

**NHS Oxfordshire
and
Oxfordshire County Council**

**Better Mental Health in
Oxfordshire**

**The Joint Commissioning
Strategy
2009 -2012**



**OXFORDSHIRE
COUNTY COUNCIL**
SOCIAL & COMMUNITY SERVICES
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1. Foreword

The writing of this strategy can only be described as creating a 'moving snapshot'! It is the product of a dynamic process, involving rapidly changing national directions of travel, alongside the influence of local agencies, people who use and people who avoid services, carers, interested people who may never use services, and finally commissioners, who drew this together into one narrative.

Mental health impacts on all aspects of life and society. Our challenge in this document is to capture that, informed by the previously agreed Oxfordshire Mental Health Strategy 2007/12, the Mental Health Needs Assessment, the engagement process, the Mental Well-being Needs Assessment & Strategy, the Oxfordshire County Council's (OCC) Corporate Plan 2008/12 and an iterative process with the development of the Oxfordshire PCT Strategy 2009/13 and the Oxfordshire Primary Care Trust's (OPCT) Operational Plan 2009/10.

Firstly, we will identify what we have in place that will inform our strategy. Secondly, we will say what needs to be in place and thirdly we identify the process we will follow to set that in place. Our intention is to create a document that is a guide to the background and the process of identifying our plans, particularly for 2009/10, and, to our direction of travel for the following two years. It is intended to be a reference document mainly those wanting a more detailed account for planning purposes and a strategy for the pooled commissioning budget; a separate summary version is available as a quick guide to the document.

We are pleased to say that our priorities reflect those of the newly created National Mental Health Development Unit and hope that they are ones you recognize and agree with!

Separate commissioning strategies are being developed for older people with mental health needs and for then mental health needs of Children, Young People and Families, the latter includes peri natal mental health.

2. Executive Summary

This strategy shows how we identified the key priorities for commissioning services for 2009-12. It brings together a number of strategies, identifies what current services are commissioned, the costs and how we compare within the strategic health authority area. Using the needs assessments both for mental ill health and for preventative initiatives, we had an engagement process to identify what the people of Oxfordshire identify as their priorities. From this, and our own knowledge of demand, we devised our key priorities. These are as follows:

- **To promote health and mental well-being for all**
- **To improve access** to psychological services for people using primary care services, to physical health checks for people with mental health problems, to independent advocacy for people detained in services

under the Mental Health Act and to a tiered service for people with a personality disorder.

- **To improve access to culturally capable services for people from Black Minority Ethnic (BME) Communities**
- **To enhance the pathway to recovery for people using services**, specifically those using forensic services, crisis services supported housing and community services
- **To promote social inclusion** through commissioning employment services, developing a housing and support strategy and drawing together a social inclusion plan
- **To improve support** for carers
- **To improve quality and choice** for those who use and may use services
- **To scope the utilisation of current services** and unmet needs of those with Aspergers' syndrome and plan the appropriate provision
- **To understand the increased demand for services** to people with eating disorders and ensure the required services are in place

We have identified an action plan and an investment and savings plan of how we will take this forward over three years. Finally, we have noted the governance structure to implement the strategy, the key performance indicators that we will use to measure the progress and the reviewing process for the strategy.

3. Purpose, scope, outcome and delivery

3.1. Purpose of this strategy

Recently there have been a number of important local developments aimed at improving local mental health services and improving the mental well-being of our local population.

This commissioning strategy encompasses the identified priorities and translates them into a set of commissioning priorities for 2009- 2012 to support the provision of flexible, responsive and equitable services which will respond to a broad continuum of health and social needs.

3.2. Scope of the strategy

This strategy includes mental well-being and broadly covers all community and acute services for adults above the age of 18 and up to 64 years. Whilst this strategy is age related it is not exclusively so, some of the services commissioned are for people aged 16 and over and for those people who initially received services from those included in this strategy, they will not leave them through age related reasons but only because their needs change.

The strategy does not cover forensic services, services to people in prisons or services commissioned by the Drug and Alcohol Action Team (DAAT).

3.3. Local Performance and Commissioning Outcomes

Significant progress has been made in improving mental well-being and mental health services for the residents of Oxfordshire. This strategy will help

us to further develop this work. This strategy focuses on the following commissioning outcomes:

- Promote health and mental Well-being for all
- Improve access
- Improving access to culturally capable services for people from BME communities
- Enhanced the pathways to recovery for people using services
- Increase social inclusion for users of mental health services
- Improve support for carers
- To improve quality and choice for those who use services

3.4. Delivery Plan

This document includes an Implementation Plan, an Indicative Investment/Savings Plan and key performance indicators to measure progress. It is anticipated that that these plans will be reviewed annually to ensure they continue to be relevant in the light of environmental changes.

4.0 Where are we now?

4.1. National Policy Context

This joint commissioning strategy has been informed by the following key Acts, policies and guidance:

- NHS Operating Framework 2009/10
- World Class Commissioning Mental Health Programme Director's report from the National Mental Health Development Unit April 2009
- Mental health, resilience and inequality – a commentary by the Mental Health Foundation, March 2009
- Payment by Results for mental health (DH Letter January 2009)
- A New Vision for Mental Health, 2008
- Autumn 2008 Monitoring LIT Results of Financial Mapping for Oxon DH
- High Quality Care for All – NHS Next Stage Review Final Report (Darzi 2008)
- Report from the South Central Mental Health Clinical Pathway Group (SCSHA 2008)
- World Class Commissioning (DH 2008)
- A pathway to Recovery and social inclusion (Healthcare Commission 2008)
- Improving Access to Psychological Therapies Programme (IAPT) (DH 2008)
- Carers at the Heart of 21st Century Families and Communities (DH 2008)
- Putting People First – a shared vision and commitment to the transformation of adult social care (2007)
- Supporting People – Independence and Opportunity (Dept for Communities & Local Government 2007)
- Mental Health Act (2007)
- Our Health, Our Care, Our Say (DH 2006)
- Mental Health and Well-being in the South East. Department of Health, CSIP, and SEPHO. 2006
- Mental Capacity Act (2005)
- Delivering Race Equality in Mental Health Care (DH 2005)
- Making it possible: Improving Mental Health and Mental Well Being in England (DH 2005)
- Choosing Health: making healthy choices easier (Department of Health 2004)
- Mental Health National Service Framework for Adults of Working Age (1999)
- Equal Treatment: Closing the Gap (Disability Rights Commission 2006)
- No Secrets: DH Guidance on developing and implementing multi agency policies and procedures to protect vulnerable adults from abuse
- The National Service Framework for Mental Health, 1999
- The National Service Framework for Mental health – Five years On, 2004

A summary of these can be seen in Appendix C

4.2 Local Policy Context

4.2.1. Oxfordshire Mental Health Strategy 2007-12

This laid out a vision that by 2012 the full range of organizations' and agencies involved in mental health in Oxfordshire that will be working together to deliver high quality, good value, sustainable services which meet the needs of service users and carers. The strategy suggested that this should be accomplished by focusing on six priority areas, namely:

- Improving access to services
- Improving choice and flexibility of treatment and care
- Improving partnership working between agencies responsible for the provision of care to service users with mental health problems
- Improving social inclusion of service users
- Supporting carers
- Improving the quality of mental health services locally

This commissioning strategy has arranged the future priorities in line with these six priority areas.

4.2.2. Director of Public Health Annual Reports II and III (08/09,09/10)

In these reports, the Director of Public Health recognizes the importance of mental well-being as part of Oxfordshire's work to improve the mental health of the county's residents, the need for it to have greater priority and a strategy and outcomes in place to measure these.

4.2.3. Mental Health Needs Assessment (2008)

In May 2008, a detailed assessment of health needs was carried out to identify areas of need and pressure in Oxfordshire. This found that currently almost 31,000 people are listed on GP records with a diagnosis of mental illness, of which just over 4,000 have a severe mental illness such as schizophrenia or bipolar mood disorder. Up to 20% of the population of Oxfordshire are affected by common mental health symptoms such as sleep problems, fatigue and anxiety that do not lead to a diagnosis of mental illness. The number of people in Oxfordshire with some of the most common mental health problems, such as depression, as well as the rarer and more severe illnesses is expected to increase over the next twenty years, especially amongst those over the age of 50 years, resulting in the need for more capacity to cope with the demand for mental health services.

4.2.4. Transforming Adult Social Care (2008)

Oxfordshire County Council has produced a programme brief for Transforming Adult Social Care and is developing six specific work streams:

- Information
- Access Strategy
- Community Building
- Early Intervention and Prevention
- Self-Directed Support
- Reshaping the Supply Market

4.2.5. Mental Well-being Needs Assessment (2008)

The mental Well-being needs assessment (2008) aims to understand what affects the mental Well-being of people living in Oxfordshire. It recommends actions to inform a strategy to improve mental Well-being and prevent common mental health problems in Oxfordshire.

It identified that influences on mental Well-being are complex and broad ranging. Factors protecting mental Well-being include such as having a stable home environment, friends and family who you enjoy spending time with having employment, support, good health and financial stability. Risk factors include long-term illness, fear or worries about money, old age and work issues.

Four priority areas for action were identified:

- Individuals and communities
- Age groups: children and young people and older people
- Settings: work places, schools, prisons,
- Stigma and discrimination: changing public attitudes to people with mental health problems

4.2.6 Mental Well-being Improvement Strategy

The Mental Well-being Improvement Strategy provides a clear direction and focus for the improvement of mental Well-being in Oxfordshire from April 2009 to March 2012.

It aims to promote mental Well-being and prevent mild to moderate mental ill health among adults, children and young people. It focuses on the population at large and groups vulnerable to poor mental Well-being. It promotes Well-being by reducing the impact of risk factors whilst actively promoting positive protective factors. See Appendix A.

4.2.7. Joint Mental Health Commissioning Arrangements

A mental health commissioning pooled budget has existed for three years and has been used to commission services from voluntary and community sector organizations. These arrangements have been of considerable benefit to users of voluntary and community sector services and their carers. In addition, these arrangements have allowed OCC and OPCT to streamline processes and plan strategically to target services across the spectrum of health, social care and Well-being for adults of working age affected by mental illness in the County.

4.2.8 Change in public sector organisations in mental health in Oxfordshire

- The five Oxfordshire Primary Care Trusts (PCTs) have merged to form the Oxfordshire PCT now known as NHS Oxfordshire.
- NHS South Central has been created. This is a 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, Oxfordshire and some in Wiltshire and has become a Foundation Trust (FT).
- 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 commissioned and provided by primary care.
- From April 2009 the commissioning of all mental health services for working aged adults will be lead by the OPCT and supported by the pooled commissioning budget.

All these factors have impacted in some way on mental health and social care service providers, commissioners, those who use and those who avoid using services and carers. It is crucial that organisations commit to work in partnership to find new ways of working so as to ensure positive experiences for mental health service users.

5. What do we currently commission?

5.1. Services provided

The range of services provided for adults aged 18 – 64 years living in Oxfordshire and commissioned from the Mental Health Pooled Commissioning Budget covers:

Access and Crisis Services

- Information services for users of services and their carers
- Oxfordshire General Hospital Consultation and Liaison Service
- Assertive Outreach and Rehabilitation Service
- Crisis Resolution Home Treatment Team
- Early Intervention in Psychosis Service
- Services further to the provisions of the Mental Health Act 1983

Services in the Community to prevent relapse and support recovery

- Assessment and Care Planning
- Complex Needs Service
- Accommodation, housing and social support
- Vocational and employment services
- Carers support services

24 hour Healthcare Services

- Acute in patient services

- Psychiatric Intensive Care Unit (PICU)
- Rehabilitation services
- Oxfordshire General Hospital Consultation and Liaison Service

Psychological Therapy Services and Special Services

- A stepped care model for psychological services
- Chronic fatigue
- Eating disorders services

Services provided to ensure mental well-being can be seen in the Mental Wellbeing Needs Assessment (2008).

5.2. What do we know about their performance?

The overall quality of specialist mental health services provided by OBMH and general health services by Oxfordshire PCT has recently been assessed as fair.

However the recent annual health check conducted by the Healthcare Commission (Care Quality Commission from April 2009) highlighted a few areas for improvement including ensuring that there is adequate information given to service users about their care, and the treatment they receive, and where appropriate, informing service users of what they can expect after discharge from hospital (2007ratings.healthcarecommission.org.uk).

The Care Services Improvement Partnership (CSIP) mental health annual self-assessment of mental health services within Oxfordshire Local Implantation Team (LIT) in 2007/08 highlighted the following:

Green rating	Amber rating	Red Rating
Primary/secondary care interface	Recovery	None
Crisis resolution	Third Sector	
Early intervention in psychosis	Suicide Prevention	
Assertive outreach	Mental Health Promotion (i.e. mental Well-being improvement)	
Acute in-service user care	Dual Diagnosis	
Older people's mental health		
Social inclusion		
Learning disabilities and mental health		
Vocational support		
Delivering race equality		
Governance		
Service user involvement		
Carer involvement		
Employment of service users		
Suicide prevention (Mental Health		

providers)		
Advocacy		
Personality Disorder services		
Mental Health Act 1983 Places of safety		
Mental Capacity Act		
Mental Health Act 2007		
Improving access to psychological therapies		

5.3. Workforce

Information from the 2006/07 adult mental health service mapping exercise shows that within Oxfordshire there is less mental health staff per head of population than the regional average, particularly nurses, social workers and other support staff. Recruitment difficulties within the local health economy are well known, and possibly relate to the proximity of this county to London, and the larger job markets within the capital.

