

# Oxfordshire Mental Health Strategy

2007 – 2012

October 2006

Oxfordshire   
Primary Care Trust

 **OXFORDSHIRE  
COUNTY COUNCIL**  
SOCIAL & COMMUNITY SERVICES  
[www.oxfordshire.gov.uk](http://www.oxfordshire.gov.uk)

Oxfordshire & Buckinghamshire   
Mental Health Partnership NHS Trust

  
South Central

# Contents

Section	Title	Page
	<b>Executive Summary</b>	<b>1</b>
	A Introduction	1
	B Vision	2
	C Principles underpinning change and development	2
	D Objectives	3
	E Four Strands of Action	3
<b>1</b>	<b>Introduction</b>	<b>6</b>
<b>2</b>	<b>Vision</b>	<b>7</b>
	2.1 What difference might this make?	7
	2.2 Access	7
	2.3 Choice and Flexibility	8
	2.4 Partnership	8
	2.5 Social Inclusion	8
	2.6 Carers	8
	2.7 Quality	8
<b>3</b>	<b>Starting Point</b>	<b>10</b>
	3.1 Strategic context	10
	3.2 Drivers	10
	3.3 Other local strategic plans	11
	3.4 The 10 high impact changes for mental health	11
	3.5 Choice	12
	3.6 The instance of mental illness and mental health problems	13
	3.7 Potential impact of population change	14
	3.8 Current levels of investment on mental health	15
	3.9 Future levels of investment in mental health	20
	3.10 Achieving change	20
	3.11 How well are services in Oxfordshire performing?	22
	3.12 How well are adult services performing?	22
	3.13 How well are older adult services performing?	26
	3.14 How well are services for children & young people performing?	28
	3.15 Key concerns raised during the development of the strategy	29
<b>4</b>	<b>Objectives</b>	<b>32</b>
	4.1 Improving how things are done	32
	4.2 Spending money to deliver the vision	32
<b>5</b>	<b>What success would be like</b>	<b>34</b>
<b>6</b>	<b>How we achieve the vision</b>	<b>39</b>
<b>7</b>	<b>Monitoring delivery</b>	<b>39</b>
	7.1 Ensuring effective monitoring and implementation	40
<i>Appendix 1</i>	<i>Action Plan</i>	43
<i>Appendix 2</i>	<i>National and local drivers</i>	56
<i>Appendix 3</i>	<i>Population statistics</i>	58
<i>Appendix 4</i>	<i>Mental Health Strategy Implementation Group</i>	62
<i>Appendix 5</i>	<i>Thanks</i>	64
<i>Appendix 6</i>	<i>Glossary</i>	65

## **Executive Summary**

### **A. Introduction**

This strategy sets out aims and expectations for mental health services in Oxfordshire for the period to 2012. It covers services for people of all ages, and includes information about needs, current spending and the performance measures applied to current services.

Effective mental health care is based on effective partnerships - between those receiving care and their carers, and between organisations offering different elements of the care, support and services which individuals need to achieve and sustain recovery.

This strategy therefore commits commissioners and providers of mental health and social care to work together to improve access to mental health services for all those who need them, regardless of gender, ethnicity, disability, sexual orientation, age, economic status or where they live in Oxfordshire. In doing so, we will create and deliver clearly defined pathways of care that are informed by the needs and choices of service users and their carers, and which aim to deliver care within a framework of the least possible restriction.

A key aim is to tackle the social exclusion of service users and their carers. We expect to see delivery of the mental health promotion agenda, to prevent mental illness and to reduce the stigma attached to being mentally unwell. As we improve our work in partnership to commission and deliver care, we will improve the quality, dissemination and use of information about mental health in Oxfordshire.

We aim to develop a flexible, appropriately skilled and representative mental health workforce able to deliver agreed priorities and service models and comprising carers, volunteers and paid staff. This workforce will deliver effective and efficient services which demonstrably make the best use of all available resources.

We intend use resources to develop more mental health services in non-hospital settings across Oxfordshire, reducing the dependence of mental healthcare delivery on buildings, which are expensive to operate. We want to see the development of flexible services designed to support recovery and sustain independent living for people of any age who use or have used mental health services.

This strategy recognises the need to continue to operate within a national framework of legislation and quality standards. Our work must achieve national targets and expectations set for public service organisations as well as the local aims which this strategy sets out and which will take shape in commissioning plans developed by Oxfordshire's Primary Care Trust and County Council, working in partnership.

## **B. Vision**

This strategy is intended to guide the development of mental health care and support in Oxfordshire between 2007 and 2012. It has been produced by Oxfordshire PCT, Oxfordshire County Council and Oxfordshire & Buckinghamshire Mental Health NHS Partnership Trust (OBMH), working in partnership with service users, carers and the local voluntary sector. It is a strategy for all age groups and all tiers of care.

**The partner's shared vision for the development of mental health services is that by 2012 the full range of organisations and agencies involved in mental health in Oxfordshire will be working together to deliver high quality, good value, sustainable services which meet the needs of service users and their carers. They will do this by improving:**

- **Access to services**
- **Choice and flexibility of treatment and care**
- **Partnership working**
- **Social inclusion of service users**
- **Support for carers**
- **Quality of services.**

## **C. Principles underpinning change and development**

The strategy is underpinned by a consensus that:

1. Further work on needs assessment and data capture and analysis will be required to inform all other developments.
2. This strategy must build on, and support delivery of, a wide range of existing local and national drivers such as the National Service Frameworks, the drive to increase the range of service providers and patient choice, NICE guidelines and the 10 High Impact Changes for Mental Health.
3. This strategy may require disinvestment in some areas in order to deliver re-investment in others.
4. During the life of this strategy patterns of investment in older adult services will need to be reviewed in anticipation of significant projected population growth.
5. All parties must recognise the dilemmas posed by the relationship between levels of ambition and levels of resources.
6. Services must deliver value for money.
7. All partners must continue to lobby for an increase in funding for mental health in Oxfordshire from a wide range of sources.
8. Changes resulting from this strategy must contribute to improving the well-being and social and economic inclusion of service users and their carers.

## **D. Objectives**

***This strategy commits mental health and social care commissioners and service providers to work together to:***

- 1. Improve access to mental health services for all those who need them, regardless of gender, ethnicity, disability, sexual orientation, age, economic status or where they live in the County.**
- 2. Create and deliver clearly defined care pathways that are informed by the needs and choices of service users and their carers, and which aim to deliver care within a framework of least possible restriction.**
- 3. Tackle the social exclusion of service users and their carers.**
- 4. Improve partnership working between all organisations and individuals whose work impacts on mental health service users, and between those organisations, service users and their carers.**
- 5. Improve the quality, dissemination and use of information about mental health in Oxfordshire, and to improve information sharing between organisations and individuals.**
- 6. Create a flexible, appropriately skilled and representative mental health workforce able to deliver agreed priorities and service models and comprising carers, volunteers and paid staff.**
- 7. Deliver effective and efficient services which demonstrably make the best use of all available resources.**
- 8. Invest in developing more mental health services in primary care and community settings across Oxfordshire (where appropriate disinvesting in acute inpatient services and reducing expenditure on capital charges to achieve this).**
- 9. Invest in mental health promotion work that is designed to prevent mental illness and to reduce the stigma attached to being mentally unwell.**
- 10. Invest in flexible services that are designed to support recovery and sustainable independent living for people who have used, or are using, mental health services, whatever their age.**
- 11. Ensure that investment enables delivery of national targets for mental health services in ways which meet national quality standards.**

## **E. Four strands of action**

The strategy sets out headline actions which each partner will need to take in order to ensure the successful delivery of this vision. The action plan focuses on developments in four areas:

- Commissioning, contracting and monitoring
- Strategic Planning
- Services

- Service quality and partnership working

The main actions required to deliver improvements in each of these areas are summarised below.

### **Commissioning, contracting and monitoring – main actions**

1. The PCT and the County Council will develop new mental health commissioning strategies – separately for 2007/8 and jointly from 2008/9 onwards.
2. OBMH will ensure that its business plan demonstrates how it is going to contribute effectively to delivery of this strategy.
3. Both main commissioners will develop transparent and well managed procurement processes for services that a range of providers could potentially offer.
4. The PCT will establish a partnership based Strategy Implementation Group that will replace the Mental Health Task Force and LITs , and that will have a remit to:
  - Advise the Oxfordshire Commissioning Board on all decisions affecting mental health commissioning, service delivery and implementation of this strategy
  - Challenge commissioners and providers to translate strategy into action
  - Monitor implementation of the strategy
  - Review and update the strategy annually
  - Influence resource allocation.
5. It is proposed that this new body should therefore comprise:
  - Service user and carer representatives
  - Clinical leaders from primary and secondary care
  - Senior voluntary sector staff
  - Senior OBMH, County Council and PCT staff
  - PCT and County Council mental health commissioning leads
  - Senior Finance staff from one or more partner organisation.

### **Strategic Planning – main actions**

1. The PCT will revise and implement the Mental Health Promotion Strategy.
2. All partners will work together to implement the agreed Carers Strategy.
3. All partners will work together to develop and implement strategies for provision of:
  - Integrated older adult services
  - Housing and accommodation for mental health service users

- Suicide prevention
- Supporting the needs of mental health service users in contact with the criminal justice system.

### **Service quality and partnership working – main actions**

1. All partners will work together to develop more effective joint working between all mental health service providers and commissioners.
2. OBMH will implement the Care Programme Approach.
3. The PCT will lead development of the local Mental Health workforce so that it meets national targets and local needs.
4. All partners will work together to improve partnership working between Mental Health service providers and commissioners, and:
  - Other healthcare services
  - A wider range of community and day service providers.

### **Service Development – main actions**

1. OBMH will establish an Early Intervention in Psychosis service for adults.
2. OBMH will deliver the agreed action plan to improve performance of community mental healthcare within adult services.
3. Partners will work together to develop integrated older adult services that deliver: mental health promotion, early detection and diagnosis, assessment care and treatment and access to specialist services.
4. OBMH will develop provision for children with conduct disorders and/or complex needs, as well as children from BME communities.
5. OBMH will develop community based CAMHS services.
6. All providers will work to Improve service user involvement in service design and development in all service areas.

It is envisaged that by completing these and the other actions outlined within the document, all organisations and agencies will go some way to delivering the vision of high quality, good value, sustainable services which meet the needs of service users and their carers which lies at the heart of this strategy.

## 1. Introduction

- 1.1 This five year mental health strategy is intended to guide the development of mental health care and support in Oxfordshire between 2007 and 2012.
- 1.2 This strategy takes as its starting point a recognition of the need for change and development. It sets out a shared vision and shared goals for the development of mental health services in Oxfordshire. It is not a commissioning strategy or a business plan, but will be used by both commissioners and service providers in Oxfordshire as the basis for development of commissioning strategies and business plans. These will set out how the vision described here will be delivered.
- 1.3 Work began on this document in March 2006, when Oxfordshire Primary Care Trusts (PCTs), Oxfordshire County Council, Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust (OBMH) and the Thames Valley Strategic Health Authority (now replaced by NHS South Central), decided to work with voluntary sector and user and carer representatives to produce a five year mental health strategy for the population of Oxfordshire that would:
  - Provide a framework for development of the best possible network of mental health services in Oxfordshire, within available resources
  - Set objectives for the development of mental health services in Oxfordshire for all tiers of care and for all age groups for the period 2007-2012
  - Provide a framework to guide future mental health commissioning and service development
  - Be used by all parties as a basis for the development of their own action plans, business plans or commissioning strategies
  - Support successful partnership working between those providing care and support, between public and voluntary sector organisations, between providers and policy makers, and between organisations and the service users and carers with whom they work.

## 2. Vision

**By 2012 the full range of organisations and agencies involved in mental health in Oxfordshire will be working together to deliver high quality, good value, sustainable services which meet the needs of service users and their carers. They will do this by improving:**

- **Access to services**
- **Choice and flexibility of treatment and care**
- **Partnership working**
- **Social inclusion of service users**
- **Support for carers**
- **Quality of services.**

### 2.1 *What difference might this make?*

To achieve improvement across a whole care system it is necessary to have a shared understanding of how all concerned would like things to be different. The following statements set out a shared vision of what mental health provision in Oxfordshire could be like. They start from a presumption that mental health care and support will be available to:

- people who are at risk of developing mental health problems
- people suffering mental health problems (however long the duration of their illness)
- people who are recovering from mental health problems and need help to re-establish their lives
- the families and other carers of people with mental health problems.

The availability of resources and other external factors may mean that not all of this vision can be delivered, but informed choices about investment and priorities can at least be made on the basis of a common understanding of what Oxfordshire is trying to achieve. If Oxfordshire is successful in delivering its vision, then by 2012:

### 2.2 **Access**

- Mental health care and support will be easier for people to access- particularly for people from BME communities, homeless people, people in the criminal justice system, young carers and other traditionally hard to reach groups.
- Out of hours services which provide a realistic alternative to hospital admission will be available to those who need them.
- Information available about mental health services will become more plentiful, more accurate and easier to understand.
- More will be done to promote mental wellbeing and to prevent mental illness.

- Mental health care and support will be made available in more appropriate settings, and in ways which recognise the particular needs of families, culturally diverse communities and other traditionally hard to reach patient groups.
- All health service providers will get better at recognising the mental health care needs of people presenting with physical health problems, so that they know how to respond to ensure that people get the mental health care they need.

