthcare has now achieved safe transfer of all care groups.