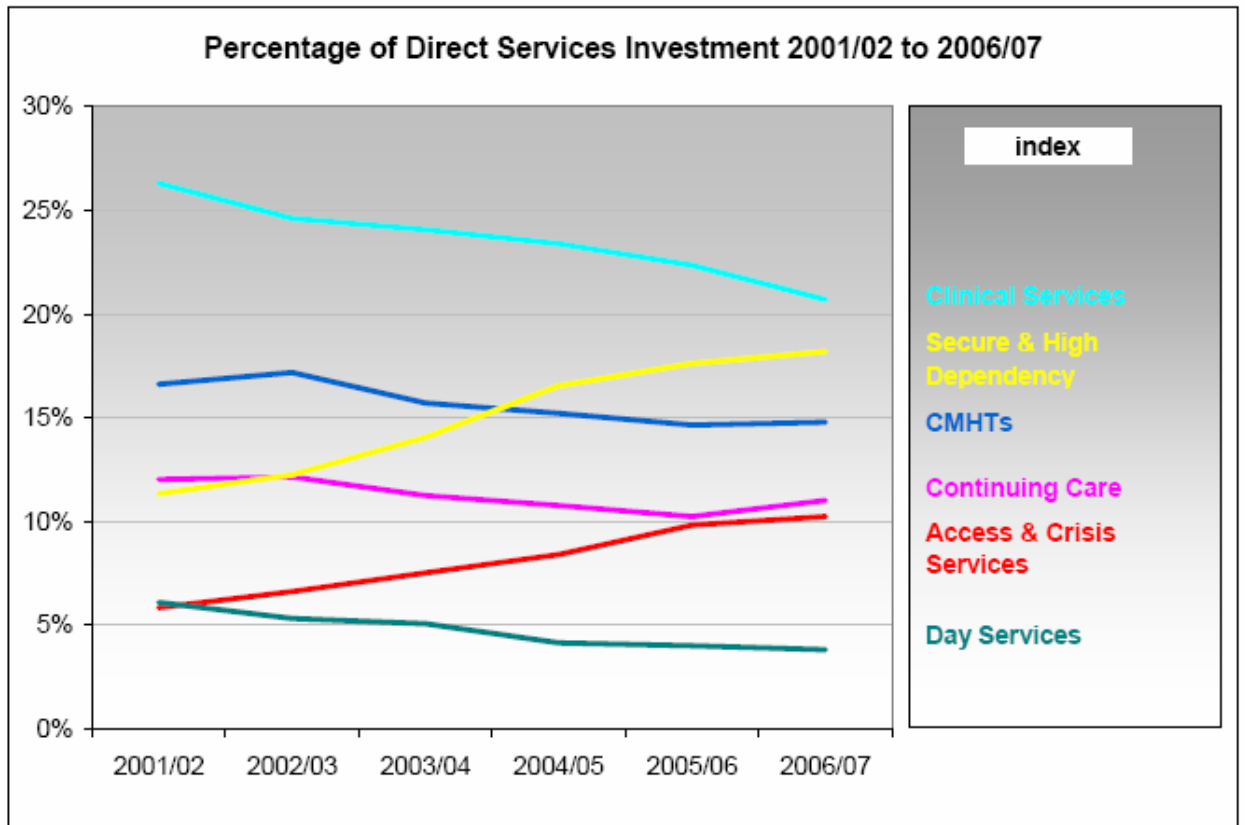
In addition to recruitment there are major challenges facing the workforce as set out in the *New Ways of Working* programme and in meeting the needs of service users by

- working in teams linked to care pathways
- focusing on skills rather than their status
- meeting service user and carer needs more effectively
- working together towards recovery

Recovery and personalization represent a completely new way of working with people. There will need to be a significant shift in attitudes and practice that moves from professional goal-setting and allocation of resources to helping users of services identify their personal goals for recovery, self-manage their mental health problems and work at all times as if in an equal partnership rather than clinician-patient relationship.

5.4 How much do we spend?

The national expenditure on mental health services for 2006/07 gives a good illustration of the percentages of direct service investment. Below this there is an overview of adult investment in Oxfordshire for 2007/08



This gives a picture of the distribution of resources nationally. It has been extracted from The 2006/07 National Survey of Investment in Mental Health Services Mental Health Strategies

Comparative spend

Overview of adult investment in Oxfordshire (Autumn 2008 monitoring DH)

Investment is compared both in overall and percentage terms against Strategic Health Authority, Office of National Statistics (ONS) cluster and national figures, rounded up/down for presentation purposes.

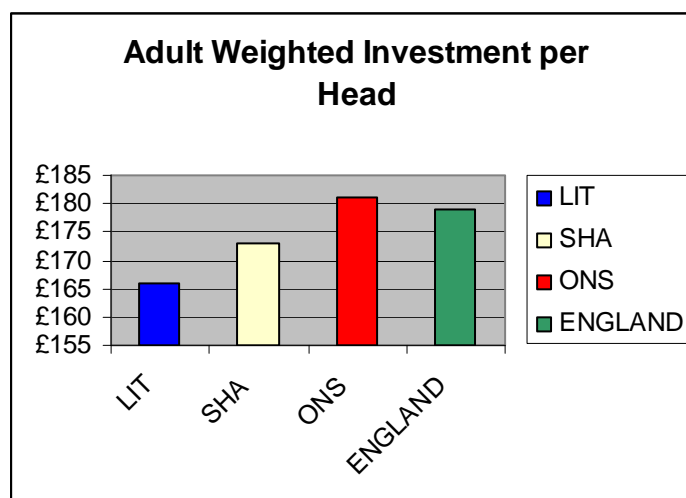
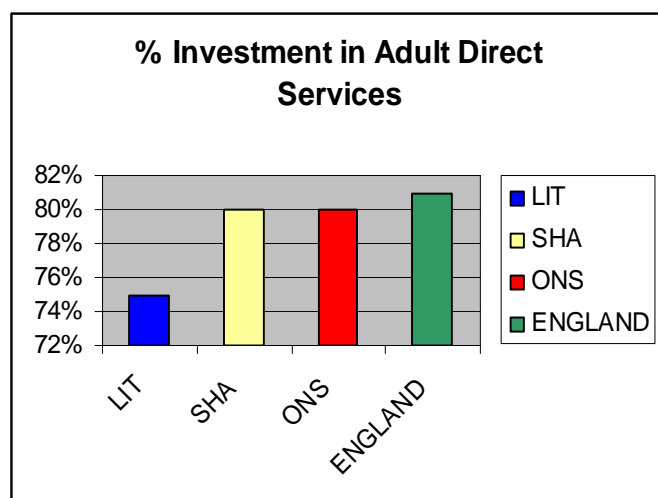
Nationally each geographical area has a Local Implementation Team (LIT) for the Mental Health National Service Framework, for Oxfordshire the boundaries for OPCT and OCC are co terminus therefore the LIT area is for Oxfordshire. This LIT's total investment is tabled below followed by two charts showing the percentage of investment reported spent on direct services and the overall investment per weighted head of population for the LIT.

<u>LIT</u>	<u>St HA</u>	<u>ONS</u>
Oxon	SOUTH CENTRAL	Prospering Southern England

Service category	£'000s	Percentage			
		This LIT	This SHA	This ONS	English LITs
DIRECT COSTS:	£38,614	75%	80%	80%	81%
INDIRECT COST:	£7,618	15%	10%	8%	7%
OVERHEADS:	£2,475	5%	7%	8%	9%
CAPITAL CHARGE:	2,539	5%	4%	4%	3%
Total adult investment in £'000s	£51,247	100%	100%	100%	100%

This report compares the total adult investment within the Oxfordshire LIT, with the total adult investment of the local Strategic Health Authority, the ONS cluster of this LIT and the English national average.

COMPLETENESS OF ADULT DATA: No missing data Known



Working Age Weighted Population for LIT 18 -64 - weighted for Need and Cost: 309,109

The above figures do show slightly less comparative investment in Oxfordshire within the SHA for 2008/09, whilst in 2007/08 it was broadly the same. It should be noted that in 2008/09 investment increased by £1.5m and during the next two years this will increase again.

5.5. How much do our services cost?

The total budgeted spend on mental health services in Oxfordshire (excluding prescribing, services delivered by GP as part of the GMS contract and funds spent under mental health promotion) for 2009-10 is planned to be £66m.

This sum comprises:

Description	Budget 2009/10
-------------	----------------

WITHIN the Mental Health Pooled Budget-financed by OCC & PCT

Services	Annual Budget
	£000
Access and Crisis Services	5,418
Services in the Community	12,197
24 hour healthcare services	11,152
Psychological Therapies and Special Services	6,988
Internal and staff costs	2,909
Total	38,665

NOT within the Mental Health Commissioning pooled budget-financed by PCT

Older people MH services [2008-09 figures]	12,090
Forensic services [2008-09 figures]	8,654
Child and Adolescent Mental Health Services [2008-09 figures]	5,088
Other services funded outwith the Pooled Budget	2,027
Subtotal	27,859
Total including Mental Health Pooled Budget	66,524

These totals exclude non-recurrent funding from Oxfordshire PCT's Choosing health budget for mental health promotion programmes and prescribing costs. If the latter costs for 2006/07 are included then the total mental health spend will be almost £80M. This equates to approximately 12% of OPCT's gross

operating costs. This figure is equivalent to the national average which is 11% of healthcare spending on mental health services.

According to the national adult mental health service mapping results which measures mental health spending weighted against population mental health needs, the funding for mental health services within Oxfordshire has increased by approximately 30% over the past three years since 2003/04, with the PCT's contribution increasing by 3.40%. The largest increase was seen in indirect costs which increased from 22% of the total budget to 32%, although it is unclear from the information available from the University of Durham service mapping what these indirect costs may consist of. Funding for new services such as assertive outreach, crisis resolution home treatment (CRHT) teams and early intervention in psychosis services (EIP) increased slightly from 4.4% to 4.9% of the total budget. Both funding for daycare and residential care services has decreased as a proportion of the total mental health budget since 2003/04.

The 2009-10 budgeted spend for services from the 3rd (not-for-profit, non-statutory) sector amounts to approximately **£5,351,000** which is equivalent to **13.8%** of the mental health pooled commissioning budget and **8%** of the total mental health spend (excluding prescribing costs). Note that if this equates to the proportion of services actually provided by the 3rd sector then we are then some considerable distance from the recommendations of CSIP which is that more than 15% of local services should be commissioned from the 3rd sector. Its guidance suggests that tenders for the provision of services focused on housing support; alternatives to hospital admission; resource centres; counselling and psychotherapy services and employment services should be routinely invited from 3rd sector providers. Additionally work will need to be done to learn where services provided by local organizations from the 3rd sector can usefully enhance current service provision for people with mental ill health within Oxfordshire

5.7. How do we manage the budget?

A Mental Health Commissioning Pooled Budget has existed for three years and has been used to commission services from voluntary and community sector organizations. These arrangements have been of considerable benefit to users of voluntary and community sector services and their carers. In addition, these arrangements have allowed OCC and OPCT to streamline processes and plan strategically to target services across the spectrum of health, social care and Well-being for adults of working age affected by mental illness in the County.

The Commissioning Pooled Budget will be expanded from April 2009 to include all non-forensic services addressing the health, social care and well being needs of working age adults living with mental health problems.

An expanded Commissioning Pooled Budget will better meet the needs of people living with mental health problems in Oxfordshire through giving greater scope for improving care pathways and alignment of resources to meet the needs of those who use services and carers' needs.

Mental Health Pooled Budget Contributions 2008/9 and 2009/10

	Contributions 2008/09	Contributions 2009/10
Oxfordshire PCT	£1,502,241	£31,843,395
Oxfordshire County Council	£2,018,195	£6,821,442
Total Budget Contributions	£3,520,436	£38,664,937

The detail of the budget is included within Schedule 4 to the s75 Partnership Agreement. It is important to note the major increases in this budget are due to OPCT including the budget that funds secondary mental health services and to OCC including the budgets that cover the purchased services to support people accommodation and at home and those budgets that pay for social care staff in secondary services.

6. What are our aspirations and commissioning outcomes?

In this section we identify our commissioning principles, state the PCT vision and goals and how the better mental health initiative meets them. We then link these with the vision in the mental health strategy.

6.1 What do we want to commission in the future and what will shape that?

This strategy is underpinned by the following guiding principles:

- We will commission in line with National Institute for Clinical Excellence (NICE) guidelines and other available evidence quality mental health using outcomes that demonstrate continued, measurable improvements in peoples health and Well-being
- We will improve the future forecasting of needs and costs of mental health in Oxfordshire
- We will commission quality services and interventions to prevent mental ill health and improve the mental Well-being
- We will maximize opportunities across all sectors for preventing mental ill health and promoting mental Well-being
- When commissioning we will plan for the impact on the entire care pathway, thus taking a whole system approach to the provision of effective high quality mental health.
- We will promote opportunities for the development of primary care mental health services lead by the practice based commissioning (PBC) consortia and supported by those who use services, carers and stakeholders
- We will commission responsive, accessible local services in relation to need recognizing equality, diversity and choice.
- We will commission services that promote recovery, independence and maximize opportunities for social inclusion
- We are committed to driving change through a partnership approach, with meaningful participation of those who use services, carers and stakeholders in all aspects of commissioning
- We will commission the most effective and efficient services and initiatives that are delivered by a capable, adaptable, caring paid and unpaid workforce who are supported, engaged and appropriately rewarded

- We will commission sustainable services and initiatives' within current financial resources. We will use every opportunity to maximize resources through external funding streams
- We will commission in response to local and national priorities.

6.2. NHS Oxfordshire Strategic vision and goals 2009-13

It is essential that this Joint Mental Health Commissioning Strategy sits comfortably with and supports delivery of the PCT's priorities as set out in the NHS Oxfordshire strategic Plan 2009-13. In turn it must be recognised that mental health and mental Well-being are an essential component of good health and need to be promoted and considered as integral to delivery of holistic care for our population and not as a stand-alone part.

Oxfordshire PCT is ambitious about improving the health and Well-being of local people. This year, working with partners, the PCT continues the process of transforming local health services so that, by 2013, the people of Oxfordshire will:

- Be healthier – particularly if they are vulnerable or live in our most deprived communities
- Be working with the PCT to promote physical and mental well being and prevent ill health
- Be actively supported to manage their own health and care needs at home, when this is appropriate
- Have access to high quality, personalised, safe and appropriate health services
- Get excellent value for money from their local health services
- Have a PCT which is a high performing organisation

This vision statement, first adopted in 2007, remains at the heart of what the PCT aims to achieve. It acts as the driver for change and captures the essential issues that the PCT needs to focus on to address local health needs. Both the PCT strategy and this Operational Plan also deliver the national and regional vision for healthcare set out in *"High Quality Care for All"* and *"Towards a Healthier Future"*.

The Oxfordshire PCT goals are to:

- A) To ensure that the core services purchased from primary and secondary care providers continually improve to meet changing health needs, giving service users optimum access to satisfactory, timely, high quality care that also offers good value for money.
- B) To improve health outcomes and promote independence for the following key population groups.
 - Older people
 - Those with long term conditions
 - People with mental health problems

- Children and families living in areas of deprivation
- C) To improve access to health services by increasing the commissioning of integrated whole care pathways that creates a proportionate and appropriate shift of activity from hospital into primary and community care settings.
- D) To help more local people of all ages to make sustainable healthy lifestyle choices.
- E) To reduce health inequalities in Oxfordshire by improving health outcomes for people living in wards with the highest mortality rates at a greater rate than for the population as a whole.