### **2.3 Choice and Flexibility**

- The individual needs and choices of service users will determine the services they get.
- Service users (and their carers wherever possible) will become more centrally involved in decision making about their support and care.
- Every service user will have a clearly defined and individual care pathway, and will have a key role in reviewing and revising that on a regular basis.

### **2.4 Partnership**

- When an individual is receiving mental health care from a number of different organisations, those organisations will do everything they can to ensure that any transition from one service to another is as smooth as possible.
- Mental health service commissioners and providers will work together to maximise the health and social care resources available for mental health, and to reduce the impact of mental illness on the people of Oxfordshire.
- Mental health service providers and commissioners will effectively work together to maximise the funding and other resources available for housing, training, employment and social inclusion, not just from within the NHS and local government, but by working in partnership to bring in funding.

### **2.5 Social Inclusion**

- It will become more widely recognised that poor mental health impacts on many aspects of a person's life, and that many different people and agencies will play a role in supporting someone's recovery.
- Mental health service providers and commissioners will work together to reduce the social exclusion of service users. They will do this by: providing practical support to help people rebuild their lives, tackling the stigma and discrimination surrounding mental health and engaging the wider community in supporting people's recovery.

### **2.6 Carers**

- The value of carers, families and guardians who provide support to people affected by mental illness will be fully recognised. People will get the help they need to be effective in that role.

### **2.7 Quality**

- Services will be provided in the least restrictive ways possible.
- The mental health workforce (including GPs) will increase its ability to support people with multiple needs and their carers, and to offer effective treatment choices.

- All those who work with people with mental health problems and with their carers—whether in a voluntary capacity or as part of their employment - will be helped to develop their skills.
- The mental health workforce will get better at recognising the physical health needs of mental health service users and their carers, and at making sure that these are routinely met.
- All mental health service providers will be able to meet their statutory duties and responsibilities as laid out in relevant legislation, and to ensure that their services meet nationally set standards of quality.

**2.8 This strategy sets out how we can begin to deliver this vision:**

- **Section 3 sets out the background to this vision and summarises both the local starting point and the national context**
- **Section 4 lists the objectives through which this vision can be delivered**
- **Section 5 describes what it would be like if those were achieved**
- **Section 6 sets out the immediate next steps needed to ensure this strategy is delivered**
- **Section 7 proposes ways of holding the main commissioning and delivery agencies to account for delivering this vision**
- **Appendix 1 sets out some headline actions that need to be taken in 2007/8 and 2008/9 if this vision is going to be made a reality. These are referenced throughout the document as follows (*Action x.x*)**

2.9 This document does not include precise outcome or output targets. These will be included in the commissioning strategies and delivery plans that the PCT, County Council and OBMH develop in response to this strategy. Unless specific reference is made to a particular care group, it can be assumed that the proposals apply to services commissioned and provided for all age groups.

### **3. The starting point**

#### **3.1 Strategic context**

Mental Health, and the development of services for people with mental illness, has been the subject of significant policy attention in England since the publication of the National Service Framework (NSF) for Mental Health in 1999, and the subsequent publication of NSFs for Older Adults and Children. Progress has been made in Oxfordshire on delivering the aims and objectives of all three NSFs, and this strategy is being developed now to ensure that services continue to improve and evolve for all the residents of Oxfordshire in the context of:

- An expected slowing of growth in the national investment in healthcare from 2008
- Oxfordshire's need to ensure that health services are delivered within the financial resources available
- System wide change at a local, regional and national level for health and social care organisations
- Ongoing health service reform, which will have implications for mental health service development and delivery.

#### **3.2 Drivers**

Public sector organisations involved in mental health in Oxfordshire are in a period of substantial change:

- The five Oxfordshire Primary Care Trusts (PCTs) have merged to form the Oxfordshire PCT
- NHS South Central has been created. This is a new body which replaces the Thames Valley Strategic Health Authority, and which covers Oxfordshire, Buckinghamshire, Berkshire, Hampshire and the Isle of Wight
- The mental health trust has acquired responsibility for delivering services in Buckinghamshire, has applied to become a Foundation Trust and is reconfiguring services in Oxfordshire as a result of reductions in its income
- The County Council has adopted a new corporate plan underpinned by three key drivers, which are provision of: low taxes, real choice and value for money
- Practice based commissioning will alter the way some mental health services are purchased and provided by primary care.

All these factors will impact on local authority and NHS service providers and commissioners, the extensive network of charitable and voluntary sector service providers across the County, service users and carers. Organisations will need to make hard choices in the face of these changes, and to adopt new ways of working.

Whilst this change is being implemented, all providers and commissioners are working to meet nationally determined priorities. They must:

- Deliver the targets for Mental Health set out in: the National Service Frameworks for adult mental health, older adults and children; in the green paper 'Every Child Matters', and in the national carers strategy 'Caring for Carers'
- Fulfil NICE guidelines on Mental Health service provision
- Meet Healthcare Commission standards of service delivery
- Meet the targets set out in the Department of Health document 'Delivering Race Equality'
- Deliver the goals set out in the Social Inclusion Unit's report, 'Mental Health and Social Inclusion'
- Prepare for the implementation of practice based commissioning in mental health
- Deliver the aims of the Health and Social Care in Criminal Justice Programme (HSCCJP) as set out by the Care Services Improvement Partnership (CSIP) at [www.hscbjp.csip.org.uk](http://www.hscbjp.csip.org.uk)
- Adapt services to meet other government policy priorities and legislation, which are listed in Appendix 2.

**This strategy must ensure that the targets set out in these documents are delivered in ways which meet national expectations of best practice.**

### **3.3 Other local strategic plans**

Much good work has already been done to put in place detailed strategies and action plans to ensure the county's performance against national measures improves – these are listed in Appendix 2.

**This overarching mental health strategy for the County must build on, embody and/or influence the targets set out in these documents.**

### **3.4 The 10 high impact changes for mental health**

In June 2006 the Care Services Improvement Partnership (CSIP) published guidance on 10 areas of service improvement in mental health that have the greatest positive impact on: service user and carer experience, service delivery, health outcomes, staff and organisations.

Produced on behalf of the Department for Health, these build on the 10 high impact changes for all health organisations published by them in 2004. CSIP's ambition is that the changes should be used to guide service improvement activity in mental health through 2006 and beyond, and that the changes should result in improved quality of care and improved service efficiency – they should help organisations make the best use of resources to benefit service users.

The '10 High Impact Changes for Mental Health Services'<sup>1</sup>, as set out by CSIP, are:

1. Treat home based care and support as the norm for the delivery of mental health services
2. Improve flow of service users and carers across health and social care by improving access to screening and assessment
3. Manage variation in service user discharge processes
4. Manage variation in access to all mental health services
5. Avoid unnecessary contact for service users and provide necessary contact in the right setting
6. Increase the reliability of interventions by designing care around what is known to work and that service users and carers inform and influence
7. Apply a systematic approach to enable the recovery of people with long term conditions
8. Improve service user flow by removing queues
9. Optimise service user and carer flow through the service using an integrated care pathway approach
10. Redesign and extend roles in line with efficient service user and carer pathways to attract and retain an effective workforce.

**These principles should be used to inform the development of commissioning and service delivery in Oxfordshire.**

### 3.5 Choice

Choice of care, and choice of how it is delivered are becoming increasingly important features of mental health provision.

Whilst the legal framework governing mental health care and the need to protect the vulnerability of people with mental illness mean that choice is necessarily restricted in some circumstances, choice can be offered in a range of areas. For example choice might be offered – within available resources - about:

- the type of medication or type of treatment offered
- the location and time of treatment
- the person or people delivering treatment
- the range of services available.

**This strategy should result in enhanced choice for service users and carers in Oxfordshire. (Action 2.6)**

---

<sup>1</sup> Ten High Impact Changes for Mental Health, Care Services Improvement Partnership, June 2006.

### 3.6 The incidence of mental illness and mental health problems

Nationally it is known that mental illness costs in the region of £32 billion per annum<sup>2</sup> and that 16% of adults of working age have a mental illness, half of whom are seriously ill.<sup>3</sup> Detailed information about the national incidence of mental ill-health and about the Oxfordshire population can be found at Appendix 3.

Meanwhile it is known that in Oxfordshire:

- In 2005/6 approximately 8000 adults, 3000 young people (under 18) and 3000 older adults (over 65) received services from the mental health trust.<sup>4</sup>
- Just over 9000 older people in Oxfordshire are likely to have received a diagnosis of dementia in 2006 – but not all of these will require specialist care.<sup>5</sup>
- Just over 9000 older people in Oxfordshire are likely to suffer from depression in 2006, and of those just over 3,000 are likely to need specialist support.<sup>6</sup>
- 9% of the Oxfordshire population - just over 50,000 people - are providing unpaid care to a spouse, relative, or neighbour, and 8% of those carers are not in good health themselves.<sup>7</sup>
- In Oxfordshire between 40,000 and 54,000 children and young people could be considered vulnerable and at any one time between 4,000 and 5,400 might be considered to be in need.<sup>8</sup>

The map overleaf shows hospital admissions related to mental and behavioural disorder in Oxfordshire between 1997 and 2002, at a standardised rate. The darkest areas on the map are those places that have the highest rates of admission.

**Further work on mental health needs assessment will be undertaken to inform the detailed development of mental health commissioning strategies for Oxfordshire, and the subsequent targeting of resources, so that investment is made in the areas of greatest need. (Actions 1.4 and 1.5)**

---

<sup>2</sup> NSF for Mental Health, DH, 1999

<sup>3</sup> Mental Health: Britain's Biggest Social Problem, Richard Layard, 2004

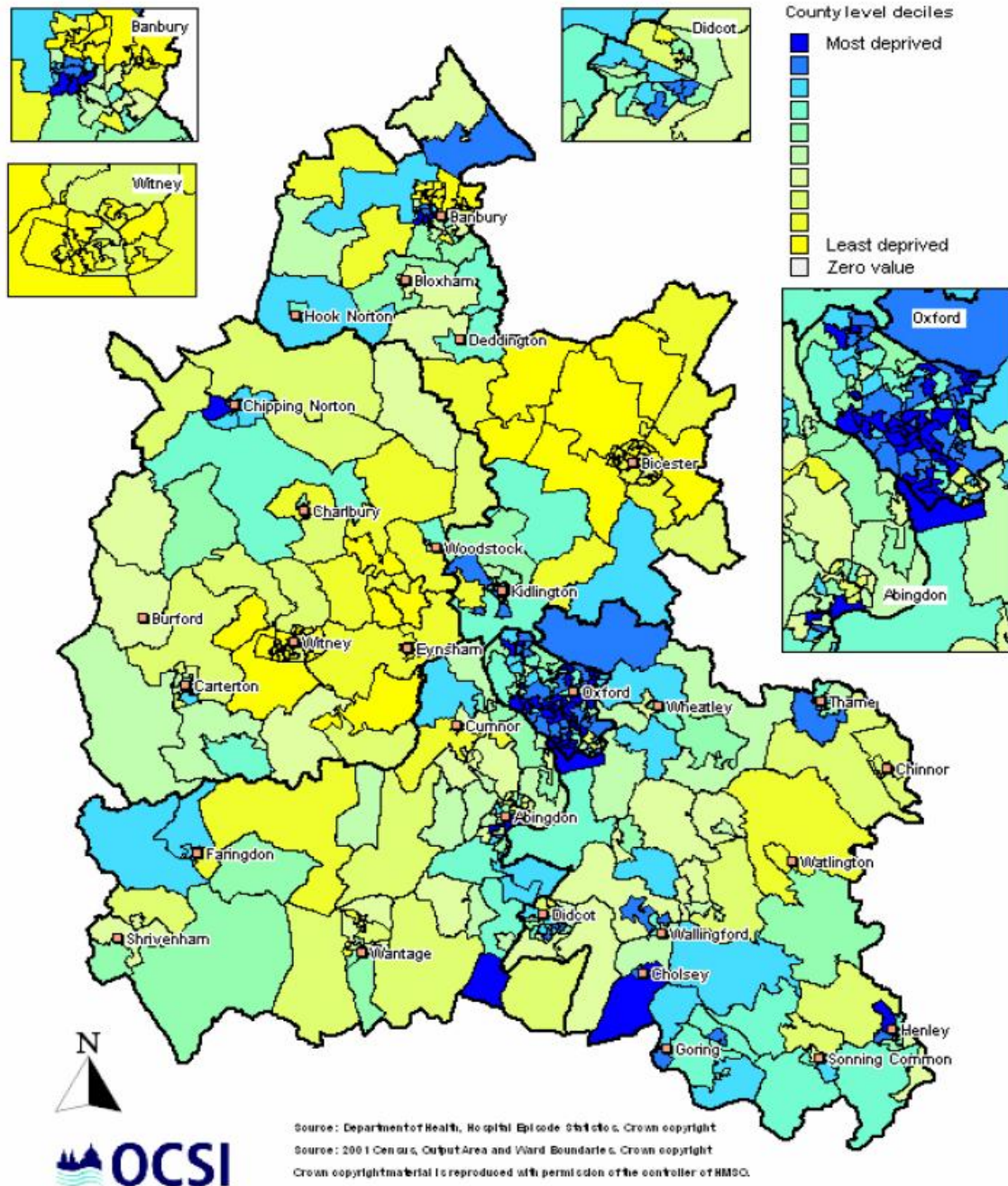
<sup>4</sup> Figures supplied by OBMH

<sup>5</sup> Commissioning Strategy for services for older people in Oxfordshire, 2006-2009

<sup>6</sup> Commissioning Strategy for services for older people in Oxfordshire, 2006-2009

<sup>7</sup> 2001 census

<sup>8</sup> Oxfordshire BVR final report, Jan 2005



### 3.7 Potential impact of population change

OBMH commissioned an analysis of likely demographic change, and its potential impact on need, to inform its Foundation Trust application<sup>9</sup>. The table in Appendix 3 summarises the findings for the Trust across Oxfordshire and Buckinghamshire, and provides a useful overview of forecast changes in Oxfordshire.

<sup>9</sup> Market Assessment, produced for OBMH by Finnamos, February 2006.

**The main impact on demand for mental health services arising from the forecast population change in Oxfordshire, during the lifetime of this strategy, is likely to arise from:**

- **The projected increases in the older adult population, and the probability that this will lead to an increase in demand for social and healthcare services for older adults and their carers**
- **Localised increase in need across all age groups, and possible changes in the geographical areas of highest need as a result of concentrated developments of new housing. Plans are being developed to build 11,800 dwellings over the lifetime of this strategy, and then to build a further 2,360 dwellings every year until 2026, with growth concentrated in Oxford, Bicester, Didcot, Wantage and Grove.**

**All service providers and commissioners will need to work together to develop appropriate, affordable and innovative ways of delivering care, in order to meet the needs of this changing population. (*Actions 1.4, 1.5 & 2.2*)**

### **3.8 Current levels of investment on mental health**

Spend on mental health in the County needs to be considered in the context of the significant financial challenge faced by NHS organisations in the Thames Valley during 2005/06 and 2006/07, as a consequence of the area:

- Receiving the lowest funding per head of population in England under the DH national funding formula - about 85% of the national average
- Receiving about £125m less than the level of NHS funding for the next lowest funded health system, Surrey and Sussex<sup>10</sup>.

It is difficult to get robust information with which to benchmark expenditure on mental health in Oxfordshire in comparison to other areas. This is primarily because the quality of data varies, and because it is not possible to ensure that everybody reports and analyses expenditure in exactly the same way.

The primary source of information that is available is the Local Implementation Team (LIT) self assessment finance mapping for adults of working age.

Financial mapping information for older adults and CAMHS has not been analysed here either because the information compares spend across whole health authority areas, rather than individual Counties or PCTs, or because (for CAMHS), an analysis of spend weighted to take into account local population factors is unavailable.

---

<sup>10</sup> Figures supplied by Thames Valley SHA.

With those caveats, a brief review of the documentation that is available suggests that:

Services for adults of working age

- Investment in adult mental health in the Thames Valley has risen from £122/head in 2004/5 to £134/head in 2005/06. This compares to a spend per head of £174 in Surrey and Sussex, £157 in Hampshire and the Isle of Wight and £128 in Kent and Medway<sup>11</sup>.
- The LIT self assessment suggests that overall weighted investment per head on adult mental health services was £150 in Oxfordshire in 2005/6. This is lower than the average for its cluster group (£154.6) but equal to the National (English) average.
- This expenditure includes a higher than average expenditure per head on property (capital charges), which results from the high cost of land and buildings in the County, and Oxfordshire PCTs receive additional income in recognition of this.
- The table below compares spend per head on adult mental health services in Oxfordshire with spend per head on adult mental health services in areas like Oxfordshire, in the Thames Valley and in England<sup>12</sup>.

Service category	£'000s	Oxfordshire spend per head on adult MH	TVSHA spend per head on adult MH	Average spend per head on adult MH in prosperous southern England	English national average spend per head on adult MH.
<b>Direct Costs</b>	£32,241	£101.7	£102.3	£116.4	£120.1
<b>Indirect Costs</b>	£ 8,545	£ 26.9	£ 18.1	£ 20.3	£ 12.7
<b>Overheads</b>	£ 2,779	£ 8.8	£ 8.8	£ 12.3	£ 12.5
<b>Total (excl capital charges)</b>	<b>£43,565</b>	<b>£137.3</b>	<b>£129.3</b>	<b>£148.9</b>	<b>£145.3</b>
<b>Capital charges</b>	£4,015	£ 12.7	£ 4.8	£ 5.7	£ 4.6
<b>Total (incl capital charges)</b>	<b>£47,580</b>	<b>£150.0</b>	<b>£134.1</b>	<b>£154.6</b>	<b>£149.9</b>

- Further analysis is required in order fully to understand the higher than average spend on indirect services and the lower than average spend on direct services. This work will be undertaken while the 2006/7 figures are being prepared.
- However it is worth noting that, when capital charges are excluded, Oxfordshire invests £137.3 per head of the adult population on adult Mental Health service provision, compared to an average of £148.9 per head in other similar areas (the cluster group as defined by the Office of National Statistics).

<sup>11</sup> Figures supplied by Thames Valley SHA.

<sup>12</sup> Autumn 2005 LIT Monitoring for DH

- In the autumn of 2005 Oxfordshire anticipated that £47.58m would be spent on adult mental health services in 2005/6, and that of this it was anticipated that £32.24m would be spent on direct Mental Health service costs for adults aged 18-65.
- Of the £32.24m direct spend on services, it was anticipated that £23.92m would be spent within the NHS, £176k through primary care contracts, £1.78m within social services and £6.28m within the voluntary, independent and private sectors<sup>13</sup>.
- The table overleaf shows the split of direct services spend in Oxfordshire by service area and compares it to the average spend per head on adult mental health in the Thames Valley, in prosperous southern England and in England.

Service category	£'000s	Oxfordshire spend per head on adult MH	TVSHA spend per head on adult MH	Average spend per head on adult MH in prosperous southern England	English national average spend per head on adult MH.
Access & Crisis Services	£3,242	£10.2	£10.0	£10.9	£11.8
Accommodation	£1,956	£6.2	£9.0	£11.7	£11.6
Carer's Services	£157	£0.5	£0.5	£0.8	£0.6
Clinical Services	£8,210	£25.9	£24.8	£28.6	£26.8
Community Mental Health Teams	£3,693	£11.6	£18.3	£17.5	£17.6
Continuing Care	£1,498	£4.7	£9.5	£10.8	£12.3
Day Services	£2,257	£7.1	£5.1	£5.3	£4.8
Direct Payment	£22	£0.1	£0.1	£0.1	£0.1
Home Support Services	£629	£2.0	£1.9	£2.9	£2.9
Mental Health Promotion Services	£0	£0.0	£0.2	£0.1	£0.1
Other community and hospital professional teams/ specialists	£200	£0.6	£0.9	£2.9	£2.8
Personality Disorder Services	£655	£2.1	£0.7	£0.3	£0.3
Psychological Therapies Services	£1,457	£4.6	£4.5	£4.7	£4.6
Secure & High Dependency Provision	£7,067.57	£22.3	£14.8	£17.0	£21.2
Services for	£819	£2.6	£1.0	£1.5	£1.2

<sup>13</sup> Autumn 2005 LIT Monitoring for DH

<b>Mentally Disordered Offenders</b>					
<b>Support Services</b>	£378	£1.2	£0.7	£1.4	£1.4
<b>Total direct costs</b>	<b>£32,241</b>	<b>£101.7</b>	<b>£102.3</b>	<b>£116.4</b>	<b>£120.1</b>

- This demonstrates that Oxfordshire is spending less per head than either its cluster group or the national average on Accommodation, Clinical Services, CMHTs and Continuing Care.
- The only area where the County is spending significantly more per head than either its cluster group or the national average is on Forensic services, and this is probably because it offers a sub regional service.
- In addition to this investment around £7m is spent annually on services for adults through the Drug and Alcohol Addictions Team (DAAT).

#### Older adult services

- OBMH budgeted to spend £13.5m on older adult services in 2005/6, and Oxfordshire County Council plans to spend £5.8m on Mental Health services for older adults in 2006/7.
- It has not been possible to source benchmarking data that shows how levels of investment in older peoples services in Oxfordshire compares to that of other authorities–this needs further work.

#### CAMHS services

- In 2003/4 the spend per head nationally on CAMHS services was just over £25, and the spend per head in the Thames Valley was just under £20.<sup>14</sup>
- Expenditure on CAMHS services in Oxfordshire was approximately £7.2m<sup>15</sup> in 2005/6.
- The PCT has increased investment in CAMHS services by 10% in each of the last two years, despite difficult financial circumstances and the removal of the national requirement that it ring fence its CAMHS budget.
- It has not been possible to source benchmarking data that shows how levels of investment in CAMHS services in Oxfordshire compares to that of other similar authorities. Raw data comparing total spend is available from the Durham mapping returns, but it only gives total actual and planned spend by Trusts, and does not weight it for population or service remit.

**Over the life of this strategy commissioners and service providers in Oxfordshire will need to:**

- **Review whether the current balance of direct services expenditure across service categories in adult mental health will deliver the vision**

<sup>14</sup> [www.camhsmapping.org.uk](http://www.camhsmapping.org.uk)

<sup>15</sup> National Child and Adolescent Mental Health Service Mapping Exercise, 2005

**set out in this document. If it will not then commissioners will need to make decisions about where to disinvest and re-invest in order to achieve change. (Actions 1.4 and 1.5)**

- **Review whether the investment made in older adult services will be sufficient to meet the demands of an expanding older population, and if not commissioners will need to make decisions about how to respond to that increase in demand. (Actions 1.4 and 1.5)**
- **Improve the analysis and benchmarking of financial performance , particularly for older adult and CAMHS services (Action 1.3)**
- **Continue to lobby for an increase in the per capita expenditure on mental health. (Action 1.2)**

### 3.9 Future levels of investment in mental health

Oxfordshire PCTs have said that further disinvestment by the NHS in mental health in Oxfordshire is not expected over the lifetime of this strategy. However, development of mental health services, in the short term at least, will need to be achieved within existing levels of expenditure as:

- Growth in NHS investment in adult, older adult and CAMHS services is extremely unlikely over the early years of this strategy, whilst the Oxfordshire Health economy works to ensure that the cost of health services do not exceed the income available to pay for them.
- Oxfordshire County Council Social and Community Services Directorate is beginning its detailed service and financial planning for 2007/08 and a range of scenarios are being considered. Along with other user groups mental health is, at this stage in the process, being asked to consider options for dealing with a range of budget scenarios. There has not been any work at this stage on the relative priorities of user groups.
- The directorate will be preparing papers for meetings with Councillors in November that meet both the Council's financial strategy and the directorate's priorities of increasing support for higher dependency needs and supporting people in their own homes.
- The 2004-2009 Supporting People Strategy<sup>16</sup> anticipates a reduction in budgets from £21m in 2004/5 to £17.8m in 2007/8, and expects this to be a continuing trend. The Mental Health element of this (recently reduced from approximately £2.6m p/a, to just under £2.1m p/a<sup>17</sup>) will be subject to further pressure.
- The Drug and Alcohol Action Team is planning reinvestment to achieve growth in young people's services, services for women and aftercare services

Growth in investment in Mental Health services in Oxfordshire is likely in only one area over the lifetime of this strategy:

- There will be growth in investment in forensic mental health services. Commissioners expect to spend the same amount of money on services, but more of it will be spent in Oxfordshire, in order to increase the capacity of the local service and to reduce local NHS expenditure on purchase of services from elsewhere.

### 3.10 Achieving change

This strategy sets out an ambitious vision for the development of mental health services in Oxfordshire. Achieving change and development will require more robust analysis of need, more clearly defined commissioning strategies, greater flexibility by providers, a more creative approach to partnership working, service development and service delivery and a robust approach to evaluation.

Given the financial climate, delivering the vision set out in this document will be difficult, and may present a real challenge to commissioners.