The Director of Public Health's Annual Report 08/09 (DPH Annual Report II) highlighted mental health as an area requiring consistent and concerted action to improve the health of people in Oxfordshire, in his report 09/10 (DPH Annual Report III), he evaluates the progress. The 08/09 report identified three gaps. Firstly a lack of planning to promote mental Well-being, secondly, the need to raise the profile and priority given to mental health across all organizations and thirdly a gap in current service provision particularly in primary care and in addressing the impact of mental health on physical health and Well-being. The following recommendations in the DPH's report II relevant to working age adults were:

- Development of plans to raise the profile, priority and prominence given to mental health commissioning and implementation of the mental health strategy
- Development of outcome measures for mental health and Well-being
- Development of a detailed commissioning plan to improve mental health services
- Production of a Mental Well-being Programme as part of Commissioning Programme for Mental Health
- Director of Public Health to report on alcohol problems in Oxfordshire

The DPH's Annual Report III recommends that:

- The post of Joint Mental Health Commissioner become the focal point for all aspects of adult mental health commissioning
- The PCT Director of Commissioning should lead on the production of clear, multiagency local outcome measures for mental health
- Particular emphasis should be placed on commissioning services for older people's mental health

6.3. What is the impact? How will it meet strategic goals and outcome measures?

The PCT has described one of its key initiatives in its Operational Plan as being 'better mental health'. The aim is to support the people of Oxfordshire to maximise their mental health and mental well being. This will be delivered through a programme of activity, building on a strong local market of providers, which will include opportunities for health improvement, the promotion of social inclusion and participating in active citizenship. This will ensure that all individuals have access to the tools and information required to enable them to cope with the normal stresses of life.

The Better Mental Health initiative will therefore contribute to 9 of the 10 strategic outcome measures through which the PCT will measure the successful implementation of its strategy, as demonstrated in the table below:

Relationship between strategic goals, outcome measures and initiatives	Strategic outcome measures										Stragic goals					
	Local measure Health improvement in deprived areas	Local measure Increase in spend outside acute setting	Local measure Reduction in emergency bed days	Metric 54 Proportion of all deaths that occur at home	Metric 2 Life expectancy	Metric 1 Health inequalities	Metric 16 Smoking quitters	Metric 29 Self reported experience of patients and users	Metric 31 Mortality from cause considered amenable to healthcare	Metric 35 Delayed transfers of care	A Quality /Affordability /Efficiency	B Health Outcomes	C Access	D Healthy Lifestyles	E Health Inequalities	
3	Improving quality for care groups															
3c	Better mental health	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓

6.3.1. Commissioning Outcomes

In developing the Oxfordshire Mental Health Strategy (2007), the following statements were agreed across the whole care system setting out a shared vision of what mental health service provision in Oxfordshire could be like:

Mental health care and support will be available to:

- People who are at risk of developing mental health problems
- People suffering with 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
- 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.

6.3.2 To achieve this vision the following commissioning outcomes have been identified:

Improved Access

- Mental health care and support will be easier for people to access particularly for people from BME communities 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 Well-being 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 people who need services but are hard to reach
- 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.
- All health service providers will get better at recognising the physical health care needs of people presenting with mental health problems

6.3.3. Improved 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.

6.3.4. Improved Partnership working

- When an individual receives support from more than one agency, the agencies will effectively work together to ensure the delivery of holistic care and avoid duplication or gaps which normally result because of lack of communication.
- 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.

6.3.5. Increased levels of 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: strengthening the support available for people in gaining and retaining employment, 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.

6.3.6. Improved support for 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 and in their own right.

6.3.7. Improved Quality of Services

- 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 health service providers will get better at recognising the mental health needs of people presenting with physical health problems
- 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.

6.3.8. Improved Health and Well-being

- We will enhance people's emotional resilience to cope with stress and managing their life-changing situations...

- We will work with strong communities where negative influences on mental Well-being such as poor housing, debt and unemployment are low and enhance their protective factors such as spending time in green space; social support and participation in learning are high.
- We will work with partners to develop mentally healthy workplaces, learning centres and prisons which fully enable their staff/learners/prisoners to be happy, healthy and productive.
- We will reduce stigma and discrimination towards people with mental health problems so they can work, participate in communities, enjoy family life and seek help like anyone else.

In the NHS Operational Plan 2009-10 to deliver this strategy, there will be the following benefits to people in Oxfordshire:

6.4. Benefits and Outcomes:

- i. More people with severe and enduring mental health problems will be in and retained in employment, as a proportion of people in employment.
- ii. Improve the health outcomes of older people.
- iii. More people will improve their mental health through receiving psychological services.
- iv. Services will be culturally sensitive and BME people's experience of those services will be better.
- v. An increase in the number of people who are admitted to services under specific sections of the revised Mental Health Act who receive Independent Advocacy.
- vi. Inpatients will have their needs met under the Mental Capacity Act 2009.
- vii. All people with severe mental health problems will have annual physical health checks

7. What do we know that will help us deliver this vision?

7.1. Assessment of Need and prevalence of mental illness and mental health problems

7.1.1. Nationally

- Nationally it is known that mental illness costs in the region of £32 billion per annum and that 16% of adults of working age have a mental illness, half of whom are seriously ill.
- One in six of the adult population experiences mental ill health at any one time - causing an estimated 23% burden of overall disease.
- The risk of heart disease is estimated to be 1.5 times higher for people who are generally unhappy.
- Mental health problems are estimated to cost the country £77 billion a year, mainly due to people being unable to work. This compares with Treasury spending on the NHS as a whole of £76 billion in 2005-6.
- 40% of adults coming onto incapacity benefit have mental health problems as their main disability.
- A third of people attending GP surgeries have mental health problems, and mental health problems occupy a third of GP time.
- 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.
- Fewer than four in ten employers say that they would consider employing someone with a history of mental health problems.
- 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.
- There are 5.2 million carers in Britain, and they are twice as likely as non-carers to have a mental health problem.

7.1.2. Locally in Oxfordshire

Work was completed in 2008 to assess the mental health needs of the working age population (18-64 years) in Oxfordshire in order to inform the commissioning priorities of Oxfordshire PCT and Oxfordshire County Council. A further aim was to agree indicators to benchmark progress in the development of local mental health services against the outcomes we want for the population as set out in the Oxfordshire Mental Health Strategy 2007-12.

7.2. Scope of Mental Health Needs Assessment

Residents over the age of 65 and under the age of 17 were excluded from this research, as were clients with a diagnosis of drug & alcohol misuse, and clients from the forensic psychiatry services whose care is commissioned by specialist services and not purchased as part of the general adult mental

health services commissioning budget.

7.3. Population

The population of Oxfordshire in 2007 was 636,700 of which 431,700 people were between the ages of 15-64 years. The working age population is expected to increase by approximately 3% over the next 5 years and approximately 8% over the next 20 years to 467,100 in 2027. Over the next 5 years, the largest increases are expected to be in the 25-29 and 65-69 age groups. However, the crude ONS population projections do not reflect the housing growth in the county over the next ten years, which is expected to increase by approximately 27,000 new homes.

7.4. Number of people in our vulnerable populations

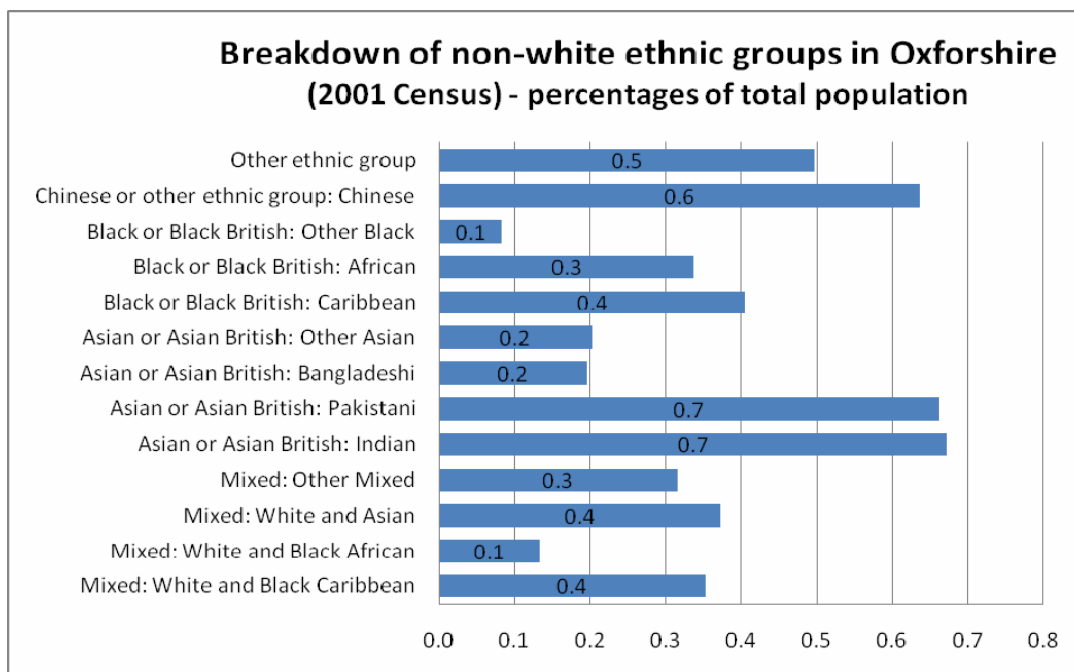
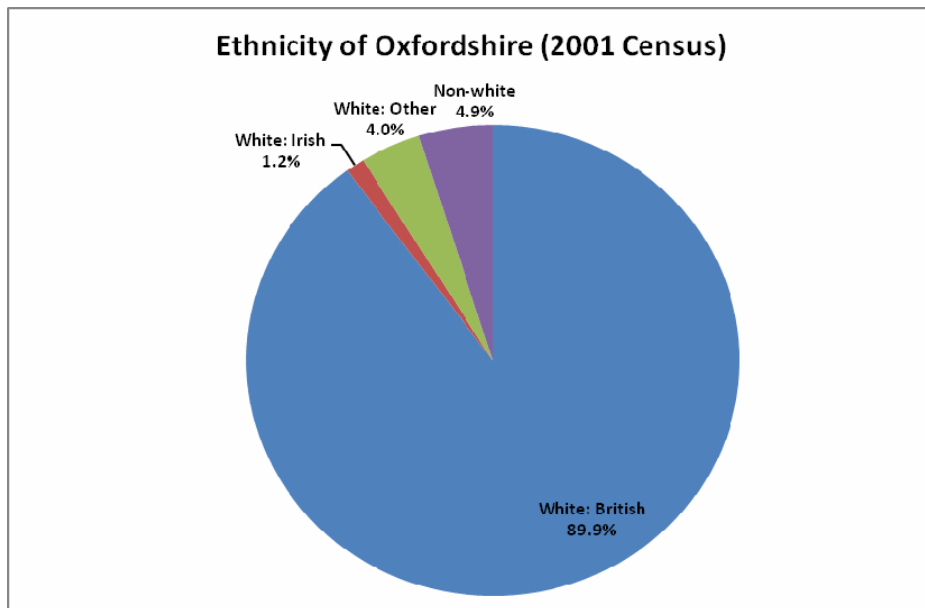
In addition to demographic factors, previous research has shown that the prevalence of mental illness is more likely to occur in certain populations, and within certain communities that are affected by risk factors for mental ill-health. Thus we have sought data on the size of these populations, and the extent of these population-based risk factors to gauge whether there are pockets of higher need for services within certain parts of the county.

7.5. Black minority Ethnic (BME) population

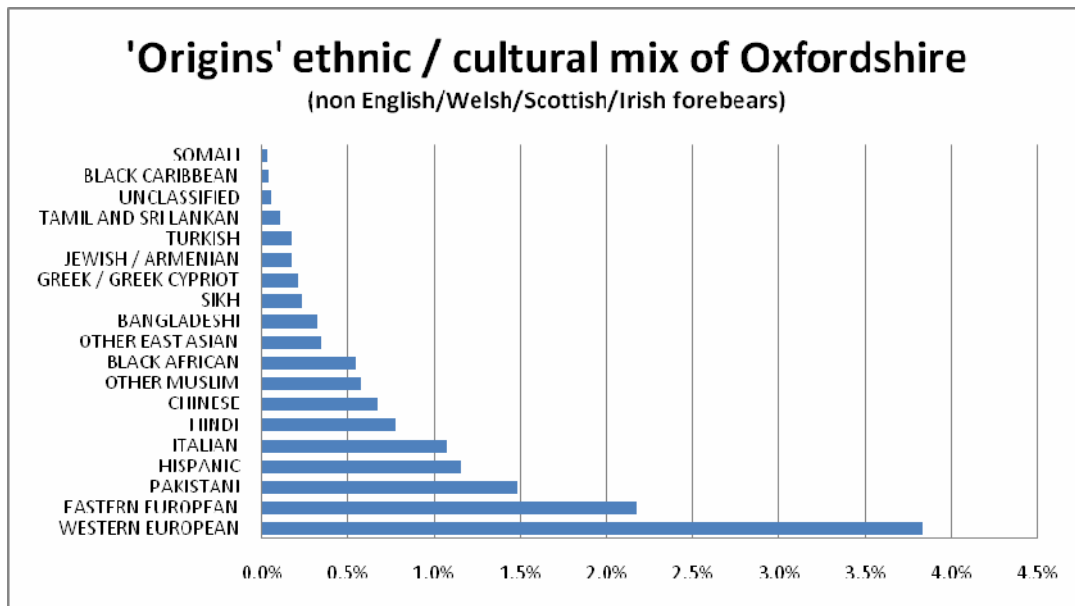
Research has shown that ethnicity can influence the prevalence of mental illness, and the utilization of mental health services. For example population surveys conducted on ethnic minority populations have found that the prevalence of psychosis is more common in Afro-Caribbean men whilst Pakistani men, and older Indian and Pakistani women, are more likely to have common mental disorders such as anxiety and depression than their White counterparts. South Asian populations, especially Bangladeshi are also more likely to utilize mental health services, especially GP services for mental health complaints. Within Oxfordshire the majority of the ethnic population is concentrated within Oxford City and it is envisaged that the greatest need for BME services will be within the city of Oxford, although further information on the size of new groups of immigrants from Eastern Europe, and the prevalence of mental illness within these groups in Oxfordshire was not available for this needs assessment. Estimates from Oxfordshire County Council shows that the percentage increase in the population of certain ethnic groups within Oxfordshire is far greater than the county average, although the absolute numbers are small.