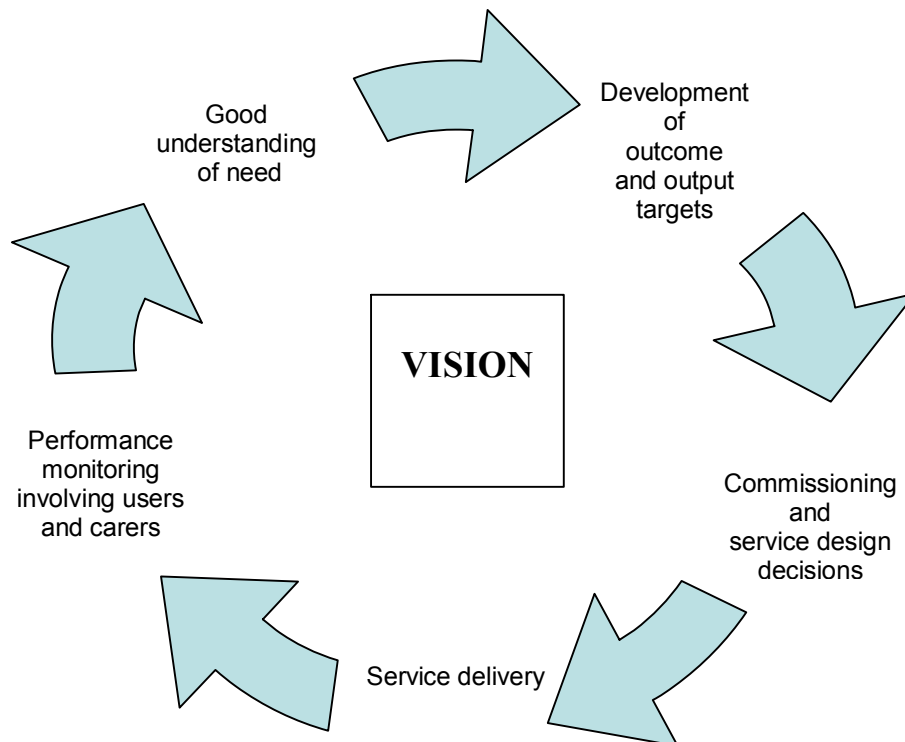
---

<sup>16</sup> Oxfordshire Supporting People Strategy 2004-2009, <http://www.oxfordshire.gov.uk/supportingpeople>

<sup>17</sup> Supporting People Core Strategy Group/ 03 May 2006/Agenda Item 6b

It will therefore be important for all those involved in commissioning, developing, delivering and receiving mental health services to:

- Recognise and acknowledge the dilemmas posed by the relationship between levels of ambition and levels of resource
- Be clear about where and when change is achievable through service re-design, where it relies on re-allocation of resources, or where it will only be deliverable through fundamental reconfiguration and / or increased investment (*Actions 1.3, 1.4, 1.5, 2.2*)
- Be open and honest about when achieving change will mean ceasing to offer some services
- Ensure services deliver real value for money, and to demonstrate how they are making the best use of available resources (*Actions 1.3,1.4,1.5*)
- Realise the potential of mental health services to contribute to improving the effective use of financial resources in primary and acute care (*Action 4.13*)
- Continue to lobby for an increase in funding for mental health in Oxfordshire from a wide range of sources (*Action 1.2*)
- Develop and sustain a cycle of partnership based decision making about commissioning and delivery which looks like this:



### **3.11 How well are services in Oxfordshire performing?**

In common with other areas, Mental Health services in Oxfordshire are reviewed and measured in a variety of different ways, but the main assessments measure progress against delivery of the targets set by the Department of Health in the National Service Frameworks (NSFs).

Financially, it is known that OBMH delivers its services at just under average costs. These are measured using the National Reference Costs index. A Trust with average costs would have national reference costs of 100. OMHT's reference cost for 2005/6 was 99, and OBMH is forecasting a similar overall out turn for 2006/7, whilst recognising that there are still some above average areas of cost that need to be addressed.

The performance reports used to assess the quality of services in the County for the purposes of this strategy are:

- Oxfordshire LIT for Adult Services Autumn 2005 self assessment against NSF targets, provided by the North Oxfordshire PCT Partnership, on behalf of all Oxfordshire PCTs
- Review of Social and Community Services Adult Mental Health Targets – 2005/6 outturn
- Joint Oxfordshire Adult Community Mental Health Services Review, May 2006
- The 2005 review of mental health services for older people against NSF targets, provided by OBMH
- The 2005 review of mental health services for children and adolescents against NSF targets, provided by Oxford City PCT
- The June 2006 CAMHS strategy update provided by Oxford City PCT on behalf of all Oxfordshire PCTs.

The analysis of these reports is supplemented by a summary of the key concerns raised by those consulted in the early stages of developing this strategy. These apply to services for all three age groups.

### **3.12 How well are adult services performing?**

The NSFs for adult Mental Health services sets seven standards which are underpinned by a range of targets. The joint health and social care arrangements in place between OBMH and Oxfordshire County Council also assess services against Social Care targets. The tables overleaf show where Oxfordshire is doing well on delivery of NSF and social care targets<sup>18</sup>, where it is making progress but still has work to do, and which areas still need significant improvement.

---

<sup>18</sup> Autumn 2005 LIT self assessment report, OBMH PAF report, Aug 2006

<b>ADULT SERVICES – DELIVERING MH SOCIAL CARE TARGETS</b>
<p><b>Things we do well (GREEN)</b></p> <ul style="list-style-type: none"> <li>• Number of adults with mental health problems helped to live at home</li> <li>• Number of direct payments</li> <li>• % of people receiving a statement of their needs and how they will be met</li> </ul>
<p><b>Areas where we are making progress (AMBER)</b></p> <ul style="list-style-type: none"> <li>• % of clients receiving a review</li> </ul>
<p><b>Areas for improvement (RED)</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>

<b>ADULT SERVICES – JOINT COMMUNITY MENTAL HEALTH SERVICES REVIEW</b>
<p><b>Things we do well (GREEN)</b></p> <ul style="list-style-type: none"> <li>• Service provision for carers</li> <li>• Service provision for diversity</li> <li>• Availability of information to service users and carers</li> </ul>
<p><b>Areas where we are making progress (AMBER)</b></p> <ul style="list-style-type: none"> <li>• Interface with primary care and inpatient services</li> <li>• Provision of access out of hours</li> <li>• Appropriate access to psychological therapies</li> <li>• Appropriate medicine regimes</li> <li>• Addressing physical health needs</li> <li>• Supporting social inclusion</li> <li>• Involvement in decisions about care</li> <li>• Availability of advocacy services</li> </ul>
<p><b>Areas for improvement (RED)</b></p> <ul style="list-style-type: none"> <li>• Supporting safety for service users</li> </ul>

**ADULT SERVICES - DELIVERING NSF TARGETS**

**Things we do well (GREEN)**

- Assertive outreach and crisis and home resolution services are established, in line with national guidance
- Comprehensive in-reach services for prisons
- Data monitoring and governance
- The workforce is representative of the local population, there are no current issues with recruitment and retention of key staff and there is only limited expenditure on locum and agency staff
- Co-ordination between age specific services
- Not for profit sector involvement
- Comprehensive strategy and action plan in place for individuals with substance misuse and mental illness, with effective links between treatment and criminal justice services.
- Sufficient numbers of Psychiatric Intensive Care Beds and good access to low and medium secure beds.
- Regularly updated and accessible care plans.
- Well developed services for individuals with complex needs.
- Policy and procedures are well established and monitored around the use of Places of safety.

<b>ADULT SERVICES - DELIVERING NSF TARGETS</b>
<p><b>Areas where we are making progress (AMBER)</b></p> <ul style="list-style-type: none"> <li>• Providing services in single sex facilities</li> <li>• Providing service user led services</li> <li>• Meeting the MH needs of people with learning disabilities and those with sensory impairment</li> <li>• Providing help with employment</li> <li>• Delivering good social and vocational outcomes for people with mental health problems</li> <li>• Supporting service users into employment and employment of service users within mental health services</li> <li>• Service user and carer involvement and feedback</li> <li>• Workforce planning including education and training</li> <li>• Implementation of the mental health promotion strategy and further development of work around suicide prevention</li> <li>• Support to carers through the establishment of a number of Carers Support Workers</li> <li>• The links between primary and secondary care services</li> <li>• Sufficient and adequate quality housing for people with Mental Health problems</li> <li>• Development of local strategic partnerships and processes for planning, including needs assessment and links between the local development plans and the taskforce</li> <li>• Providing appropriate and culturally sensitive care for individuals from the Black and minority ethnic communities</li> <li>• Provision of advocacy services.</li> </ul>
<p><b>Areas for improvement (RED)</b></p> <ul style="list-style-type: none"> <li>• Early Intervention in Psychosis Service still to be established</li> <li>• New types of workers – limited progress has been made in creating graduate worker posts to support primary care in the treatment of common mental health problems, community development workers to assist in meeting the needs more effectively of people from black and ethnic minority backgrounds and support time and recovery worker posts.</li> </ul>

**The immediate priorities for development of adult services are:**

- **Establishing an early intervention in psychosis service** (*Action 3.3*)
- **Developing the mental health workforce** (*Action 4.6*)
- **Further improving service user and carer involvement** (*Actions 2.3 and 3.1*)
- **Reducing the social and economic exclusion of people with mental health problems** (*Multiple actions including 4.2, 4.4, 4.6, 4.7 and 4.10*)
- **Improving performance in the areas that are rated amber, so that they can be rated green** (*Action 3.1*)
- **Agreeing and implementing an action plan to improve CMHT performance in line with findings of joint review.** (*Action 3.6*)

### **3.13 How well are Older adult services performing?**

The older people's NSF sets out a single aim and a single standard (standard 7) for mental health - to promote good mental health in older people and to treat and support those older people with dementia and depression.

It is important to note that older people suffer from a range of mental health issues that are not covered by the older people's NSF, and that in future services provided to them should also be assessed against the adult NSF model.

Older adult services have not been assessed against social care targets for the purposes of this strategy, as performance against specific mental health targets is not currently disaggregated from the overall assessment of older adult social care. In other words the performance reports look at all older adult social care targets together, and do not distinguish older adult mental health services from, for example, services provided to older people with a physical disability.

**This analysis<sup>19</sup> suggests that the priorities for development are:**

- **For Health and social care commissioners and providers to work together to develop a detailed strategy for development of services for Older People in Oxfordshire. This strategy should include the care, treatment and support for all aspects of the mental health needs of older people in the community and in other settings. (*Action 2.9*)**
- **To establish services for Older People with mental illness which include: Mental Health promotion, early detection and diagnosis, assessment, care and treatment and access to specialist care (*Action 2.9*)**
- **Improving performance in the areas that are rated amber, so that they can be rated green (*Action 3.1*)**
- **Reviewing the approach to the presentation of social care performance data so that a proper analysis of how well older adult mental health social care targets are being met can be undertaken. (*Action 1.3*)**

---

<sup>19</sup> Information provided by OBMH, and based on Autumn 2005 Durham Mapping exercise

**OLDER ADULT SERVICES – DELIVERING NSF TARGETS**

**Things we do well (GREEN)**

- Housekeepers and modern matrons in all wards
- Purpose built fit for purpose inpatient wards
- Systems to explore user and carer experience via discharge questionnaire's in all wards
- Early diagnosis and treatment via memory clinics
- Protocols in place for treatment in PHCT and referrals to CMHT
- Liaison service in Acute hospitals
- Mental health training available for mainstream intermediate care staff
- Psychological therapies available in CMHTs
- Prison in-reach teams for all adults including people over 65

**Areas where we are making progress (AMBER)**

- Use of Single Assessment Process, but no electronic sharing of this between agencies
- Protocols are in place across health, for the care and management of OP with MH problems, but these do not include social services
- Integrated day care model has clear pathways for referral but not flexible hours
- Developing access to assistive technology
- Limited access to advocates
- Aiming to develop an intermediate care or intensive home service
- Service for younger people through CMHTs but no clear model for this group or single commissioner
- Links with health promotion but no specific MH plan as yet
- Links being developed between older peoples mental health and gerontology services

**Areas for improvement (RED)**

- Not achieved target to reduce delayed transfers of care by 25% compared to 2002 baseline (16), but do use information to monitor delays and reasons for delays between health and social care partners.
- No plans for the development of an integrated MH service for OP, which includes social and community services
- No links with learning disability service for older people with learning disability
- Most MH services based on age not need
- No whole system commissioning strategy

### **3.14 How well are mental health services for children and young people (CAMHS) performing?**

CAMHS services in Oxfordshire are steadily developing so that they are delivered in line with a four tier framework which is now widely accepted across England as the most effective basis for planning, commissioning and delivering services for children and young people.

Most children and young people with mental health problems are seen at tiers 1 or 2 and so receive services either from practitioners who are not mental health specialists (GPs, teachers, school nurses, youth workers, social workers, educational psychologist etc), or from CAMHS specialists working in GP practices, paediatric clinics, schools, youth centres and so on.

Those who need more intensive or complex care are able to access a tier 3 service from a specialist team that includes the skills of a psychiatrist, clinical psychologist, social worker or specialist therapist and those with the most complex needs can access a tier 4 service such as care in a forensic adolescent unit, from an eating disorders service or from a specialist team.

Children and young people will not necessarily move up the tiers of care as their condition is recognised as more complex – indeed some will require services from a number (or even all) of the tiers at the same time.

OBMH is focusing on developing services that enable it to contribute effectively to this multi-agency vision. Its services will be local in focus, delivering a more flexible, community-based service for local children, young people and families and will have a number of components:

- Increased capacity for ‘outreach’ to meet the general mental health needs of Oxfordshire children
- A spread of staff and skills in local specialist services (‘Tier 3’), offering specialist expertise and enabling more flexible engagement and support
- The Highfield Unit (on the Warneford Hospital site, within one mile of the Park Hospital) adapted and staffed to treat 11-18 year olds requiring inpatient care
- An Infant Mental Health Programme working to develop parenting and attachment work, with dedicated specialist staff time.

CAMHS services are measured at the moment against NSF targets and a set of three proxy indicators:

- provision of CAMHS for those with learning disabilities
- appropriate CAMHS for 16/17 year olds
- provision of a 24/7 emergency CAMHS service.

Oxfordshire has consistently delivered on these targets since they were announced, and this is an excellent situation for Oxfordshire when benchmarked nationally.