As well as the overall size and age structure of the population, the ethnicity of Oxfordshire people is also a key factor in the provision of health care and delivery of health promotion programmes. Data from the 2001 Census indicates that just under 90% of Oxfordshire's population is 'White British', and 5% are 'Non-White'. The breakdown of these figures is shown below. Proportions of Oxfordshire's non-white population is greatest in the urban areas of Oxford and Banbury.

Ethnicity breakdown: ethnic group breakdown, including sub-categorisation of 'non-white'.



An alternative method to the Census of measuring the ethnic diversity of an area is provided by the **Mosaic Origins** classification, which estimates the cultural and ethnic origins of people based on family names. This provides a more fine-grained and up to date view on the ethnic / cultural mix of Oxfordshire, and suggests the following breakdown of Oxfordshire adults whose ethnic / cultural origins are not English, Scottish, Welsh or Irish (estimated at approx 16%):



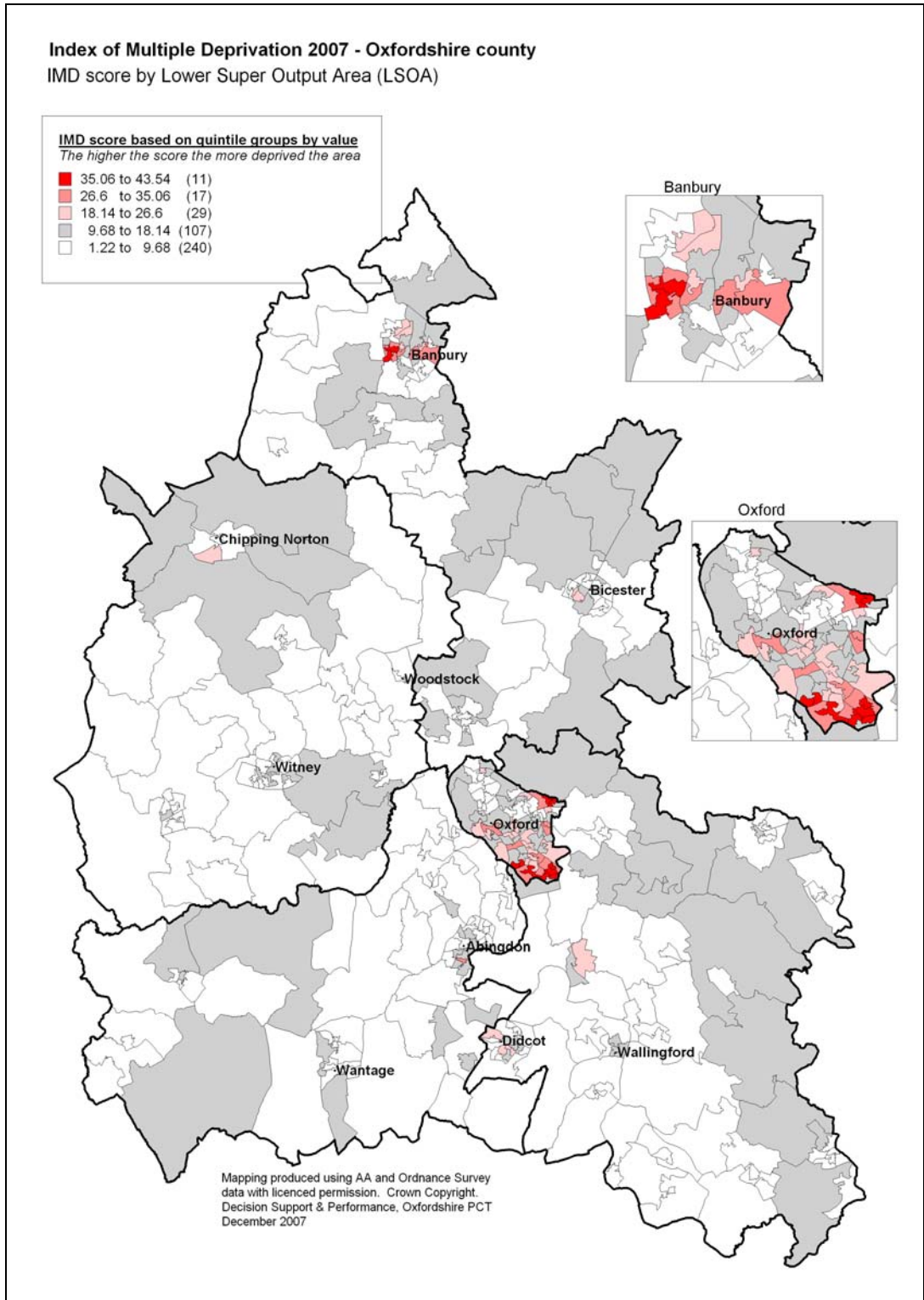
The Origins method of estimating ethnic / cultural backgrounds of adults in Oxfordshire suggests that the ethnic make-up of the county is more rich and diverse than the 2001 Census indicates. This may reflect the more fine-grained classification used in Origins and the use of more up to date data (2007).

7.6. Inequalities and Deprivation in Oxfordshire

Oxfordshire is an affluent county. Half of Oxfordshire is classed as being in the least deprived fifth of households in England, as measured by the Index of Multiple Deprivation (IMD 2007). However, there are significant pockets of long-term deprivation that is amongst the worst nationally; 3% of Oxfordshire is within the most deprived fifth of households in England, affecting 12 'lower super output areas' (each containing approximately 1,500 people) in the following wards:

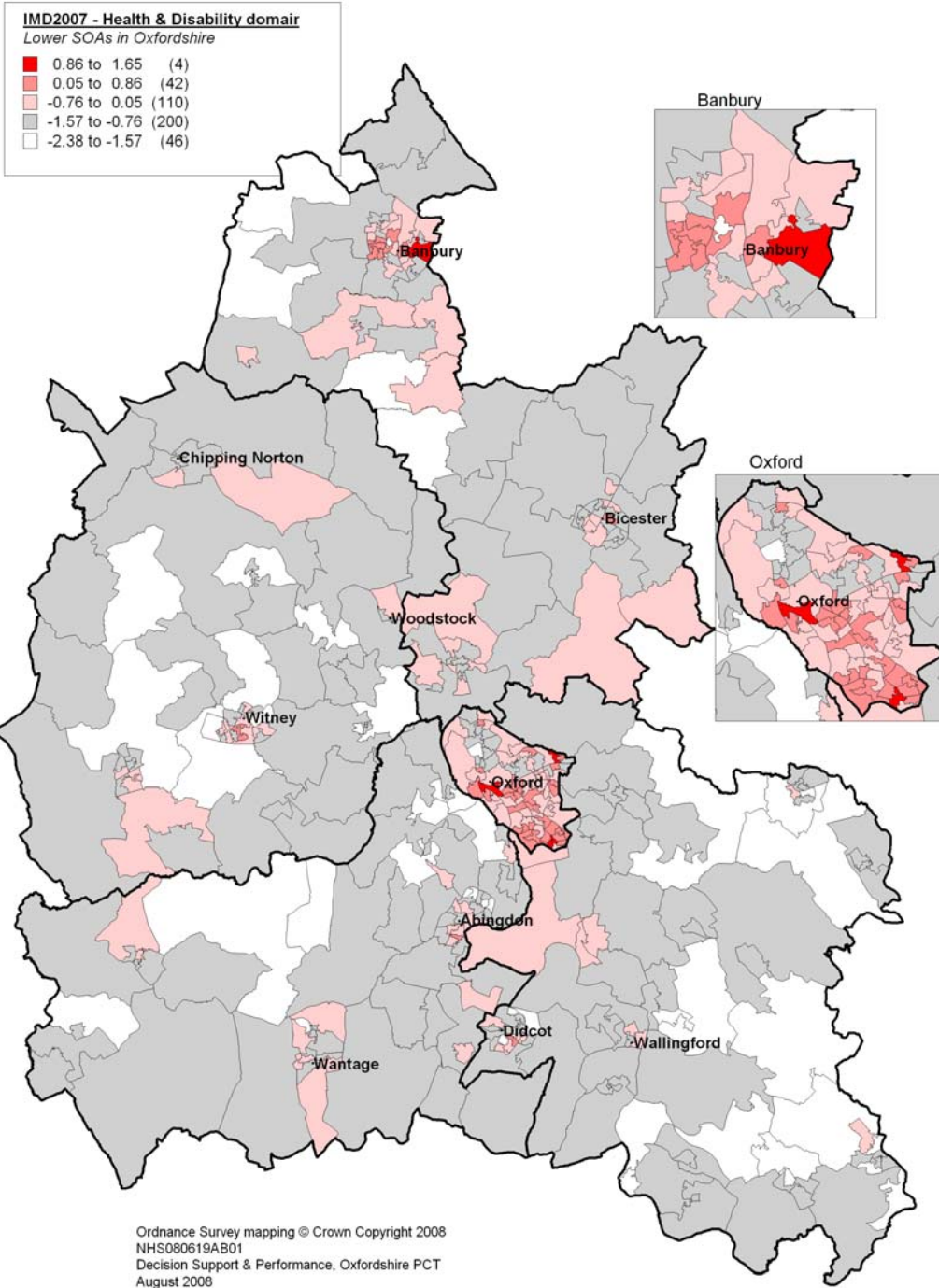
- Northfield Brook
- Barton and Sandhills
- Blackbird Leys
- Rose Hill and Iffley
- Littlemore
- Banbury Ruscote.

The following map shows the geography of inequalities across Oxfordshire at Lower super output area level:



The link between deprivation and health inequalities is illustrated by the following map, which shows the Health and Disability domain of the Index of Multiple Deprivation (which combines measures of Comparative Illness and Disability, Acute ill-health, and Mortality Rates). The areas of greatest health deprivation (those in the top two quintile groups) correspond closely to those of overall deprivation.

**Index of Multiple Deprivation 2007 - Health & Disability domain
Oxfordshire county**



These inequalities are reflected by significantly different life expectancy between the least deprived areas of Oxfordshire with the most deprived, with a gap of almost 3 years between the two.

7.7. Carers

Locally, a recent report by the Oxfordshire Data Observatory found that the proportion of people in rural Oxfordshire providing unpaid care is above the rate in urban areas. 9.8% (23,300) of people in rural areas were providing unpaid care - above the Oxfordshire average (8.8%) according to the 2001 Census survey. Seven areas of rural Oxfordshire are ranked in the top 10% nationally in terms of the percentage of people providing unpaid care, namely;

1. Kidlington North (Cherwell)
2. Farringdon and The Coxwells (Vale of White Horse)
3. Sunningwell and Wootton (Vale of White Horse)
4. Chiltern Woods (South Oxfordshire)
5. Sonning Common (South Oxfordshire)
6. Chinnor (South Oxfordshire)
7. Sonning Common (South Oxfordshire)

It is also indicated that most carers are distributed within the south of the county, however those carers who report the greatest burden of caring responsibility (>50 hours per week), and thus are most vulnerable to psychological distress themselves are located within Cherwell District Council area.

7.8. Summary of the prevalence of mental ill health in Oxfordshire and the expected future use of mental health services

- Up to 20% of the PCT's population can be affected by common neurotic symptoms such as sleep problems, fatigue and anxiety. This is expected to increase by 3% in the next decade, especially amongst those over the age of 50 years
- The prevalence of mental illness is expected also predominantly set to increase over the next decade, especially the number of cases of psychosis over the age of 35, the number of people with obsessive-compulsive disorders and the number of people with personality disorders
- Data from primary care indicates that there are 0.8% of the PCT population with severe and enduring mental illness (SMI) which equates to 5,144 people, of which 4,094 are of working age
- There are up to 30,864 people of working age with a diagnosis of depression/ anxiety in general practice, although this equates to only 38% of the number of cases expected in the community
- Even smaller proportions of people with alcohol abuse or personality disorders are estimated to be seen within local GP practices
- Prescribing information shows that during 2006/07 1,312,211 psychiatric medications were prescribed in general practice and community hospitals at a cost of £15,419,548.22 for all age groups. Over the past 3

years the number of psychiatric medications has increased by almost 11% and the cost of by almost 10%

- There were 1,339 admissions to in-service user psychiatric care in 2006 with the average length of stay of 47.5 days (excluding stays in the rehabilitation ward)
- Given current service use admissions are expected to increase by 2% over the next decade and just over 4% in the next twenty years. However this masks considerable variation in the expected trends in in-service user admissions for service users with different types of mental illness, with a reduction of between 4 - 7% in admissions for Learning Difficulties and approximately 5% increase in admissions for service users with schizophrenia, and mood (affective) disorders over the next twenty years
- Overall client satisfaction with mental health services has remained stable if somewhat increased slightly over the last three years and remains roughly equal to the national average. Healthcare Commission appraisals of local mental health services has reflected this with fair ratings over the past 2 years for the quality of services provided and good ratings for the use of local resources

8. Mental Well-being

8.1. Mental Well-being Needs Assessment (2008)

8.2. Scope

The needs assessment aimed to understand the level of mental Well-being in Oxfordshire and what affects this. It was concerned with primary prevention. It excluded secondary prevention activities (e.g.: services for people with common mental health problems) and tertiary prevention activities (e.g.: social inclusion and physical health promotion for people with severe and enduring mental health problems).

It identified gaps in activity and made recommendations around key action areas, which were a) individuals and communities, b) age groups, c) Settings (work places, schools, prisons), d) Stigma and discrimination

8.3. Key findings

- Individuals: developing emotional resilience: Good mental Well-being involves resilience, problem solving, communication, relaxation, self-efficacy, optimism, hopefulness and confidence. These skills can be developed and practiced throughout life.
- Individuals: vulnerable groups: Poor mental health is consistently associated with social and economic factors such as unemployment, less education, low income or material standard of living. A number of groups

are particularly vulnerable to poor mental Well-being: BME groups; people experiencing domestic abuse; drug and alcohol mis-users; people with limiting long term physical illness; homeless; new mothers; middle aged men; people who are lesbian, gay, bisexual, or transgender; carers; people with learning disabilities; offenders in the community; military personnel.