<b>CAMHS SERVICES – DELIVERING NSF TARGETS<sup>20</sup></b>
<p><b>Things we do well (GREEN)</b></p> <ul style="list-style-type: none"> <li>• Good partnership approach with clear vision signed up to by all partners</li> <li>• Single point of entry for all CAMHS services through delivery of PCAMHS</li> <li>• Introduction of the Common Assessment Framework for CAMHS services</li> <li>• Development of integrated outcome and quality measures</li> <li>• Strengthening of statutory and specialist service provision for targeted groups</li> <li>• Strengthening of parent support services in the voluntary sector</li> </ul>
<p><b>Areas where we are making progress (AMBER)</b></p> <ul style="list-style-type: none"> <li>• Remodelling of tier 3 services</li> <li>• Development of young people’s substance misuse services</li> <li>• Development of Assertive Outreach Services</li> <li>• Developing inpatient services for adolescents</li> </ul>
<p><b>Areas for improvement (RED)</b></p> <ul style="list-style-type: none"> <li>• Delays in agreeing model of early intervention service</li> <li>• Provision for children with conduct disorders and complex needs and for BME groups</li> <li>• Service user involvement in design and development</li> </ul>

**The priorities now are to:**

- **Ensure the CAMHS service is involved in establishing the early intervention in psychosis service (Action 3.3)**
- **Develop provision for children with conduct disorders and/or complex needs and for Black and Minority Ethnic (BME) children and young people (Action 3.9)**
- **To improve service user involvement in service design, development and possibly delivery (Actions 2.3 and 3.1)**
- **Improving performance in the areas that are rated amber, so that they can be rated green. (Action 3.1)**

**3.15 Key concerns raised during the development of this strategy**

This strategy has been informed by 1:1 and group consultations with a number of people. This kind of research cannot produce verifiable evidence about how well services are delivered and what the priorities for development should be. However, there is a remarkable consensus amongst those interviewed about the issues which need to be resolved in Oxfordshire over the next five years.

<sup>20</sup> Information provided by Oxford City PCT and based on Autumn 2005 Durham Mapping exercise

### **Access, Choice and Flexibility**

- Accessing mental health services for the first time can be difficult.
- The primary mental health care available to people varies across the county, and there are not generally enough services available for people with 'mild or moderate' problems who could be treated in primary care.
- If you are someone for whom primary care mental health services are not available or are someone who would benefit from more care than can be offered by your GP, but you are not so ill that you can access in-patient care or care from a community mental health team (CMHT), then there are very few publicly funded services available to you.
- If you are someone who has used secondary mental health services in the past, who has been discharged and who then needs services again, it can sometimes be just as slow and confusing a process trying to get care the second time as it was the first time, even if your needs are exactly the same second time round.
- If you are mentally ill and are either at risk of offending or have been in contact with the criminal justice system, then it can be difficult to get the health, social care and practical support that you need to stop you offending, when you are in prison and on release.
- As resources have been squeezed, services have, inevitably, focused on ensuring that the people who are ill get care, and this has resulted in a decrease in services designed to stop people getting ill, and in services designed to help people re-build normal lives as they recover.

### **Partnership**

- Lots of agencies and individuals are often involved in delivering care and support to service users, and they are not always good at working together and at sharing information appropriately and effectively.

### **Social Inclusion**

- If you suffer from mental illness then getting the kind of practical help with things like accommodation and benefits, which need to be in place if you are going to stay well can be difficult.
- There is still real stigma attached to being mentally ill in Oxfordshire and this makes it hard to keep or get work, to find accommodation and to access the services and resources that people who are well take for granted.

### **Carers**

- If you are a Carer then accessing information, assessment and services in your own right and/or as a family can be a problem.
- If you are a carer, it is often not recognized that you provide a vital service to a service user, and that you need access to the same range of information about risk management and the same support to deliver treatment as any other care provider, if you are to provide effective support.
- Carers of people with mental health problems do not find it as easy to access carers' grants as other carers do.

### **Quality**

- Whilst services are delivered by skilled and dedicated people, a better service could be provided if there was a bigger and more flexible mental health workforce.
- It is often difficult for commissioners and service providers to get access to the data they want about who needs services, and about the impact of their decisions on outcomes for patients.
- Levels of investment in mental health services have meant that not all national targets have yet been met in Oxfordshire.

**This framework document and the commissioning and delivery strategies that derive from it will need to consider not only how to improve delivery against national targets but how to meet these local concerns.**

*(Actions 1.4, 1.5, 2.2)*

## **4. Establishing shared objectives for the next five years**

These objectives are designed to deliver the vision set out at the beginning of this document in ways which build on the strengths of current service provision and which address some of the weaknesses and problems identified.

They fall into two groups: objectives that will influence ways of doing things, and objectives that will influence how money is spent.

It is understood by all parties to this strategy that unless or until the overall resource for mental health can be increased, investing in one area of activity may mean disinvestment in another. This is likely to mean that all parties will continue to seek savings on inpatient and acute care so that investment can be made in providing more services to more people in primary and community settings.

### **4.1 In order to improve how things are done, we will work together:**

- 1. To improve access to mental health services for all those who need them, regardless of gender, ethnicity, disability, sexual orientation, age, economic status or where they live in the County.**
- 2. To create and deliver clearly defined care pathways that are informed by the needs and choices of service users and their carers, and which aim to deliver care within a framework of least possible restriction.**
- 3. To tackle the social exclusion of service users and their carers.**
- 4. To improve partnership working between all organisations and individuals whose work impacts on mental health service users, and between those organisations, service users and their carers.**
- 5. To improve the quality, dissemination and use of information about mental health in Oxfordshire, and to improve information sharing between organisations and individuals.**
- 6. To create a flexible, appropriately skilled and representative mental health workforce able to deliver agreed priorities and service models and comprising carers, volunteers and paid staff.**
- 7. To deliver effective and efficient services which demonstrably make the best use of all available resources.**

### **4.2 In order to ensure we spend money on delivering this vision we will work together:**

- 8. To invest in developing more mental health services in primary care and community settings across Oxfordshire (where appropriate disinvesting in acute inpatient services and reducing expenditure on capital charges to achieve this).**
- 9. To invest in mental health promotion work that is designed to prevent mental illness and to reduce the stigma attached to being mentally unwell.**

- 10. To invest in flexible services that are designed to support recovery and sustainable independent living for people who have used, or are using, mental health services, whatever their age.**
- 11. To ensure our investment enables delivery of national targets for mental health services in ways which meet national quality standards**

The next section of this document describes what it would be like if each of these objectives were delivered, and builds on the outputs of stakeholder workshops.

## **5. What success in delivering each objective would be like**

### **5.1 Objective 1**

*If we could improve access to mental health services for all those who need them, regardless of gender, ethnicity, disability, sexual orientation, age, economic status or where they live in the County, then:*

- Anyone in need of a Mental Health service, or their carer, would be able to find out what services are available and how to access them quickly and efficiently – whatever their background and whether they were accessing services for the first time, or had used services before.
- Carers of all ages would have their own mental health needs met, as well as being enabled to support their friends and/or relatives.
- Fear of other people's reactions (friends, family and employers), would not be a barrier to seeking help early before problems accelerate.
- People who need access to Mental Health services for the first time, and their carers, would be able to talk to their GP, and their GP would be able to refer them on to the right service provider quickly, if s/he can't meet their needs.
- Service users and carers who need rapid access to support and services at times of crisis would be able to get the support they need quickly, from appropriately trained and qualified staff and in appropriate locations.
- People who need ongoing access to Mental Health services over many years would feel secure in the knowledge that the care they need will be available to them in appropriate and safe environments.
- Some choice would be available to people about the mental health care and support they get, and the choices available would recognise the particular needs of people from BME communities and other hard to reach patient groups.
- Commissioners would know which sections of the population found it particularly difficult to access services, and why, and would have adapted provision of information and services to meet their needs.
- Staff in a wide range of agencies would be able to understand and meet the basic mental health needs of their service users – and/or would know what Mental Health services are available and how they can be accessed.
- The primary care CAMHS service would be providing a single point of access and referral for all young people with emotional and mental health problems in Oxfordshire.

### **5.2 Objective 2**

*If we could create and deliver clearly defined care pathways that are informed by the needs and choices of service users and their carers, and which aim to deliver care within a framework of least possible restriction, then:*

- Service users would know what to expect from their treatment and care.
- The particular needs of people from BME communities and other traditionally hard to reach patient groups would be met.
- We would ensure that the care offered maximises the independence and social inclusion of service users and meets the needs of carers.

- The Care Programme Approach (CPA) would be working, and would be central for users, carers and providers of Mental Health services – regardless of the age of the service user or who the lead service provider was.
- It would be easier to identify points in a care pathway where real choice is possible and to offer that.
- It would be easier to identify when and how practice based commissioning and/or direct payments could be used to purchase parts of that care pathway.
- Service users would be more likely to get equity of care regardless of where in the County they live.
- Carers would have a clear understanding of what was likely to happen to their relative, and about their role in supporting that person.

### 5.3 Objective 3

*If we could tackle the social exclusion of service users and their carers then:*

- People with mental health problems would not be discriminated against in any area of their lives.
- The public would understand the nature of most common mental illnesses and there would no longer be any stigma attached to having a mental illness.
- People with mental health problems could access the same leisure, education, training, employment, housing and other services as everyone else.

### 5.4 Objective 4

*If we could improve partnership working between all organisations and individuals whose work impacts on mental health service users, and between those organisations, service users and their carers, then:*

- The County Council, the PCT, GPs, Supporting People and the DAAT would plan, commission and contract services in partnership with each other.
- People using mental health services, and their carers, would find that the different agencies supporting them work collaboratively in response to their needs.
- When people first needed a service, they would only be assessed once, and that information would then be passed on to whoever it is agreed needs access to it.
- Organisations delivering mental health care and support would be taking a partnership approach to supporting and meeting the needs of people from the BME communities.
- Anyone getting services from primary and secondary care would always have an identified key worker at both care providers, and they would communicate well.
- Carers would be actively and appropriately involved as partners in the provision of care and support to service users.
- People with mental health problems would find that there is a range of help available to support them with housing, education, employment and leisure.
- Statutory and voluntary sector organisations would be working to deliver services together – where that represented the best care and the best value for money for a user.
- Practice based Commissioning (PbC) for mental health would be established and contributing effectively to delivery of this strategy.

### 5.5 Objective 5

*If we could improve the quality, dissemination and use of information about mental health in Oxfordshire, and improve information sharing between organisations and individuals, then:*

- Decision making about commissioning and service delivery would be informed by an improved understanding about the needs of the local population for mental health service provision and the development of clearly understood outcome targets.
- Service users and carers would be effectively involved in the design, development, delivery and evaluation of services.
- Mental health and other health service providers would be sharing information with each other effectively, when caring for individuals who have physical as well as mental health needs.
- The data collected about mental health services and the people who need and use them, would be of high quality, would be readily accessible to the organisations that need it, and would be used effectively by them to inform commissioning and development of services.
- Service users and carers would be involved in monitoring and measuring the effectiveness of services.

### 5.6 Objective 6

*If we could create a flexible, appropriately skilled and representative mental health workforce able to deliver agreed priorities and service models and comprising carers, volunteers and paid staff, then:*

- People would be able to get the care and support they need, when and where they need it, from appropriately trained people.
- Carers would be recognised as an important part of the mental health workforce, and would get the training and support they need to fulfil their role.
- If you were at risk of developing a mental health problem, or were in the early stage of a mental illness it would be more likely that this would be detected and that appropriate prevention or early intervention services would be available to you – even if you were not in regular contact with a mental health service provider or your GP.
- All Mental Health service commissioners and providers would be working together to identify and meet training needs.
- Staff in a wide range of agencies – from early years services to the police – would have the skills to recognise basic mental health needs and either to offer basic mental health care or to refer a person on to an appropriate service.
- People with long term mental illnesses would be able to access the support they need to manage their conditions outside hospital - where this was appropriate for them.
- People from BME communities and other hard to reach patient groups would be able to access mental health care and support from staff able to meet their particular needs.

- Staff working in mental health services would be supported to develop their careers, and more people would identify themselves as being able to offer a mental health service.

### 5.7 Objective 7

*If we could deliver effective and efficient services which demonstrably make the best use of all available resources, then:*

- Service providers and commissioners would be able to demonstrate that the services offered in Oxfordshire delivered the best possible care, according to available evidence.
- Service providers and commissioners would be able to demonstrate that the services offered in Oxfordshire represent good value for money in comparison to services provided in similar parts of England.
- We would reduce the amount of money spent on capital charges, and re-invest the savings in patient care.

### 5.8 Objective 8

*If we could invest in developing more mental health services in primary care and community settings across Oxfordshire (where appropriate disinvesting in acute inpatient services and reducing capital charges to achieve this), then:*

- Commissioners would have defined the need for services in primary care and for community based services, and would be commissioning services that meet these.
- Fewer people would be referred for treatment in hospital.
- Wherever you lived in Oxfordshire short term counselling and/or appropriate medication would be easily available to you from your GP if you had a mild or moderate mental health problem.
- For people who needed a more extensive service, but who did not need the services of a CMHT or admission to a ward, there would be an extended range of psychological therapies and other services available. These would be accessible either by referral from a GP or directly from suitably qualified voluntary sector organisations, across Oxfordshire.
- People with long term mental illnesses would be able to access the support they need to manage their conditions outside hospital - where this is appropriate for them.
- Carers would be able to access respite and other services that are flexible enough to meet their needs.