- Communities: Communities can support or negatively influence mental Well-being. Spending time in green space, education/learning, social participation, social networks and social support protect people's mental Well-being. Living in deprivation, unemployment, poor housing, debt, neighbourhood violence and crime can prevent people from developing or maintaining mental Well-being.
- Older people: Older people, particularly those who are frail, are vulnerable to a number of risk factors for poor mental Well-being: poverty, isolation, social exclusion, bereavement, caring and poor physical health. Older people make up approximately 17% of Oxfordshire's population and this number is expected to rise in forthcoming years.
- Workplaces: Workplace health is high up the national government agenda. Workplaces are important for support, social and information networks. They help people develop a sense of purpose in life, personal identity and life satisfaction. Work can also negatively affect mental Well-being e.g.: through lack of control, over-work, poor working conditions.
- Schools: Achievement at school can improve mental Well-being whereas disaffection, bullying, peer rejection, low literacy and few qualifications can negatively affect it.
- Prisons: Prisons house some of the most vulnerable and troubled people in our society, many of whom experienced poor mental Well-being before being convicted. Being in prison can also affect people's mental Well-being by e.g.: loss of autonomy, bullying and boredom.
- Challenging negative public attitudes: Stigma is social disapproval towards people who are perceived as different to the norm. It can be one of the most debilitating aspects of life for people with mental health problems making it difficult to work, participate in communities, enjoy family life and seek help. Lack of knowledge about mental health, fear, prejudice and discrimination all contribute to stigma.

See Appendix A for the full document

8.4. What have people said they need?

As Commissioners we are committed to ensuring people who use services, carers, members of the public and local organizations providing mental health services or with an interest in mental health, have a say in how mental health services are shaped and provided and work to improve mental Well-being is developed.

a) To this end, as part of developing a model for future mental health services in Oxfordshire, an engagement process was undertaken in the summer of 2008.

This consisted of a range of activities including meetings, questionnaires on-line and on paper, and focus groups and was supported by on-line information, direct contact with a wide range of individuals and a newsletter.

Altogether in the region of 300 individuals and organizations made direct responses to the consultation. A comprehensive report of the findings of the engagement exercise is available (McCulloch & Davies August 2008). Although many local mental health services are valued by people, key emerging themes from responses, highlighted within the report include the need for:

- Crisis care
- Improved waiting times and access to Counselling/psychological therapies/cognitive behavioural therapies
- Equal access to services local to those needing low level support
- Improved timely and appropriate information for service users and carers
- Improved support for Carers
- Improved Professional knowledge and skills for all those working with mental health service users and carers
- Timely and planned Hospital discharge
- Improved hospital care
- Improved support for people seeking employment or voluntary work experience
- Timely interventions

b) A second engagement process took place with the public and key stakeholders in summer 2008 to help develop actions for improving mental Well-being.

More than 700 people across Oxfordshire responded to a questionnaire asking what people think influences mental Well-being. More than 70 stakeholders working in the community across sectors attended a work shop event where they discussed their views on mental Well-being and what work is required to improve it. A comprehensive report of the findings is available (McCulloch & Davies October 2008)

8.4.1. Black and Minority Ethnic Communities, Refugees and other vulnerable communities

Particular emerging issues include:

- Information and education
 - A lack of information was reported, particularly on where to access services.
 - In addition there were references to the lack of education on both mental health issues and what mental health is. There were a number of mentions about the implications of drugs and their effect on mental health – respondents stated that this link was not well understood.
- Language and cultural barriers.
 - In the Chinese community there were concerns about ‘madness’ being something that you keep within the family. This was also identified as fear of stigma. There was also a feeling that the particular needs of the Black community were not understood or taken account of. Language barriers were seen to have a significant effect on the ability to access services and to understand services.

“We black people need more black people to deal with our problems because they know more and are aware of the issues that affect other black people.”

“The issues for black people and mental health is not where to go – access – but what happens to you when you are in mental health services – it’s best if a GP refers you.”

Overall desired outcomes for BME and Refugee communities

- More information and training on rights under the mental health act and benefits rights
- More occupational therapy available in the community
- Improve capacity for involvement for mental health service users by training as champions and to enable them to participate effectively in meetings.

- Ensuring cultural issues are tackled by effective use of trained and qualified staff.
- Care to deal with the language barriers that arise, particularly opportunities to work with/ speak to someone who understands the cultural barriers and can speak the language.
- Culturally sensitive education on mental health.
- Opportunities to speak to someone about issues in confidential settings at flexible times including counseling.
- Opportunities for occupational therapy and activity both in hospital and in the community.
- That attention should be given to the specific and separate needs of refugees.

8.4.2. Issues that have been highlighted since the completion of the engagement process in August 2008.

Some of the following issues have not been raised by those who made comments as part of the above engagement processes, and, some have been raised by people since the completion of the engagement processes. Whilst few of these issues have been quantified, they have been identified and will need commissioning attention during the life of this strategy.

- Transitions. There are a number of young people whose have of support provided to them and find that when they become adults their needs don't neatly fit in to the service criteria or service configurations provided. This issue has been addressed through a strategy on transitions which will aid this process for users of services.
- People who have been diagnosed as within the autistic spectrum conditions/Aspergers syndrome. Nationally and locally, attention has been drawn to this group of people some of whom are already receiving services from OBMH and others who are saying that more services need to be available.
- People with an eating disorder. Attention has recently been drawn to this group as the demand for services has increased over the past year.
- People using forensic services. There has been an increasing demand on these services in Oxfordshire. With the preparatory work that has taken place for the transfer of the budget and responsibility it has become apparent that Oxfordshire has commissioned disproportionately many more beds in the forensic services than other PCTs in SCSHA. In addition, there is considerable pressure on

housing by people who are ready to move out of these services. Whilst this strategy does not cover forensic services, this strategy does include the commissioning of services for people coming out of those services.

9. Since the development of the Oxfordshire Mental Health Strategy what have we done so far?

- Completion of a review and action plan of service user/carer involvement and participation in commissioning and developing care pathways.
- Completed a needs assessment for people with mental health problems who are working age adults
- Completed an extensive engagement process in eliciting people's views on what they see as the priorities in mental health
- Completed the procurement of a new model of service to deliver psychological services in primary care settings
- Completed Mental Well-being improvement strategy including an action plan
- Completed an extensive needs assessment and an engagement process on mental Well-being
- Raised the profile of mental Well-being by making it a key priority for the Health and Well Being Partnership Board
- Commissioned pilot Mental Health First Aid training
- Commissioned a new carer's support service
- Commissioned a service providing 24 hour support for people with complex needs
- Developed a new contract with OBMH (Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust) which is robust, includes service specifications with national standard against which they can be reviewed. This contract will have to be changed in line with the new national contract by October 2009.
- Completed the expansion of the pooled mental health commissioning budget.
- Initiated the process of developing a 3 year commissioning plan for the pool

- Refreshed the Mental Health Strategy Implementation Group whose role it is to ensure that the vision and action plan for the Mental Health Strategy is progressed and reviewed. (it is now chaired by a Non Executive Director (NED) from the PCT Board)
- We have become a Focused Implementation Site (FIS) for delivering Race Equality in Mental Health and are in the process of implementing the Action Plan developed by it.
- Commissioned a new Floating Support service
- Commissioned a pilot project to deliver independent advocacy in line with the amended Mental Health Act 2007.
- Initiated a procurement process for employment support for people using secondary mental health services using the individual programme support model.

9.1. Progress so far of the transforming Adult Social Services Programme

- Project briefs are being developed for Information, Access Strategy, Workforce Development Strategy and Community Building work strands
- Research into early intervention and prevention services has commenced so as to prioritize areas for investment.
- The Oxfordshire Support Brokerage network is developing well. Eight external organizations have been chosen to provide the external support brokerage options – a combination of local voluntary organizations and specialist providers and carers groups. Four internal brokers have also been recruited. Training is being provided in conjunction with the National Brokerage Network. These services are being temporarily funded by the Social Care Reform Grant.
- To support the development of Self Directed Support (SDS) two reference groups have been established – a user and carer reference group and a Provider Reference Group. For staff there is a North Managers Group that meets monthly and monthly staff workshops.
- Oxfordshire is working to develop the Resource Allocation System (RAS). The RAS score will be produced from a revised Overview Assessment.
- The new SDS process has been aligned with the Safeguarding Process with risks and abuse issues identified at the assessments stage and then managed through the support planning and the reviewing process. This approach is fully compliant with the recently

issued Association of Directors of Adult Social Services (ADASS) guidance.

- Oxfordshire is also going to take part in Outcome Focused Review part of the National Development work for Putting People First.
- Work is underway in Reshaping the Supply Market. This includes the procurement process for the external brokers, a provider reference group, the Buy with Confidence scheme with Trading Standards, personalization in residential/nursing homes, a specialist broker for transport, the Personal Assistant market, the Oxfordshire Employer Forum and a quality assurance.
- Work has begun on the development of a financial sustainability model for adult social care, which includes mental health.

10. What are the new Commissioning Priorities for 2009/12?

10.1 We will continue to commission

- Psychological Services in line with the NICE guidelines to address the needs of people with mid to moderate depression and anxiety
- Housing and support services within the developing housing and support strategy to open up the pathway for users of services and enhance movement through them
- The Support for gaining and retaining employment, focusing on those people with more severe mental health problems so as to enable their recovery journey
- Independent advocacy in line with the requirements of the amended Mental Health act
- Support at home to aid people to live independent lives in the community
- Relief for carers to enhance their caring role
- Essential services required in the pathway towards recovery
- Use opportunities to expand the availability of services that can be purchased individually in line with self directed care

We will review:

- Care pathways relating to enhancing move through forensic services, crisis provision, 24 hour accommodation and those in supported housing, the primary/secondary care interface and Older People's Mental Health Services. In addition we will be reviewing the services for people with eating disorders and people with personality disorders.
- All current contracts against our strategic intentions and priorities

Further details of the above can be seen in sections 10.2.2 – 10.8.

All services to be commissioned will be equality impact assessed beginning from planning stages.

10.2. Future Priorities

The following commissioning priorities have been identified as part of the Mental Health Strategy Implementation Plan:

10.2.1. Promoting Health & Well-being for all

National and local policy stresses the importance of broadening the focus of work from specialist mental health services to the mental health needs of the community as a whole. Improving mental Well-being is high on the government agenda and NICE is increasing its bank of guidance on mental Well-being promotion.

In Oxfordshire mental health commissioning has traditionally been focused on people with mental health problems. The majority of funds go to support the minority of people with severe and enduring mental illness.

To create a mentally healthy population and reduce the overall burden of mental ill health we need to change the way we think about mental health. We need to increase the focus on prevention and allocate more funds to prevention activities. Initially the actions that will be taken in year 1 will be funded by budgets from Public Health, outside the commissioning pooled budget. However, over the next three years we will have to reshape our investments to disinvest in some areas and invest in well being initiatives.

The Oxfordshire Mental Well-being Improvement Strategy (2009) sets out a vision and action plan for Oxfordshire's residents to be mentally healthy, realise their abilities, be able to cope with the normal stresses of life, work productively and fruitfully, and be able to make a contribution to their communities.

The needs assessment followed the framework for mental Well-being promotion as recommended in the government guidance document 'Making it Possible: Improving Mental Health and Well-being in England'. The key action areas were a) individuals and communities, b) age groups, c) Settings (work places, schools, prisons), d) Stigma and discrimination. The Mental Well-being key actions are set out below. Whilst some of the areas are not covered by this strategy, for the sake of completeness they have all been included.

Mental Well-being improvement key action areas

CROSS CUTTING PRIORITY FOR ACTION: RAISING THE PROFILE OF MENTAL WELL-BEING

Outcome 1: Cross sector partnerships throughout the county will improve and develop their work following mental Well-being best practice guidance

To achieve this we need to:

- Develop Mental Well-being 'champions' to raise the profile of mental Well-being among key Oxfordshire partnerships. Champions will facilitate the partnerships to ensure mental Well-being is a key element of strategies such as Carers Strategy, Domestic Violence Strategy etc

PRIORITY FOR ACTION: INDIVIDUALS AND COMMUNITIES

Outcome 2: People with the emotional resilience to cope with stress and manage life-changing situations. People who feel content and that they fulfil a meaningful place within society.

To achieve this we need to:

Year one:

- Pilot Mental Health First Aid training for staff working with vulnerable groups e.g.: probation, police, housing support workers, health advocates.
- Develop a programme to raise the general public's knowledge of how to improve their own mental Well-being, to increase their self help behaviour and to challenge stigma associated for asking for help.

Year two:

- Extend the self-help books on prescription service and publicize widely to the public.

Year three:

- Commission training for vulnerable adults on emotional literacy. I.e.: how to precisely identify and communicate feelings. This will help people ask for support and be able to support others.
- Develop interventions to improve the mental Well-being of men, especially older men.
- Improve talking therapies for offenders in the community and prison, in particular continuity of talking therapy for re-offenders.

Outcome 3: Strong communities where negative influences on mental Well-being such as poor housing, debt and unemployment are low and protective

factors such as spending time in green space, social support and participation in learning are high.

To achieve this we need to:

Year one

- Work with District Councils to ensure improving use of green space is in their Sustainable Community Strategies.
- Develop a programme to increase support for people with debt problems.

Year two

- Work with local planners to develop a set of mental Well-being standards for new developments. These standards are to be met before planning permission is granted to new developments in areas of deprivation and regeneration projects.
- Implement a programme to increase support for people with debt problems.

Year three:

- Commission research to understand the barriers (particularly internal psychological barriers) faced by people in deprived areas to using existing green space.

PRIORITY FOR AREA: AGE GROUPS

Outcome 4: Children, young people and older people who feel happy, confident and satisfied with their lives.

To achieve this we need to:

Year one:

- Ensure mental Well-being is a key priority in the Children and Young People's plan 2009/2010.
- Ensure mental Well-being is a key priority in the older people's prevention strategy.

Year two:

- Undertake a needs assessment of support services for children, young people and families experiencing relationship breakdown.

Year three:

- Commission appropriate services for children, young people and families experiencing relationship breakdown

- Work with local parish councils to develop processes for consulting with young people when planning community facilities.

PRIORITY FOR ACTION: SETTINGS (WORK PLACES, SCHOOLS, PRISONS)

Outcome 5: Workplaces, schools and prisons which fully enable their staff/pupils/prisoners to be happy, healthy and productive.

To achieve this we need to:

Year one:

Workplaces

- Develop a Mentally Healthy Workplaces programme focused on Oxfordshire's major employers.
- Develop standards for mental Well-being to be included in contracts between PCT, Oxfordshire County Council, OBMH, Districts and their suppliers. These standards will ensure suppliers looks after the mental Well-being of their own staff.
- Pilot Mental Health First Aid training for key staff in two workplaces: line managers, HR departments, occupational health etc.