### 5.9 Objective 9

*If we could invest in mental health promotion work that is designed to prevent mental illness and to reduce the stigma attached to being mentally unwell, then:*

- Anyone in need of a Mental Health service, or their carer, would be able to find out what services are available and how to access them quickly and efficiently – whatever their background and whether they were accessing services for the first time, or had used services before.
- The public would understand the nature of most common mental illnesses and there would no longer be any stigma attached to having a mental illness.

- People with mental health problems would be less discriminated against in all areas of their lives.
- More people with mental illness could stay in their employment.

#### 5.10 Objective 10

*If we could invest in flexible services that are designed to support recovery and sustainable independent living for people who have used, or are using, mental health services, whatever their age, then:*

- Floating support would be more readily available to people when and where they needed it, and would not necessarily be linked to provision of housing or beds.
- A wider range of effective support to aid recovery would be available and might include – for example - talking treatments, nutritional advice, welfare support, help with housing problems, physical health care.
- The wider community would recognise that poor mental health impacts on many aspects of a person's life, and that a lot of different agencies and individuals can play a role in supporting people's recovery. This would mean that service users could find, for example, that schools, art groups, sports organisations, faith or neighbourhood groups might be involved in supporting their recovery.
- A ladder of opportunities would be available to service users, enabling them to move gradually away from Mental Health led rehabilitation services and to take up services and opportunities provided by other organisations, so that it was possible for someone with a Mental Health problem to access the same leisure, education, housing, training, employment and health services as everyone else.

#### 5.11 Objective 11

*If we could ensure that investment enables delivery of national targets for mental health services in ways which meet national quality standards, then:*

- Patient and carer satisfaction levels would be rising.
- There would be greater public understanding about mental health and it would be easier to find out about mental health services.
- We would see a reduction in suicides in Oxfordshire.
- It would be easy for all interested parties to find out how well Oxfordshire is delivering NSF targets and NICE guidelines for all age groups, when compared to other areas which share similar socio-demographic characteristics.
- Commissioners and service providers would have access to robust data on known and unknown need for Mental Health services in Oxfordshire.
- Commissioners and service providers would have access to good information on outcomes for patients resulting from service change and development, would be able to assess the value for money of different services, and would be using this information to inform spending and service development decisions.
- All Mental Health service providers and commissioners would agree local priorities for action to improve performance against NSF targets, and would be commissioning or developing services accordingly.
- There would be more genuine opportunities for a range of providers to compete for contracts to provide services.

## **6. How can we achieve this vision?**

This is a bold and ambitious vision, but experience in the NHS and beyond suggests that passion and vision are needed to make investment and improvement happen, and even if resources do not allow for the wholesale change envisaged here, this vision sets out a framework and a direction which can be used to guide and inform change and investment.

The tables in Appendix 1 set out the headline actions which the main agencies and organisations involved in the commissioning and delivery of mental health services will need to take in 2007/8 and 2008/9 to begin to make this vision a reality.

**The most immediate and urgent actions are:**

- 1. Ensuring this strategy is approved in November 2006 by :**
  - **The Mental Health Task Force**
  - **The Oxfordshire Commissioning Board**
  - **The County Council**
  - **The OBMH Board.**
- 2. Ensuring that Oxfordshire County Council and the Oxfordshire PCTs use this strategy as a framework for developing commissioning strategies for 2007/08 which set out how they are going to invest in the priorities established in this document. (*Action 1.4*)**
- 3. Ensuring that OBMH uses this strategy to inform its business planning for 07/08 and beyond, and that its plans clearly demonstrate how it is going to contribute to delivery of this strategy (*Action 2.2*)**
- 4. Setting up a partnership group to oversee implementation of this strategy. (*Action 1.1*)**

**In the longer term it is hoped that the County Council, PCT and Supporting People and DAAT commissioners will move to closer joint planning and commissioning for mental health services in Oxfordshire. (*Action 1.5*)**

## 7. Monitoring delivery of this strategy

Partnership working is going to be essential to successful delivery of these objectives, and from the outset it has been anticipated that developing this strategy will improve partnership working between:

- Providers of mental health care and support
- Public and voluntary sector organisations working in mental health
- Mental health commissioners and policy makers and the providers, service users and carers with whom they work.

A partnership based approach to influencing and monitoring the implementation of this headline strategy, and, in due course, to revising and updating it, is therefore needed.

It is difficult to determine exactly how that should be done at present, as it is likely that the move to a single PCT for Oxfordshire and the development of practice based commissioning will bring about changes to the current arrangements for making commissioning decisions – and it is these which will ultimately influence how successfully this strategy can be delivered.

For the time being it is assumed that the Oxfordshire Commissioning Board will still make all major investment decisions for Mental Health in Oxfordshire.

### 7.1 Ensuring effective monitoring and implementation

What follows is a brief description of the immediate next steps that will need to be taken by each of the main mental health commissioning and delivery agencies, if commissioning and delivery of mental health services in Oxfordshire are to be monitored and informed by an effective and powerful partnership body.

The proposed remit of the only new body here – the Mental Health Strategy Implementation Group - is described in more detail at Appendix 4.

- **Oxfordshire County Council and Oxfordshire PCT** will need to ensure that the **Oxfordshire Commissioning Board (OCB)** has an ongoing mandate to:
  - Make all investment decisions relating to delivery of this strategy.
- **Oxfordshire PCT** will need to lead on the establishment of a new **Mental Health Strategy Implementation Group (MHSIG) for Oxfordshire (see Appendix 4)**, and ensure that it has a mandate to:
  - Advise the OCB (and other commissioners) on all decisions affecting mental health commissioning or service delivery, and on the implementation of the agreed mental health strategy
  - Challenge commissioners and providers to translate this strategy into task orientated, cost effective programmes of work which deliver the objectives of this document
  - Undertake an annual review of the progress made on delivering this strategy

- Update this strategy annually
  - Be consulted by the PCT, County Council, DAAT and Supporting People in order to advise and support the development of their detailed commissioning strategies.
  - Be consulted by OBMH and other major providers in order to advise and support the development of detailed business plans, where these relate to delivery of the objectives set out in this document
  - Undertake regular reviews of the progress made on delivery of commissioning strategies and business plans
  - Consult regularly with relevant expert reference and locality based groups (where appropriate linking to PbC clusters and consortia)
- **Oxfordshire PCT** will need to lead on the establishment of , or engagement with, **existing expert MH reference groups and other stakeholders**, and ensure that:
    - They are regularly consulted by the MHSIG
- **Oxfordshire PCT, Oxfordshire County Council, Supporting People and the DAAT** will each need to:
    - Create detailed commissioning strategies setting out how they are going to deliver the objectives and vision set out here, in consultation with the MHSIG
    - Secure appropriate resources through which those commissioning strategies can be delivered, both from current sources and by attracting additional funds wherever possible.
    - Enter into robust contracts for delivery of those services with appropriate providers.
    - Report regularly to MHSIG and OCB on delivery of outputs and outcomes specified in commissioning strategies
- **OBMH and other providers will need to:**
    - Create detailed delivery plans through which they then deliver commissioned services as per those contracts
    - Report regularly to commissioners and MHSIG on delivery of business plans and contracted outputs and outcomes.

**The new Oxfordshire PCT will need to take responsibility for establishing the MHSIG by January 2007. (Action 1.1)**



# **Appendix one**

## **Recommended actions**

Oxfordshire Mental Health Strategy - Appendix One

1. COMMISSIONING, CONTRACTING AND MONITORING	WHEN	LEAD	WORKING WITH	CARE GROUP	FULFILS OBJECTIVES	LINKS TO NATIONAL POLICY
1.1 Implement proposals to establish a Mental Health Strategic Implementation Group as set out in this strategy	2006/7	PCT	All other agencies	All	All	
1.2 Lobby for an increase in investment in core MH services in Oxfordshire to bring spend per head up to the average for similar areas	ONGOING	All		All	All	
1.3 Create and maintain a comprehensive and easily accessible bank of high quality data about the need, usage, quality and cost effectiveness of all mental health and related social care services, and ensure that it is: <ul style="list-style-type: none"> <li>• kept up to date</li> <li>• used to inform development of commissioning and services</li> </ul>	2007/8	PCT	County Council	All – with initial focus on older adults and CAMHS	1 : Access 5 : Better information 7: Effective and efficient services	Commissioning Framework
1.4 Develop separate evidence based commissioning strategies for mental health services for all tiers of care and all age groups for 07/08 that take into account predicted population change and are clearly linked to delivery of the vision and objectives of this strategy	2006/7	PCT, County Council,	DAAT, Supporting People	All	1:Access 2: Pathways 3: Social Inclusion 4: Partnership 5: Information 6: Workforce 7: Effective and efficient services 8: Primary& community services 9: Supporting recovery 10: Flexible recovery support 11: National policies	Commissioning Framework

Oxfordshire Mental Health Strategy - Appendix One

1. COMMISSIONING, CONTRACTING AND MONITORING	WHEN	LEAD	WORKING WITH	CARE GROUP	FULFILS OBJECTIVES	LINKS TO NATIONAL POLICY
1.5 Develop <i>joint</i> evidence based commissioning strategies for mental health services for all tiers of care and all age groups for 08/09 and beyond that take into account predicted population change and are clearly linked to delivery of the vision and objectives of this strategy	2007/8	PCT, County Council,	DAAT, Supporting People	All	1: Access 2: Pathways 3: Social Inclusion 4: Partnership 5: Information 6: Workforce 7: Effective and efficient services 8: Primary & community services 9: Supporting recovery 10: Flexible recovery support 11: National policies	Commissioning Framework
1.6 Put in place clear specifications for all commissioned services which encourage providers to work together, and which incorporate evidence based outcome and quality measures	2007/8	PCT, County Council,	DAAT, Supporting People All Providers	All	1: Access 2: Pathways 4: Partnership working 5: Information 7: Effective and efficient services	Commissioning Framework
1.7 Develop Practice Based Commissioning of some mental health services (initially tier 2 psychological therapies)	2007/8	PCT	OBMH	All	1: Access 2: Pathways 4: Partnership working 7: Effective and efficient services 8: More primary and community services 11: National policies	NSF Our Health, Our Care, Our Say Choice Matters Building on the Best
1.8 Implement mechanisms to evaluate the quality and impact of services on a regular basis, and provide the support required to ensure service users and carers are effectively involved in that work	2007/8	All		All	7: Effective and efficient services	10 High Impact Changes for MH Commissioning Framework

Oxfordshire Mental Health Strategy - Appendix One

<b>1. COMMISSIONING, CONTRACTING AND MONITORING</b>	<b>WHEN</b>	<b>LEAD</b>	<b>WORKING WITH</b>	<b>CARE GROUP</b>	<b>FULFILS OBJECTIVES</b>	<b>LINKS TO NATIONAL POLICY</b>
1.9 Develop and implement transparent and well managed procurement processes for those services that can potentially be delivered by a range of providers (e.g. pre-discharge, day and primary care services, accommodation, floating support)	2007/8	PCT and County Council,	DAAT, Supporting People	All	7: Effective and efficient services 10: Flexible recovery support	Commissioning Framework

<b>2. STRATEGIC PLANNING</b>	<b>WHEN</b>	<b>LEAD</b>	<b>WORKING WITH</b>	<b>CARE GROUP</b>	<b>FULFILS OBJECTIVES</b>	<b>LINKS TO NATIONAL POLICY</b>
2.1 Review, update, resource and implement the Mental Health promotion strategy for Oxfordshire	2007/8	PCT	MIND Mental Health Matters	All	1: Access 3: Social Inclusion 5: Information 9: MH promotion 11: National policies	NSF Mental Health Promotion Strategy
2.2 Ensure that service development an business plans drawn up by providers clearly demonstrate how organisations are going to contribute to delivery of this strategy	2007/8	OBMH Voluntary sector		All	All	HCC core standards
2.3 Implement the Oxfordshire Carers Strategy	2006/7	OCC	OBMH Re-think	All	1: Access 3: Social exclusion 4: Partnership 5: Information 6: Workforce	Sharing MH Information with Carers Caring for Carers
2.4 Develop a MH housing and accommodation strategy for the	2007/8	County Council,	District Councils	Adult and Older	3: Social Exclusion 4: Partnership	NSF for adults Mental Health and

Oxfordshire Mental Health Strategy - Appendix One

<b>2. STRATEGIC PLANNING</b>	<b>WHEN</b>	<b>LEAD</b>	<b>WORKING WITH</b>	<b>CARE GROUP</b>	<b>FULFILS OBJECTIVES</b>	<b>LINKS TO NATIONAL POLICY</b>
County		Supporting People, MH Housing Strategy Group		Adult	6: Workforce 10: Flexible recovery support	Social Inclusion From Segregation to Inclusion
2.5 Develop a suicide prevention strategy and implement an action plan to deliver the recommendations of the Oxfordshire Suicide Audit (2004/5)	2007/8	PCT, OBMH		All	1: Access 7: Effective and efficient services 11: National policies	NSF
2.6 Improve and extend choice by delivering the action plans drawn up and submitted in the 2005 Autumn Themed Review	2007/8	PCT, County Council, OBMH		All	1: Access 11: National policies	Choice Matters
2.7 Complete and implement 2006 psychological therapies review	2006/7	PCT	OBMH Voluntary Sector	Adult	1: Access 2: Pathways 4: Partnership working 5: Information 8: Primary and community services	NSF Our Health, Our Care, Our Say Choice Matters Building on the Best
2.8 Implement 2005 day services review	2006/7	PCT	OBMH Voluntary Sector	Adult	1: Access 3: Social exclusion 4: Partnership 7: effective and efficient services 10: Flexible recovery support	Our Health, Our Care, Our Say NSF 10 High Impact Changes for MH
2.9 Develop a joint health and social care strategy for older people's	2007/8	PCT and County	OBMH	Older	All	Everybody's