Prisons:

- Train one member of staff from HMP Bullingdon and one from Huntercombe YOI as Mental Health First Aid instructors to deliver Mental Health First Aid to prison staff.

Year two:

Workplaces

- Pilot a Mentally Healthy Workplaces programme with Oxfordshire's major employers.

Prisons

- HMP Bullingdon Healthy Prison Strategy to follow best practice guidance in improving mental Well-being.
- Huntercombe YOI to follow best practice guidance in improving mental Well-being and take forward actions identified in the Healthy Schools standard audit on emotional health and Well-being and the needs assessment.

Schools:

- Promote and support schools in implementing Social and Emotional Aspects of Learning, particularly secondary schools.
- Map current provision of counselling services in schools and identify gaps as part of the needs assessment of support services for children, young people and families experiencing relationship breakdown.

Year three:

Schools

- Pilot Mental Health First Aid training for school staff and key young people.
- Pilot a mentally healthy workplaces programme for school staff.

Prisons

- Mental Health First Aid training and suicide prevention training to be a part of induction training for prison officers, with regular refresher training for all staff.
- Improve services to help prisoners prepare for release, and develop and enhance support for prisoners re-adapting to life following release.
- Pilot a mentally healthy workplaces programme for prison staff.

PRIORITY FOR ACTION: STIGMA AND DISCRIMINATION

Outcome 6: Reduced stigma and discrimination towards people with mental health problems so they can work, participate in communities, enjoy family life and seek help like anyone else.

To achieve this we need to:

Year one:

- Develop a proactive carefully targeted multi-agency campaign to change public attitudes and behaviour towards people with mental health problems.
- Continue and expand work to promote positive reporting of people with mental health in the local media.

Year two:

- Implement the multi-agency campaign to change public attitudes and behaviour towards people with mental health problems.
- Commission training for GPs, other health professionals and people volunteering/working in the voluntary sector to deliver best practice in working with people with mental health problems. This is to reduce stigma and discrimination.

Year three:

- Ensure all key statutory organizations' cover mental health and mental Well-being within training on the Disability Discrimination Act.

Please see Appendix A for the detailed action plan and the governance of the delivery plan.

10.2.2. Improved Access

Delivering Race Equality

We need to ensure increased access to culturally competent services delivered in primary care settings. To achieve this we will develop an action plan in line with Delivering Race Equality in Mental Health Care, (Department of Health 2005) which identifies three building blocks for delivering race equality:

- **More appropriate and responsive services** - achieved through action to develop organizations' and the workforce, to improve clinical services and to improve services for specific groups, such as older people, asylum seekers and refugees, and children. This will be done through reviewing of current services, making recommendations and ensuring action plans are in place and by a rolling programme of training in cultural competence.
- **Community engagement** - delivered through linking with community groups and building bridges between them and the currently commissioned services. In addition BME communities will be involved in planning services supported by the community development workers.
- **Better information** - Initially this work will be done through a careful analysis of the results of the annual 'Count Me In Census'. Following that we will use the information to improve information collection and then to benchmark prevalence of people from BME communities in the services noting population changes in the different services. The intended outcome is to reduce the number of black people admitted under sections of the Mental Health act and to see an increased number of black people seen in early intervention services and prevention services.

Services for people with a mental health and substance misuse problems

People who have both these problems (dual diagnosis) have experienced some difficulty in accessing services, a work stream in OBMH has worked on improving services, added to this the PCT is mapping services for this group and will address gaps as part of our future strategy.

Access to Physical Health checks

We will improve access to Physical Health checks as part of our project to improve health outcomes for people with mental health issues. We will do this through benchmarking the number of people in primary care with a mental health problem who currently have annual health checks and increase this annually. Similarly we will identify the percentage of people using OBMH services that receive a physical health check when assessed and ensure that this is increased to 100%.

Mental Health Act 2007

We will increase access to independent advocacy for people who are admitted under certain sections of the amended Mental Health Act 2007. To do this we have commissioned a pilot service to deliver independent advocacy for 2009/10. When reviewing the pilot, the demand and quality will be assessed and a service will be procured for future years to the appropriate levels and within the required quality standards.

Services for people with personality disorder

We will improve diagnosis and treatment for people with borderline personality disorder at an early stage by improving the pathways through Tier 1 (Primary Care) Tier 2 (Community Mental Health Teams) and Tier 3 (Complex Needs Services). We will explore ways of enabling staff at Tier 3 to better train and support colleagues working at Tiers 1 and 2.

We will review provision of Residential Tier 4 services, including pathways from Tier 5.

10.3. Enhancing the recovery process

Recovery focused services aim to encourage people with mental health problems to realize their full potential, with the help of timely, intensive and targeted interventions through partnership across the whole system. This complements the personalization focus within social care perfectly.

To enhance the recovery process we will be reviewing the care pathways for people who are in forensic services for people who are supported by the community mental health teams and the pathway for all from community teams to receiving all their services through primary care. Added to this we will review the care pathway for those who require crisis services. This will include a specific piece of work to review people in supported accommodation to ensure that the service they receive is the appropriate level in line with their needs.

The planned outcome is to ensure there is appropriate availability of services on these pathways so as to enable people to realize their full potential and exercise their independence enabling their recovery.

10.4. Increased levels of Social Inclusion

People with mental health problems often have difficulties with maintaining/securing employment, getting help with housing or benefits etc due to the stigma associated with mental health. Stigma can cause a person with mental health problems to feel very isolated which in turn is likely to have a negative impact on their mental health and Well-being. We have identified a number of commissioning actions to ensure increased levels of social inclusion, these include:

- Development of a Social Inclusion Plan (to include employment, housing and stigma)
- Undertake a review of day time services and therapeutic work projects
- Development of housing and support strategy for people with mental health needs

- Increased availability of self-directed care opportunities

10.5. Improved support of carers

The recently published Carer's strategy (DH 2008) sets out a vision where, by 2018, support for carers will be tailored to meet individuals' needs, enabling them to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen. We will be developing plans for ensuring carers receive the support they need to fulfill their caring role.

10.6. Improved choice and quality of services

We will improve quality through ensuring appropriate national and local standards are set in service specifications. These will be monitored by those who use services, carers and professional staff. We will make use of the commissioning for quality and innovation (CQUIN) requirements of the National Contract and we will receive regular returns of key performance indicators.

We will ensure that people will have a choice of services on their care pathways and the option of purchasing their services through self directed support.

10.7 People with Aspergers' Syndrome/Autistic spectrum conditions. We will ensure that a project is in place to scope the work that has already been undertaken to establish the need and usage of services by people with Aspergers' Syndrome identifying any gaps or overlaps. Once completed recommendations on future commissioning actions will be identified and plans followed to ensure the most appropriate initiatives are in place for this group of people.

10.8 People with Eating Disorders. We will review the service pathways in and out of this services so as to ensure the most efficient and effective outcomes for this group of people.

11. How will we deliver the priorities within available funding?

During the next 3 years we face a number of known and unknown challenges. We know:

- The only expansion of the budget for mental health will come through the funding from the DH for Improving Access to Psychological Services
- That the incoming budget for social care does not meet the costs against that budget
- A new demand on the budget will be through the introduction of the role of Independent advocacy
- The Supporting People funding stream is going in to the Area Based Grant and will be mainstreamed from 2009/2010
- The Supporting People funding stream for mental health is reducing by 15% over the next three years and will inevitably impact on the commissioning pooled budget

- We are required to introduce self directed care for service users from 2009
- A number of contracts are ending in 2010 and commissioning decisions will have to be made about the future of those services

Unknown Challenges:

- The introduction of remunerating the OBMH through Payment By Results is planned for 2010
- The demand for supported housing and accommodation will increase
- The financial environment being in recession during 2009
- The funding for the complex needs will be devolved locally, we are not absolutely sure when and what allocation Oxfordshire will receive
- Expectations of increased investments in provision of services for people whose needs are currently not met are rising all the time. Some of this is through increased media exposure and some through hidden need, all of which will cause budgetary pressures over the next tree years.

The PCT's Operational Plan has identified that approximately 1% of growth funding will be invested in Mental Health over the next four consecutive years:

Oxfordshire PCT Financial Strategy	2009/10		2010/11		2011/12		2012/13	
	£'000	%	£'000	%	£'000	%	£'000	%
Strategic Growth percentage								
<i>Mental Health Services</i>	692	1.2%	584	1.0%	590	1.0%	596	1.0%

This will be in line with expectations defined in the NHS Operating Framework and will be used to fund statutory uplifts such as cost of pay awards. There will be an ongoing requirement for the Mental Health to make efficiencies and to achieve quality targets as described through CQUIN framework.

In order to secure the delivery of this initiative and to achieve the outcomes, £578k as been set aside as additional investment.

The achievement of this initiative will be overseen by the Joint Management Group who will review the achievement of specific actions as outlined in appendix B.

12. How will we make sure that our commissioning plans will deliver?

12.1. Governance and Pool responsibilities

The mental health strategy implementation group, as part of the process of expanding the s75 Commissioning Pooled Budget MHSIG, was reviewed with new terms of reference agreed. The role of MHSIG is to ensure that the strategic direction of mental health is in line with The Oxfordshire Mental Health Strategy Oxfordshire 2007-12. MHSIG agrees the action plan to deliver this strategy and monitors progress.

A Non Executive member of the OPCT Board Chairs MHSIG and provides a direct reporting link to the PCT Board. MHSIG comprises the Head of Adult Services (OCC), Director of Commissioning (OPCT), the Pooled Budget Manager (OPCT) and senior officers from Public Health and Supporting People, the Chief Operating Officer (OBMH) and nominated representatives from voluntary and community sector providers and service users and carers.

Whilst MHSIG acts as the LIT for the Mental Health National Service Framework for Oxfordshire, it is not the accountable body for the mental health Commissioning Pooled Budget. Accountability for this rests with the mental health JMG. MHSIG does not have a formal relationship with JMG, but can make recommendations to it and receives updates of progress from it.

12.1.1. Mental Health Joint Management Group

A partnership agreement under Section 75 National Health Services Act 2006 has been drawn up to underpin the work of the JMG. The schedules to the Agreement include the Aims and Objectives, OPCT and OCC Health Care and Health Care related functions, Scope of the Pooled Fund and eligibility for services, Pooled resources, Governance and the Joint Management Group. This acts as the framework for the pooled budget arrangement.

The diagram in Appendix H illustrates the governance arrangements for the JMG. The OPCT is the host partner for the purposes of the Regulations. As Lead Commissioner, OPCT will be responsible for commissioning health and social care for mental health services for adults of working age across Oxfordshire. OPCT shall enter into care contracts as and when agreed by both OCC and OPCT through the JMG.

The Pool Manager is the Head of Joint Commissioning at OPCT and is responsible for authorizing payments from the Pool and for managing the Pool Budget. The Pool Manager is accountable to the Director of Commissioning at OPCT, Chair of the JMG.

The JMG has executive function and is responsible for budgets and contracts and is accountable to the OCC Cabinet and OPCT Board.

12.2. Contract Monitoring

All contracts will be regularly monitored. The contract with OBMH is monitored on a monthly basis; smaller contracts will be monitored on a quarterly cycle commensurate with the value of the contract and the perceived level of risk basis. A monthly contracts report will be completed on a monthly basis for the JMG.

Key performance indicators are returned on a monthly basis and the specific basket of indicators (see Appendix G) for the pooled budget will be collected from April 2009. The local delivery targets identified in the 2009/10 Operational Plan of the OPCT Strategy will measure the progress of Better Mental Health.

12.3. Business Plan for the Commissioning Pool

The pool manager is required to complete an annual report for the JMG and the MHSIG which will act as an annual review of the commissioning strategy.

12.4. Measuring the monitoring progress of the Better Mental Health initiative

In addition to tracking progress on the strategic outcome measures to which this initiative contributes, we will measure progress by monitoring delivery of agreed trajectories for the following vital signs and existing national commitments. The trajectories are set out in Appendix F along with detail about local delivery targets that have been created to monitor those aspects of the initiative that cannot be tracked appropriately using an existing national indicator.

Better Mental Health

- **National Priorities for Local Delivery (Tier 2)**
 - VSB04 Suicide & Injury of Undetermined Intent Mortality Rate
 - VSB12 Effectiveness of Children and Adolescent Mental Health Service (CAMHS)
 - VSB14 Number of drug users recorded as being in effective treatment
- **Local Priorities (Tier 3)**
 - VSC02 Proportion of people with depression and/or anxiety disorders who are offered psychological therapies
- **Existing Commitments**
 - Commissioning of early intervention in psychosis services
 - Commissioning of crisis resolution/home treatment services

See Appendix G for the key performance indicators for the mental health pooled budget for adults of working age.

13. Summary and Next steps

This mental health commissioning strategy has given the context of where we are as of April 2009 and what is influencing us, where we want to be and how we will get there. Whilst we have illustrated the journey of how we have reached this point, this document is merely a step on the way towards ensuring that we have the appropriate initiatives and services in place for the people of Oxfordshire so as to improve mental health and well being in the county.

We will refresh this strategy on an annual basis involving our population in that process. Whilst the process will change as will the initiatives we are commissioning but our commitment to quality and improvement in the commissioning of Better Mental Health in Oxfordshire will not change.

Appendix A

Improving Mental Well-Being in Oxfordshire (2009-2012)

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Appendix

1. Purpose of this strategy

The purpose of this strategy document is to provide a clear direction and focus for the improvement of mental well-being in Oxfordshire from April 2009 to March 2012.

The strategy aims to promote mental well-being and prevent mild to moderate mental ill health among adults, children and young people. It focuses on the population at large and groups vulnerable to poor mental well-being. It promotes well-being by reducing the impact of risk factors whilst actively promoting positive protective factors.

2. What is mental well-being?

When 'mental health' is discussed it is often used as a proxy term for mental ill-health. Mental well-being is actually a positive concept of mental 'health'. It is "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." (World Health Organisation) ¹

Mental well-being refers to a range of emotional and cognitive attributes associated with a self-reported sense of well-being and/or resilience in the face of adversity.¹ It is concerned with the experience of pleasant emotions or satisfaction with life, and also functioning and growth, at both a personal and a social level.²

A review of scales for measuring positive mental health identified eight aspects of positive mental well-being:²

Emotional well-being	More than the absence of psychological morbidity (e.g. anxiety and depression); a positive concept that includes happiness, vitality
Life satisfaction	Overall assessment of one's life, or a comparison reflecting some perceived discrepancy between one's aspirations and achievement; includes optimistic outlook, perception of life as pleasurable
Optimism and hope	Positive expectations of the future; a tendency to anticipate and plan for relatively favourable outcomes
Self-esteem	A belief or evaluation that one is a person of value, accepting personal strengths and weaknesses; a sense of worth. Related to emotional safety/security, i.e. how one feels about self, confidence in and how good one feels in personal relationships (e.g. family, wider community).
Resilience and coping	Resistance to mental illness in the face of adversity; hardiness; earned resourcefulness; a sense of coherence, i.e. confidence that internal and external events are predictable and that things will work out as can reasonably be expected; a cognitive evaluation of perceived resources to deal with perceived demands; personal control
Spirituality	Sense of purpose/meaning in life; a sense that there is something beyond the material world; attempts to harmonise life with a deeper motivation.
Social functioning	a) Personal relationships (interpersonal trust, respect and empathy). Assessment of the quality of personal relationships, social networks and social cohesion; functioning as member of a community; role-related coping, social participation, family health, social functioning, sense of belonging; valuing oneself and others; perceiving fair treatment by others.

	b) Social support/social networks. Interactive process in which emotional, instrumental or financial aid is received from one's social network; individual's belief that he/she is cared for, esteemed; mutual obligations; set of people with whom one maintains contacts and has some form of social bond; social reciprocity
Emotional intelligence	The potential to feel, use, communicate, recognise, remember, learn from, manage and understand emotions (self and others).

Research suggests three main influences on well-being¹

- Genetics: accounts for 50% of the variation in people's well-being although there are interactions between genetics, upbringing and environment.
- Life circumstances: including income, material possessions, marital status and neighbourhood environment. Because people adapt quickly to circumstances it is estimated this accounts for 10% of the variation in well-being.
- Intentional activities: Pursuits we actively engage in account for 40% of variation in happiness. For example working towards our goals, socialising, exercising, and engaging in meaningful activities and work. This is the area where well-being can be influenced most.

3. Why do we need to improve mental well-being? ¹

Poor mental well-being can lead to mental health problems such as depression, anxiety and loss of sleep. If we improve mental well-being we can prevent ill health, reducing suffering, lowering the burden of disease, reducing the impact on health services and saving money.

- Mental health problems are common and have a significant impact:
 - One in six of the adult population experiences mental ill health at any one time - causing an estimated 23% burden of overall disease.
- Poor mental health increases the risk of poor physical health and premature death:
 - The risks of heart disease is estimated to be 1.5 times higher for people who are generally unhappy.
- Impact on health services:
 - Nearly one third of those going to GP's have mental health problems and mental health problems occupy one third of GP time.
- Personal, social and economic cost:
 - Mental health problems are estimated to cost the country £77 billion a year, mainly due to people being unable to work. This compares with Treasury spending on the NHS as a whole of £76 billion in 2005-6.
- Poverty and inequality occur as a result of mental illness, and poverty and inequality cause or exacerbate psychological problems. Promotion of mental wellbeing will increase self-esteem, community cohesion, and economic prosperity.

4. Our vision for mental well-being in Oxfordshire

Our vision is for Oxfordshire's residents to be mentally healthy, realise their abilities, be able to cope with the normal stresses of life, work productively and fruitfully, and be able to make a contribution to their communities.

Our vision in more detail is for:

- People with the emotional resilience cope with stress and manage life-changing situations. People who feel content and that they fulfil a meaningful place within society.
- Strong communities where negative influences on mental well-being such as poor housing, debt and unemployment are low and protective factors such as spending time in green space, social support and participation in learning are high.
- Children, young people and older people who feel happy, confident and satisfied with their lives.
- Workplaces, schools and prisons which fully enable their staff/pupils/prisoners to be happy, healthy and productive.
- Reduced stigma and discrimination towards people with mental health problems so they can work, participate in communities, enjoy family life and seek help like anyone else.

5. How can we achieve this vision?

Rethinking the way we commission

National and local policy stress the importance of broadening the focus of work from specialist mental health services to the mental health needs of the community as a whole. Improving mental well-being is high on the government agenda and the National Institute of Clinical Excellence is increasing its bank of guidance on mental well-being promotion.

Historically Oxfordshire mental health commissioning has focused on people with mental health problems, with the majority of funding directed towards the minority of people with the highest level of need.

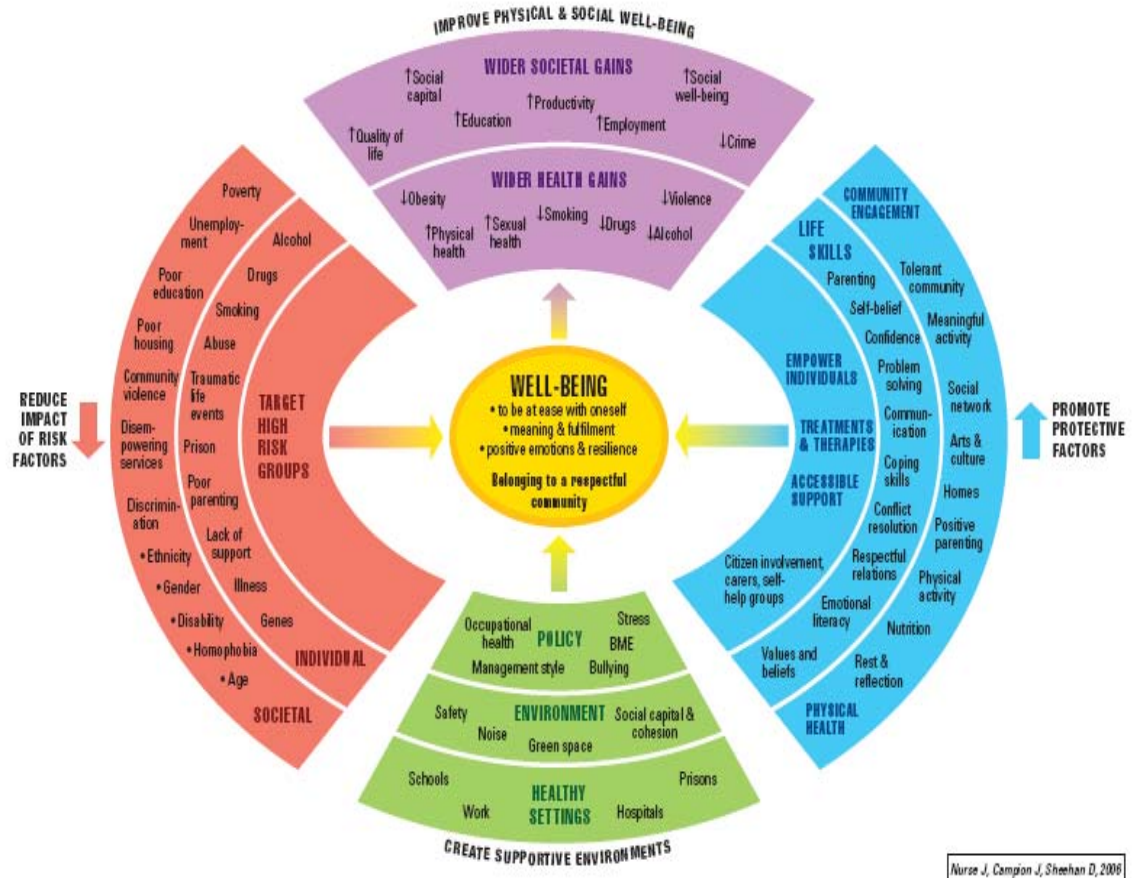
To create a mentally healthy population and reduce the overall burden of mental ill health we need to change the way we think about mental health. We need to increase the focus on prevention and invest in prevention activities which promote good mental well-being and prevent mental ill health.

Working in partnership

The Dynamic Model of Well-Being¹ below identifies the wide range of risk and protective which influence mental well-being. Many of these factors are the focus of high level cross-sector partnerships in Oxfordshire.

If we are to achieve our vision the public sector in Oxfordshire must come together, recognise the influences on mental well-being, recognise how each partnership can make a difference and take action.

A Dynamic Model for Well-Being



6. National Policy Context

The National Service Framework for Mental Health, 1999³

Standard one focuses on mental health promotion. It states that health and social services should promote mental health for all, working with individuals and communities. It highlights the importance of health improvement programmes demonstrating action within and linkages between organisations to promote good health. These should take place in schools, workplaces and neighbourhoods, targeting individuals at risk and vulnerable groups.

The National Service Framework for Mental health – Five years On, 2004⁴

This calls for a broadening of focus from specialist mental health services to the mental health needs of the community as a whole.

New Horizons (due to be published February 2009)

This document will replace the existing NSF for Mental Health which is due to expire in 2009. It will address the mental wellbeing of communities as a whole and extending the progress made to date across all age groups and to more marginal groups, such as offenders.

A New Vision for Mental Health, 2008⁵

This discussion paper presents a vision of change for mental health policy. It presents underlying aims for future health policy which include:

- Mental health no longer being seen as exclusively a health and social service issue as it's impacts and determinants are far wider than this.
- Greater importance being placed on public mental health and recognising mental health as a whole-population issue.

Choosing Health: making healthy choices easier, 2004⁶

This emphasises the importance of mental well-being to good physical health and making healthy choices. It states how stress is the commonest cause of sickness absence, and mental ill-health can lead to suicide.

Every Child Matters: Change for Children, 2003⁷

This is the main policy document addressing children's well-being. It has five key action areas: be healthy, stay safe, enjoy and achieve, make a positive contribution, achieve economic well-being. Mental well-being is fundamental to a number of themes within the document, and is a specific subsection of the 'be healthy' area.

Guidance on mental well-being promotion

Two key documents give advice and guidance on taking action to improve mental well-being.

- Making it possible: improving mental health and well-being in England, CSIP 2005⁸
- Mental Health and Well-Being in the South East. Department of Health, CSIP, and SEPHO. 2006¹

7. Oxfordshire Strategy Context

NHS Oxfordshire Draft Strategic Plan 2008 – 2013⁹

This describes the values, aims and objectives of the PCT. Central to this plan is:

- Breaking the cycle of deprivation: tackling the long standing and cyclical health inequalities within families in more deprived communities.
- Choosing healthy lifestyles: undertaking targeted prevention work with those living in areas of deprivation, the elderly, those at risk of mental ill health and those at risk of developing long term conditions.

Mental well-being is closely linked to deprivation. Poor mental well-being is consistently associated with social and economic factors such as unemployment, low educational attainment, low income and low material standard of living. Factors such as these can lead to poor mental well-being and poor mental well-being can compound the difficulties associated with deprivation. People living in deprivation are therefore a key target for the Mental Well-Being Improvement Strategy.

People with good mental well-being, with self-esteem who feel positive about themselves and their future, are more likely to choose healthy lifestyles.

Public Health Strategy for Oxfordshire 2007-2012¹⁰

The strategy addresses an ageing population, breaking the cycle of deprivation, preventing obesity and fighting infectious disease. It aims:

- To improve life expectancy in all parts of Oxfordshire by one year by 2012.
- To tackle health inequalities and so reduce the gap in all-age, all-cause mortality rates by 10% by 2012 between the top 20% and bottom 20%.
- To 'add life years' by improving health and well-being as measured by a range of specific indicators.

Director of Public Health for Oxfordshire, Annual Report II¹¹

This identifies mental health and mental well-being as priority areas for action. The report identified three gaps: a lack of planning to promote mental wellbeing; the need to raise the profile and priority given to mental health across all organisations; and a gap in current service provision particularly in Primary care.

Oxfordshire Local Area Agreement 2008-2011¹²

The Local Area Agreement is directly related to the priorities identified in Oxfordshire's Sustainable Community Strategy. It contains 34 priority outcomes grouped around four areas. These areas are children and young people; economic development and the environment; healthier communities and older people; safer and stronger communities. Each outcome has indicators for measuring performance.

The health outcomes are:

- Reduce health inequalities in Oxfordshire.
- Promoting a Healthy and Active Lifestyle.
- Enhance the independence and quality of life for older & vulnerable people to sustain independent living.
- Integrated approach to preventive services and intermediate care across agencies.

Oxfordshire Children and Young People's Plan 2006-2009¹³

This sets out a single plan for all services for children and young people in Oxfordshire. It covers the age range 0-19 years and up to 25 years for some groups of young people. It aims for Oxfordshire to be a place where every child and young person receives the help they need to:

- Be healthy: enjoy good physical and mental health.
- Stay safe: Be protected from harm and neglect, grow up able to look after themselves.
- Enjoy and achieve: Achieve educational success and enjoyment, have good opportunities for play and leisure, and develop self-confidence and life skills for a creative and positive adulthood.
- Positive contribution: Make a positive contribution to the community and society.
- Economic well-being: Live free from poverty, achieve their potential and make the most of their lives.

8. Mental well-being in Oxfordshire today

To understand the level of mental well-being in Oxfordshire and what affects this, a Mental Well-Being Needs Assessment took place in 2008/9¹⁴. Its objectives were:

- To gain a deeper understanding of what we mean by mental well-being.
- To understand what influences the public's mental well-being/common mental health problems and the level of these influences in Oxfordshire.
- To identify groups at high risk of poor mental well-being/common mental health problems and understand why they are at high risk.
- To scope current activity by Oxfordshire's statutory and voluntary/community sectors to promote mental well-being and prevent common mental health problems among the general population and high risk groups.
- To map this activity against best practice as identified via an assessment of the literature.
- To inform the mental well-being promotion strategy and action plan.

The needs assessment was concerned with primary prevention. It excluded secondary prevention activities (e.g.: services for people with common mental health problems) and tertiary prevention activities (e.g.: social inclusion and physical health promotion for people with severe and enduring mental health problems).

Four types of data were collected:

Data type	What this is	How it was collected
Epidemiological	Level of risk factors for poor mental well-being and common mental health problems	Review of literature/government policy
Comparative	How does the level of these risk factors compare to national figures and figures for the South East	Review of literature/government policy
Public experience and opinion	What people tell us are the issues	Questionnaire completed by 700+ members of the public
Professional experience and opinion	What professionals working in the community across sectors tell us are the issues and what is required	Stakeholder workshop

This data was assessed against information on current activity in Oxfordshire to improve mental well-being. The aim was to identify gaps in activity and make recommendations. Potential actions were included as recommendations if they passed one or more of the following criteria:

- a) Recommended by best practice guidance
- b) Highlighted by stakeholders
- c) Highlighted in the questionnaire
- d) Little or no activity currently takes place

Appendix 1 shows the results of this analysis.