Oxfordshire Mental Health Strategy - Appendix One

<b>2. STRATEGIC PLANNING</b>	<b>WHEN</b>	<b>LEAD</b>	<b>WORKING WITH</b>	<b>CARE GROUP</b>	<b>FULFILS OBJECTIVES</b>	<b>LINKS TO NATIONAL POLICY</b>
mental health services so that an integrated service can be commissioned which provides: MH promotion, early detection and diagnosis; assessment; care and treatment in the community or at home; access to specialist care		Council		adults		Business
2.10 Identify strategic leadership for development and delivery of the MH strand of the Health, Social Care and Criminal Justice Programme	2006/7	PCT, NHS South Central		all	1: Access 2: Pathways 3: Social exclusion 4: Partnership 5: Information	NSF
2.11 Develop an integrated approach to supporting the MH needs of people at risk of entering the criminal justice system, people in the criminal justice system and people being discharged from the criminal justice system	2007/8	PCT, DAAT, Voluntary sector, OBMH	YOT	All	1: Access 3: Social exclusion 4: Partnership 5: Information 8: Primary and community services 10: Flexible recovery support	NSF

<b>3. SERVICE DEVELOPMENT</b>	<b>WHEN</b>	<b>LEAD</b>	<b>WORKING WITH</b>	<b>CARE GROUP</b>	<b>FULFILS OBJECTIVES</b>	<b>LINKS TO NATIONAL POLICY</b>
-------------------------------	-------------	-------------	---------------------	-------------------	---------------------------	---------------------------------

Oxfordshire Mental Health Strategy - Appendix One

<b>3. SERVICE DEVELOPMENT</b>	<b>WHEN</b>	<b>LEAD</b>	<b>WORKING WITH</b>	<b>CARE GROUP</b>	<b>FULFILS OBJECTIVES</b>	<b>LINKS TO NATIONAL POLICY</b>
3.1 Work to ensure that service areas rated amber in 2005/6 assessments for all age groups continue to improve	ONGOING	PCT OBMH County Council	Voluntary Sector	All	1: Access 7: Effective and efficient services 8: More primary & community services 11: National policies	NSF
3.2 Deliver plans agreed in May 2006 public consultation to increase the range and quantity of Mental Health services offered outside hospital, taking into account the need to deliver local and national targets for delivering equality	2006/7	PCT	OBMH County Council	Adult and older adult	1: Access 7: Effective and efficient services 8: More primary & community services 11: National policies	Delivering Race Equality; Our Health, Our Care, Our Say 10 High Impact Changes for MH NSF
3.3 Establish an Early Intervention in Psychosis service, and ensure both CAMHS and adult service leads are involved in this process	2007/8	PCT	OBMH	Adult	6: Workforce 8: Primary and community services 11: National policies	NSF
3.4 Establish planned early intervention and intermediate care services for older adults	2007/8	Urgent Care Network		Older adult	1: Access 4: Partnership 7: Effective and efficient services 8: Primary and community services 11: National policies	Everybody's Business Urgent Care strategy
3.5 Complete and implement the development and review of OBMH operational policies for inpatient care, adult crisis, assertive outreach and CMHT services	2006/7	OBMH	PCT	Adult	1: Access 7: Effective and efficient services 8: Primary & community services 10: Flexible recovery support 11: National policies	NSF 10 High Impact Changes for MH Our Health, Our Care, Our Say
3.6 Agree and implement action plan to improve CMHT performance in line with findings of joint review	2006/7	OBMH	All	Adult	7: Effective and efficient services 8: Primary & community services	HCC and CSCI targets

Oxfordshire Mental Health Strategy - Appendix One

<b>3. SERVICE DEVELOPMENT</b>	<b>WHEN</b>	<b>LEAD</b>	<b>WORKING WITH</b>	<b>CARE GROUP</b>	<b>FULFILS OBJECTIVES</b>	<b>LINKS TO NATIONAL POLICY</b>
3.7 Develop range and capacity of long stay provision for adults and older adults who need long term care outside hospital	2008/9	County Council		Adult and older adult	10: Flexible recovery support	Everybody's Business; Urgent Care strategy
3.8 Complete the roll out of the PCAMHS service	2006/7	PCT		CAMHS	1: Access 8: Primary & community services 11: National policies	Every Child Matters
3.9 Develop services for children and young people with conduct disorders, complex needs and children and young people from BME communities	2007/8	PCT with OBMH and County Council		CAMHS	1: Access 7: Effective and efficient services 8: Primary and Community services	Every Child Matters
3.10 Establish multi-disciplinary MH teams in primary care and community settings for all care groups	2008/9	PCT	OBMH	All	1: Access 7: Effective and efficient services 8: More primary & community services 11: National policies	NSF
3.11 Develop and implement improved mechanisms for involving service users and carers in service planning, development and evaluation	2006/7	OBMH	All	All	1: Access 2: Pathways 3: Social exclusion 4: Partnerships 5: Information	NSF Choice 10 HIC

<b>4. IMPROVING SERVICE QUALITY AND PARTNERSHIP WORKING</b>	<b>WHEN</b>	<b>LEAD</b>	<b>WORKING WITH</b>	<b>FULFILS OBJECTIVES</b>	<b>LINKS TO NATIONAL POLICY</b>
4.1 Explore and develop ways in which OBMH and voluntary sector organisations can work together to develop and deliver services	ONGOING	OBMH	Voluntary Sector	1: Access 4: Partnership working 7: Effective and efficient services	Our Health, Our Care, Our Say

Oxfordshire Mental Health Strategy - Appendix One

4. IMPROVING SERVICE QUALITY AND PARTNERSHIP WORKING	WHEN	LEAD	WORKING WITH	FULFILS OBJECTIVES	LINKS TO NATIONAL POLICY
4.2 Support the voluntary sector to deliver services that will aid recovery and social inclusion	ONGOING	PCT County Council		3: Social exclusion 10: Flexible recovery support	MH and Social Inclusion From Segregation to Inclusion
4.3 Review, evaluate and redesign (where necessary) care pathways , and clearly publicise to users and carers	2007/8	PCT	County Council, OBMH	1: Access 2: Pathways 4: Partnership working 5: Information 7: Effective and efficient services	10 High Impact Changes for MH Commissioning Framework
4.4 Implement existing proposals for CPA for adults, ensuring that this: <ul style="list-style-type: none"> <li>• involves primary care practitioners</li> <li>• incorporates planning for the long term support needed to enable people to rebuild normal lives</li> </ul>	2007/8	OBMH	County Council PCT	2: Pathways 4: Partnership working 5: Information 7: Effective and efficient services 11: National policies	NSF 10 High Impact Changes for MH
4.5 Develop and implement CPA for CAMHS and older adult service users	2008/9	OBMH	County Council PCT	2: Pathways 4: Partnership working 5: Information 7: Effective and efficient services 11: National policies	NSF 10 High Impact Changes for MH
4.6 Complete the work already begun by the PCT and SHA to establish MH workforce needs and to deliver a workforce training and development programme that ensures	2007/8	PCT	OBMH Voluntary Sector	1: Access 6: Workforce 7: Effective and efficient services	NSF

Oxfordshire Mental Health Strategy - Appendix One

4. IMPROVING SERVICE QUALITY AND PARTNERSHIP WORKING	WHEN	LEAD	WORKING WITH	FULFILS OBJECTIVES	LINKS TO NATIONAL POLICY
Oxfordshire can meet NSF workforce targets , particularly: graduate MH workers, community development workers for BME communities ,support time and recovery worker posts and carers support workers			County Council	8: More primary & community services 11: National policies	
4.7 Provide appropriate training, support and advice about basic mental health care to: mental health and social care employees; carers; service users and employees and volunteers in a wide range of other sectors (e.g.: GP's and other primary care workers, housing, education, physical healthcare, police, criminal justice, youth work, early years, domiciliary care, recreation and leisure; BME community support services)	ONGOING	PCT SHA	OBMH, Voluntary sector	1: Access 3: Social exclusion 4: Partnerships 5: Information 6: Workforce 10:Flexible recovery support	NSF 10 High Impact Changes for MH New Ways of Working Our Health, Our Care, Our Say
4.8 Explore potential to develop direct payment and individual budget systems for mental health service users, particularly for purchase of services designed to support and sustain recovery and social inclusion	2008/9	County Council	PCT,	3: Social Exclusion 8: Primary and community services 10: Flexible recovery support	
4.9 Review, and if necessary revise, current patterns of investment in services designed to support and sustain recovery and social inclusion, in order to ensure these meet the needs of service users for flexible, tailored provision	2007/8	PCT, County Council, Supporting People, DAAT		3: Social exclusion 10: Flexible recovery support	NSF 10 High Impact Changes for MH
4.10 Ensure MH service providers work closely with other services to meet the wider needs of service users – particularly where a person has a range of needs in	ONGOING	All		1: Access 3: Social exclusion 4: Partnership	NSF

Oxfordshire Mental Health Strategy - Appendix One

4. IMPROVING SERVICE QUALITY AND PARTNERSHIP WORKING	WHEN	LEAD	WORKING WITH	FULFILS OBJECTIVES	LINKS TO NATIONAL POLICY
addition to their MH need. These might include: a learning difficulty; physical health needs; an addiction problem; housing and other practical support needs; training or educational needs				7: Workforce 9: MH promotion 10: Flexible recovery support	
4.11 Improve the support available to service users to help them access leisure, education and training opportunities	ONGOING	OBMH, voluntary sector		3: Social exclusion 10: Flexible recovery support 11: National policies	NSF
4.12 Improve the partnership working between mental health service providers and other health care services, so that the mental health needs of those receiving care for physical health problems are appropriately met – and vice versa	ONGOING	OBMH	PCT	1: Access 4: Partnership working	
4.13 Improve the partnership working between mental health service providers and other health care services, so that the potential of MH services to contribute to improving the effective use of resources in primary and acute care is realised	ONGOING	PCT	All providers	2: Pathways 4: Partnership working 7: Effective and efficient services	
4.14 Strengthen the voice of MH service commissioners and providers in the development of the Local Area Agreement for Oxfordshire	2007/8	County Council		1: Access 3: Social exclusion 4: Partnership working 9: MH promotion	
4.15 Ensure that the needs of MH service users are known to, and taken account of, by transport planners	2007/8	County Council		1: Access	
4.16 Participate in Healthcare commission and other inspections and use the data deriving from those reports to drive service improvement	ONGOING	OBMH	PCT County Council	7: Effective and efficient services	

Oxfordshire Mental Health Strategy - Appendix One

<b>4. IMPROVING SERVICE QUALITY AND PARTNERSHIP WORKING</b>	<b>WHEN</b>	<b>LEAD</b>	<b>WORKING WITH</b>	<b>FULFILS OBJECTIVES</b>	<b>LINKS TO NATIONAL POLICY</b>
4.17 Have full involvement in the County Council's programme of 'Fundamental Service Reviews', Best Value review, service and financial activity and planning processes and Business Process Reviews and use the data deriving from those reports to drive service improvement	ONGOING	County Council		7: Effective and efficient services	

## **APPENDIX 2 – National and local drivers (see section 3.2)**

### *National*

1. Development of services outside hospital and closer partnership working as proposed in 'Our Health, Our Care, Our Say' (DH 2006)
2. Increased health promotion and prevention as proposed in 'Choosing Health' (DH 2004)
3. Delivery of improved services for older people as proposed in 'Everybody's Business' (DH 2005)
4. Implementation of the wider patient choice agenda as set out in 'Choice Matters'(DH 2006)
5. Meeting the demand for increased access to psychological therapies as recommended in relevant NICE guidelines
6. Delivery of best practice guidance on providing services to deaf people set out in 'Towards Equity and Access' (DH 2002)
7. Implementing the suggestions about how NHS practice might change that are set out in 'New Ways of Working' (DH 2006)
8. Tackling the social exclusion of service users in line with proposals outlined in 'From Segregation to Inclusion' (DH 2006) and 'Vocational Services for People with Severe Mental Health Problems' (DWP 2006)
9. Improving partnership working with carers as proposed in the national briefing paper, Sharing Mental Health Information with Carers: Pointers to Good Practice for Service Providers (2006).

### *Local strategic drivers and plans*

1. The plans to re-configure adult services consulted on, and agreed, by the PCTs between February and May 2006
2. OBMH's strategy as consulted on and agreed through its Foundation Trust application
3. The current strategy for Adults of Working Age
4. OBMH and OCC Carers strategies
5. Oxfordshire County Council Corporate Plan (2006-2010)
6. Oxfordshire County Council, SHC commissioning strategy for services for older people
7. Oxfordshire County Council Draft Older Person's Strategy (14/8/2006)
8. Better Care, Higher Standards – Oxfordshire Charter for long term care, and annual report 2004-5
9. Protecting Vulnerable People: Oxfordshire Learning Disabilities Commissioning Strategy
10. Oxfordshire Supporting People Strategy 2004-2009
11. The partnership based CAMHS action plan

12. The Oxfordshire 14-19 Strategy
13. OBMH business plans for adult and older adult services, CAMHS services and specialist services
14. The Oxfordshire and Buckinghamshire Psychological Therapies review
15. OBMH's business case for development of forensic services
16. OBMH's business case for development of eating disorder services
17. All partners' Race Equality Action Plans
18. The Mental Health Promotion Strategy and Action Plan, drawn up by the Public Health team and the Task Force
19. The Suicide Prevention Action Plan
20. The Day Services Review conducted by OMHT, Oxfordshire County Council and the PCTs, working with local Mental Health voluntary organisations and service users and carers
21. Oxfordshire Alcohol Harm Reduction Strategy
22. The Drug and Alcohol Action Team (DAAT) business plan
23. District Council Housing Strategies.

## APPENDIX 3 – POPULATION STATISTICS (See section 3.5)

### *National*

1. 40% of adults coming onto incapacity benefit have mental health problems as their main disability.<sup>21</sup>
2. 1/3<sup>rd</sup> of people attending GP surgeries have mental health problems, and mental health problems occupy 1/3<sup>rd</sup> of GP time.<sup>22</sup>
3. 44 per cent of people with mental health problems surveyed for the government's Social Exclusion Unit felt that they had experienced discrimination from GPs, while 18 per cent said they would not disclose their condition to a GP<sup>23</sup>.
4. Fewer than four in ten employers say that they would consider employing someone with a history of mental health problems.<sup>24</sup>
5. There are 3-4 million vulnerable children and young people in Britain.<sup>25</sup>
6. Around 5000 people are known to take their own lives in England every year. In the last 20 years or so known suicide rates have fallen in older men and women but have risen in young men, and suicide is the most common form of death for men under 35.<sup>26</sup>
7. 1 in 25 people over 65 in England will suffer from dementia and this rises to one in four people over the age of 80.<sup>27</sup>
8. Between 10% and 15% of people aged 65 and over will suffer depression, and 3.5% will suffer depression of such severity that they will require treatment and support from specialist services.<sup>28</sup>
9. There are 5.2 million carers in Britain, and they are twice as likely as non-carers to have a mental health problem.<sup>29</sup>
10. 40% of adults coming onto incapacity benefit have mental health problems as their main disability.<sup>30</sup>
11. 1/3<sup>rd</sup> of people attending GP surgeries have mental health problems, and mental health problems occupy 1/3<sup>rd</sup> of GP time.<sup>31</sup>

---

<sup>21</sup> Dept Work and Pensions, as quoted in Mental Health: Britain's Biggest Social Problem, Richard Layard, 2004

<sup>22</sup> Social Exclusion Unit, 2004, as quoted in Mental Health: Britain's Biggest Social Problem, Richard Layard, 2004

<sup>23</sup> Action on Mental Health, Social Exclusion Unit 2004

<sup>24</sup> Action on Mental Health, Social Exclusion Unit 2004

<sup>25</sup> Every Child Matters, 2003

<sup>26</sup> National Suicide Prevention Strategy for England

<sup>27</sup> The Audit Commission report, 'Forget Me Not - Mental Health Services for Older People' (2000)

<sup>28</sup> The Audit Commission report, 'Forget Me Not - Mental Health Services for Older People' (2000)

<sup>29</sup> Mental health of carers 2002 Study: Singleton, N. et al ONS

<sup>30</sup> Dept Work and Pensions, as quoted in Mental Health: Britain's Biggest Social Problem, Richard Layard, 2004

<sup>31</sup> Social Exclusion Unit, 2004, as quoted in Mental Health: Britain's Biggest Social Problem, Richard Layard, 2004

- 12.44 per cent of people with mental health problems surveyed for the government's Social Exclusion Unit felt that they had experienced discrimination from GPs, while 18 per cent said they would not disclose their condition to a GP<sup>32</sup>.
13. Fewer than four in ten employers say that they would consider employing someone with a history of mental health problems.<sup>33</sup>
14. There are 3-4 million vulnerable children and young people in Britain.<sup>34</sup>
15. Around 5000 people are known to take their own lives in England every year. In the last 20 years or so known suicide rates have fallen in older men and women but have risen in young men, and suicide is the most common form of death for men under 35.<sup>35</sup>
16. 1 in 25 people over 65 in England will suffer from dementia and this rises to one in four people over the age of 80.<sup>36</sup>
17. Between 10% and 15% of people aged 65 and over will suffer depression, and 3.5% will suffer depression of such severity that they will require treatment and support from specialist services.<sup>37</sup>
18. There are 5.2 million carers in Britain, and they are twice as likely as non-carers to have a mental health problem.<sup>38</sup>

#### *The Oxfordshire population*

A summary of the most recent census data provides the following picture of the population of Oxfordshire in 2001<sup>39</sup>:

1. The total population in 2001 was 605,488 - a 10.6% increase from the 1991 census, with the highest increase (41%) in those aged 85 and over.
2. In the census 73.9% of people rated their health as 'good' and only 6.1% rated their health as 'not good'.
3. 13.4% of the local population have a limiting long-term illness. The South East region ranks as the healthiest region in the country on this measure, and Oxfordshire as the second healthiest County in the South East.
4. The population of Oxfordshire is projected to increase by a further 25,000 people (4%) by 2010. All Districts are expected to grow in population, with Cherwell expected to experience the highest growth (10.2%) and Oxford the lowest (2.8%).

---

<sup>32</sup> Action on Mental Health, Social Exclusion Unit 2004

<sup>33</sup> Action on Mental Health, Social Exclusion Unit 2004

<sup>34</sup> Every Child Matters, 2003

<sup>35</sup> National Suicide Prevention Strategy for England

<sup>36</sup> The Audit Commission report, 'Forget Me Not - Mental Health Services for Older People' (2000)

<sup>37</sup> The Audit Commission report, 'Forget Me Not - Mental Health Services for Older People' (2000)

<sup>38</sup> Mental health of carers 2002 Study: Singleton, N. et al ONS

<sup>39</sup> Commissioning Strategy For Services For Older People In Oxfordshire, 2006-2009

5. The most significant increase will be in the older adult population in Oxfordshire. Over the life of this strategy, the over 65 population is projected to increase by 9,200, from 91,800 in 2005 to 101,000 in 2011.
6. 4.8% of the population are from black and minority ethnic groups. This is just below the average for the South East (4.9%) and well below the England average (9.1%). The highest number (12.9%) lives in Oxford followed by Banbury (3.9%).
7. Oxfordshire is a rural county with 78% of the population based outside Oxford City. 38% of the population live in parishes of less than 5000 people. On average the rural population is older than the urban population with 18% of the rural population aged 65 and over compared to 13% in urban areas.
8. Large areas of rural Oxfordshire are ranked as 'deprived' in a measure of distance to local services. Over one fifth of Oxfordshire's population are living in areas that are ranked within England's worst 10% with regards to access to local services.
9. The proportion of people living on a low income in Oxfordshire is approximately half the average proportion of people on a low income in England. However, the proportion of young and older people in Oxfordshire living on a low income is rising. Approximately 1 in 10 older people in the county live in low income households, and the proportion has increased across all districts between 2001 and 2003 by an average of 7%. It is known that poverty is often an important underlying cause of mental ill health.

*Forecast population changes in Oxfordshire*

<b>Service Area</b>	<b>Population Data Set</b>	<b>Population Projections</b>
<b>Core services</b>		
Adult services in Oxfordshire	Population aged 20 – 64	7.5% increase in population to 2015
Adult services in Buckinghamshire	Population aged 20 – 64	1.8% decrease in population to 2015
Older adult services in Oxfordshire	Population aged 65+	25.1% increase in population to 2015 Most significant growth in 85+ group (Increases of 37.5% by 2015 and 85% by 2025)
Older adult services in Buckinghamshire	Population aged 65+	22% increase in population to 2015. Most significant growth in 85+ group (Increases of 39.1% by 2015 and 92.4% by 2025)
CAMHS (tiers 1- 3) for both counties	Population aged 10 -19	4.4% decrease in population by 2015, followed by a small upturn to 2025 but still a decrease overall.
Addiction services for both counties	Population aged 20 - 40 for drug addiction	1.6% increase overall in population by 2015
	Population aged 30 – 50 for alcohol addiction	4.2% decrease in population by 2015
<b>Specialist services</b>		
CAMHS (tier 4)	Population aged 10 -19	4.4% decrease in population by 2015, followed by a small upturn to 2025 but still a decrease overall.
Forensic mental health services	Population aged 20 – 64	Population increase of 3.6% by 2015.
Eating disorder services	Female population aged 15 – 24	Population increase of 6.3% by 2015, with decrease in Buckinghamshire by 2020.

**APPENDIX 4 – The Mental Health Strategy Implementation Group (see section 7.1)**

1. This group should be expected to:
  - Advise the OCB (and other commissioners) on all decisions affecting mental health commissioning or service delivery, and on the implementation of the agreed mental health strategy
  - Challenge commissioners and providers to translate this strategy into high quality, cost effective action
  - Identify where and when problems emerge in delivering this strategy and ensure corrective action is taken
  - Monitor implementation of this strategy
  - Inform ongoing development of this strategy
  - Inform commissioner and delivery partner proposals for implementing this strategy
  - Comment and feedback on commissioner and delivery partner decisions relating to implementation of this strategy.
  
2. Such a group would therefore expect to:
  - See and comment on drafts of papers relating to Mental Health before they go to Commissioning Board
  - Receive regular feedback on any decisions relating to Mental Health made by Commissioning Board and the thinking behind them
  - Lead a process of annual review and strategic planning, on timescales that can influence the NHS and local authority processes for resource allocation
  
3. In order to fulfil these functions the group will need to include:
  - Service user and carer representation
  - Clinical leaders from primary care
  - Senior representation from PbC consortia
  - Clinical leaders from secondary care
  - Senior staff representation from voluntary organisations
  - Senior OBMH staff
  - Senior staff from Oxfordshire County Council Social and Community Services Directorate
  - Senior finance staff from one or more organisation
  - Mental health commissioning leads from the County Council and PCT.

It will be important to ensure, as Membership of the group is defined, that the group includes people with expert knowledge of primary care, adult, older adult and CAMHS services.

4. In order to ensure it can fulfil its functions effectively this group will need:
- Clear links to other bodies and groups responsible for making commissioning decisions in Oxfordshire – particularly the Children’s Trust Board
  - Clear links to the emerging PbC expert reference groups for each locality
  - Clear links to relevant voluntary organisations and interest groups
  - Clear links to the CAMHS Countywide Steering Group and the Children’s Partnership Board
  - A strong and informed Chair
  - Committed members who attend regularly and communicate the work of the group to their organisations effectively
  - The time to debate issues effectively
  - The resources to commission occasional pieces of strategic or research work – such as an annual progress report on implementation of this strategy and an annual update of this document.
  - Administrative/secretarial support
  - Agreed and robust terms of reference which specify what it can, and cannot, influence
  - The ability to communicate regularly with mental health service providers, service users and carers.

## APPENDIX 5

This project would not have been possible without the contribution of all those who have participated in the discussions that have informed the creation of this draft, and the leadership of the steering group.

Particular thanks are given to the steering group, which was made up of representatives of the SHA, PCT, County Council and the Trust, people working in the voluntary sector and members of the service user and carer reference panels:

<b>Project Steering group</b>
Razawana Ahmad
Steve Appleton
Stephen Cody
Jonathan Horbury
Natasha Klugman
Abina Parshad-Griffin
Dave Pearson
Ineke Powell
Dennis Preece
Annabel Rees
Patrick Taylor
Emma Tidy
Helen Weber
Nick Welch
Val Wilson

The Project Manager and author of this strategy was Rachel Martin, Head of Development for OBMH.

**APPENDIX 6 – GLOSSARY**

BME	Black & Minority Ethnic
CAMHS	Child & Adolescent Mental Health Service
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CSCI	Commission for Social Care Inspection
CSIP	Care Services Improvement Partnership
DAAT	Drug & Alcohol Action Team
DH	Department of Health
FT	NHS Foundation Trust
HCC	Healthcare Commission
IBP	Integrated Business Plan
LIT	Local Implementation Team
LDP	Local Delivery Plan
MHSIG	Mental Health Strategy Implementation Group
NICE	National Institute of Health and Clinical Excellence
NRC	National Reference Costs
NSF	National Service Framework
OBMH	Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust
OMHT	Oxfordshire Mental Healthcare NHS Trust
ONS	Office of National Statistics
PbC	Practice-based Commissioning
PCAMHS	Primary Care Child & Adolescent Mental Health Service
PCT	Primary Care Trust
S&CS	Social & Community Services (part of Oxfordshire County Council)
SHA	Strategic Health Authority
SHC	Social & Health Care (part of Oxfordshire County Council)
TVHA	Thames Valley Strategic Health Authority (now forms part of NHS South Central)