The needs assessment followed the framework for mental well-being promotion as recommended in the government guidance document 'Making it Possible: Improving Mental Health and Well-Being in England'⁸. The key action areas were a) individuals and communities, b) age groups, c) Settings (work places, schools, prisons), d) Stigma and discrimination

9. Mental well-being improvement key action areas

CROSS CUTTING PRIORITY FOR ACTION: RAISING THE PROFILE OF MENTAL WELL-BEING

Outcome 1: Cross sector partnerships throughout the county will improve and develop their work following mental well-being best practice guidance

To achieve this we need to:

- Develop Mental Well-Being ‘champions’ to raise the profile of mental well-being among key Oxfordshire partnerships. Champions will facilitate the partnerships to ensure mental well-being is a key element of strategies such as Carers Strategy, Domestic Violence Strategy etc

PRIORITY FOR ACTION: INDIVIDUALS AND COMMUNITIES

Outcome 2: People with the emotional resilience to cope with stress and manage life-changing situations. People who feel content and that they fulfil a meaningful place within society.

To achieve this we need to:

Year one:

- Pilot Mental Health First Aid training for staff working with vulnerable groups e.g.: probation, police, housing support workers, health advocates.
- Develop a programme to raise the general public’s knowledge of how to improve their own mental well-being, to increase their self help behaviour and to challenge stigma associated for asking for help.

Year two:

- Extend the self-help books on prescription service and publicise widely to the public.

Year three:

- Commission training for vulnerable adults on emotional literacy. Ie: how to precisely identify and communicate feelings. This will help people ask for support and be able to support others.
- Develop interventions to improve the mental well-being of men, especially older men.
- Improve talking therapies for offenders in the community and prison, in particular continuity of talking therapy for re-offenders.

Outcome 3: Strong communities where negative influences on mental well-being such as poor housing, debt and unemployment are low and protective factors such as spending time in green space, social support and participation in learning are high.

To achieve this we need to:

Year one

- Work with District Councils to ensure improving use of green space is in their Sustainable Community Strategies.
- Develop a programme to increase support for people with debt problems.

Year two

- Work with local planners to develop a set of mental well-being standards for new developments. These standards are to be met before planning permission is granted to new developments in areas of deprivation and regeneration projects.
- Implement a programme to increase support for people with debt problems.

Year three:

- Commission research to understand the barriers (particularly internal psychological barriers) faced by people in deprived areas to using existing green space.

PRIORITY FOR AREA: AGE GROUPS

Outcome 4: Children, young people and older people who feel happy, confident and satisfied with their lives.

To achieve this we need to:

Year one:

- Ensure mental well-being is a key priority in the Children and Young People's plan 2009/2010.
- Ensure mental well-being is a key priority in the older people's prevention strategy.

Year two:

- Undertake a needs assessment of support services for children, young people and families experiencing relationship breakdown.

Year three:

- Commission appropriate services for children, young people and families experiencing relationship breakdown
- Work with local parish councils to develop processes for consulting with young people when planning community facilities.

PRIORITY FOR ACTION: SETTINGS (WORK PLACES, SCHOOLS, PRISONS)

Outcome 5: Workplaces, schools and prisons which fully enable their staff/pupils/prisoners to be happy, healthy and productive.

To achieve this we need to:

Year one:

Workplaces

- Develop a Mentally Healthy Workplaces programme focused on Oxfordshire's major employers.
- Develop standards for mental well-being to be included in contracts between PCT, Oxfordshire County Council, OBMH, Districts and their suppliers. These standards will ensure suppliers look after the mental well-being of their own staff.
- Pilot Mental Health First Aid training for key staff in two workplaces: line managers, HR departments, occupational health etc.

Prisons:

- Train one member of staff from HMP Bullingdon and one from Huntercome YOI as Mental Health First Aid instructors to deliver MHFA to prison staff.

Year two:

Workplaces

- Pilot a Mentally Healthy Workplaces programme with Oxfordshire's major employers.

Prisons

- HMP Bullingdon Healthy Prison Strategy to follow best practice guidance in improving mental well-being.
- Huntercombe YOI to follow best practice guidance in improving mental well-being and take forward actions identified in the Healthy Schools standard audit on emotional health and well-being and the needs assessment.

Schools:

- Promote and support schools in implementing Social and Emotional Aspects of Learning, particularly secondary schools.
- Map current provision of counselling services in schools and identify gaps as part of the needs assessment of support services for children, young people and families experiencing relationship breakdown.

Year three:

Schools

- Pilot Mental Health First Aid training for school staff and key young people.
- Pilot a mentally healthy workplaces programme for school staff.

Prisons

- Mental Health First Aid training and suicide prevention training to be a part of induction training for prison officers, with regular refresher training for all staff.
- Improve services to help prisoners prepare for release, and develop and enhance support for prisoners re-adapting to life following release.
- Pilot a mentally healthy workplaces programme for prison staff.

PRIORITY FOR ACTION: STIGMA AND DISCRIMINATION

Outcome 6: Reduced stigma and discrimination towards people with mental health problems so they can work, participate in communities, enjoy family life and seek help like anyone else.

To achieve this we need to:

Year one:

- Develop a proactive carefully targeted multi-agency campaign to change public attitudes and behaviour towards people with mental health problems.
- Continue and expand work to promote positive reporting of people with mental health in the local media.

Year two:

- Implement the multi-agency campaign to change public attitudes and behaviour towards people with mental health problems.
- Commission training for GPs, other health professionals and people volunteering/working in the voluntary sector to deliver best practice in working with people with mental health problems. This is to reduce stigma and discrimination.

Year three:

- Ensure all key statutory organisations cover mental health and mental well-being within training on the Disability Discrimination Act.

10. Governance, monitoring and evaluation

Oxfordshire PCT's Public Health department will be responsible for overall co-ordination and project management of the strategy and will report to a core group of stakeholders.

Monitoring of progress and evaluation of the strategy will take place on a project by project basis. Each project will specify detailed output and outcome measures to be achieved. Each project will be overseen by a dedicated Task and Finish Group.

Reporting on progress towards the strategy will be to:

- Health and Well-Being Board and the Mental Health Strategy Implementation Group.
- The Children and Young People's Board for work relating to children and young people.

Yearly implementation reports will be produced and project evaluation reports will be available throughout the time period.

11. Delivery plan: Year 1(2009/2010)

	Deliverable by end of year 1	Lead agency	Outcome	Resources
1.	Develop Mental Well-Being 'champions' to raise the profile of mental well-being among key Oxfordshire partnerships. Champions will facilitate the partnerships to ensure mental well-being is a key element of strategies such as Carers Strategy, Domestic Violence Strategy etc	PCT (Public Health)	1	Predominantly within current resources but some resources to be identified.
2.	Pilot Mental Health First Aid training for staff working with vulnerable groups in one geographical area, in two public sector workplaces, and train two MHFA instructors in prisons.	PCT (Public Health /Commissioning)	2,5	Finances for budget sourced.
3.	Develop a programme to raise the general public's knowledge of how to improve their own mental well-being, to increase their self help behaviour and to challenge stigma associated for asking for help.	PCT (Public Health)	2	LAA bid submitted. Dependent on resources being identified.
4.	Improving use of green space to be in the District Council's Sustainable Community Strategies.	PCT (Public Health)	3	Within current resource.
5.	Develop a programme to increase support for people with debt problems.	OCC - tbc	3	Resources to be identified.
6.	Mental well-being to be a key priority in the Children and Young People's Plan 2009/2010.	PCT (Public Health)	4	Within current resource.
7.	Mental well-being to be a key priority in the Older People's Prevention Strategy.	PCT (Public Health)	4	Within current resource.
8.	Develop a Mentally Healthy Workplaces programme focused on Oxfordshire's major employers.	PCT (Public Health)	5	LAA bid submitted. Dependent on resources being identified.
9.	Develop standards in mental well-being to be included in contracts between PCT, Oxfordshire County Council, OBMH, District Councils and their suppliers. These standards will ensure suppliers looks after the mental well-being of their own staff.	OCC - tbc	5	Within current resource.
10.	Develop a proactive, carefully targeted multi-agency campaign to change public attitudes and behaviour towards people with mental health problems.	PCT (Communications) - tbc	6	Resources to be identified.
11.	Continue and expand work to promote positive reporting of people with	OBMH	6	Within current resource.

	mental health in the local media.	(Communications) - tbc		
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12. Delivery plan: Year 2 (2010/2011)

	Deliverable by end of year 2	Lead agency	Outcome	Resources
12.	Extend the self-help books on prescription service. Publicise widely to public.	PCT (Commissioning)- tbc	2	Resources to be identified.
13.	Work with local planners to develop a set of mental well-being standards for new developments. These standards are to be met before planning permission is granted to new developments in areas of deprivation and regeneration projects.	OCC - tbc	3	Within current resource
14.	Implement a programme to increase support for people with debt problems.	OCC - tbc	3	Resources to be identified.
15.	Undertake a needs assessment of support services for children, young people and families experiencing relationship breakdown. Include mapping of current provision of counselling services in schools and identify gaps	PCT (Public Health)	4	Within current resource
16.	Pilot a Mentally Healthy Workplaces Programme with Oxfordshire's major public sector employers.	PCT (Public Health)	5	Resources to be identified.
17.	HMP Bullingdon Healthy Prison Strategy to follow best practice guidance in improving mental well-being.	PCT (Public Health)	5	Within current resource
18.	Huntercombe YOI to follow best practice guidance in improving mental well-being and take forward actions identified in the Healthy Schools Standard Audit on Emotional Health and Well-being and the needs assessment	PCT (Public Health)	5	Within current resource
19.	Promote and support schools in implementing Social and Emotional Aspects of Learning, particularly secondary schools.	OCC (HOST) - tbc	5	Within current resource
20.	Implement the multi-agency campaign to change public attitudes and behaviour towards people with mental health problems.	PCT (Public Health)	6	Resources to be identified.
21.	Commission training for GPs, other health professionals and people volunteering/working in the voluntary sector to deliver best practice in	PCT (Commissioning)	6	Resources to be identified.

working with people with mental health problems. This is to reduce stigma and discrimination.			
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13. Delivery plan: Year 3 (2011/2012)

	Deliverable by end of year 3	Lead agency	Outcome	Resources
22.	Commission training for vulnerable adults on emotional literacy. Ie: how to precisely identify and communicate feelings. This will help people ask for support and be able to support others.	OCC - tbc	2	Resources to be identified.
23.	Develop interventions to improve the mental well-being of men, especially older men.	PCT (Public Health)	2	Resources to be identified.
24.	Improve talking therapies for offenders in the community and prison, in particular continuity of talking therapy for re-offenders.	PCT (Public Health)	2	Within current resource
25.	Commission research to understand the barriers (particularly internal psychological barriers) faced by people in deprived areas to using existing green space.	PCT (Public Health)	3	Resources to be identified.
26.	Local parish councils to develop processes for consulting with young people when planning community facilities.	OCC - tbc	4	Within current resource
27.	Commission appropriate services for children, young people and families experiencing relationship breakdown. Extend counselling services in schools where appropriate.	PCT (Commissioning) - tbc	4	
28.	Pilot Mental Health First Aid training for school staff and key young people.	OCC (HOST) – tbc	5	Resources to be identified.
29.	Pilot a Mentally Healthy Workplaces Programme for school staff.	OCC (HOST) - tbc	5	Resources to be identified.

30.	Mental Health First Aid training and suicide prevention training to be a part of induction training for prison officers, with regular refresher training for all staff.	PCT (Public Health)	5	Within current resource
31.	Improve services to help prisoners prepare for release, and develop and enhance support for prisoners re-adapting to life following release.	PCT (Public Health)	5	Within current resource
32.	Pilot a Mentally Healthy Workplaces Programme for prison staff.	PCT (Public Health)	5	Resources to be identified.
33.	All key statutory organisations to ensure mental health and mental well-being is covered within training on the Disability Discrimination Act.	PCT (Public Health)	6	Within current resource

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Appendix 1

	Best practice	Stakeholders	Survey	No/low current activity
Outcome 1				
Develop Mental Well-Being 'champions' to raise the profile of mental well-being among key Oxfordshire partnerships. Champions will facilitate the partnerships to ensure mental well-being is a key element of strategies such as Carers Strategy, Domestic Violence Strategy etc	x			
Outcome 2				
Pilot Mental Health First Aid training for staff working with vulnerable groups.	x	x		x
Develop a programme to raise the general public's knowledge of how to improve their own mental well-being, to increase their self help behaviour and to challenge stigma associated for asking for help.	x	x		x
Extend the self-help books on prescription service. Publicise the books widely to the public.		x		
Commission training for vulnerable adults on emotional literacy.	x	x		x
Develop interventions to improve the mental well-being of men, especially older men.		x		x
Improve talking therapies for offenders in the community and prison, in particular continuity of talking therapy for re-offender.		x		
Outcome 3				
Improving use of green space to be in District Council Sustainable Community Strategies	x		x	x
Work with local planners to develop a set of mental well-being standards for new developments. These standards are to be met before planning permission is granted to new developments in areas of deprivation and regeneration projects	x	x		x
District Councils and County Council to develop a programme to increase support for people with debt problems		x	x	x
Commission research to understand the barriers (particularly internal psychological barriers) faced by people in deprived areas to using existing green space. Develop appropriate interventions.	x	x	x	x

	Best practice	Stakeholders	Survey	No/low current activity
Outcome 4				
Mental well-being to be a key priority in the Children and Young People's Plan 2010.	x	x		
Mental well-being to be a key priority in the older people's prevention strategy.	x	x		
Develop support services for children, young people and families experiencing relationship breakdown. Commission appropriate services.	x	x	x	x
Local parish councils to develop processes for consulting with young people when planning community facilities.	x	x		
Outcome 5				
Workplaces:				
Develop a Mentally Healthy Workplaces programme focused on Oxfordshire's major employers.	x	x	x	x
Develop standards in mental well-being to be included in contracts between PCT, Oxfordshire County Council, OBMH and their suppliers.	x	x	x	x
Pilot Mental Health First Aid training for key staff in workplaces: line managers, HR departments, occupational health etc.	x	x	x	x
Prisons:				
Train one member of staff from HMP Bullingdon and one from Huntercombe YOI as Mental Health First Aid instructors.	x	x		x
HMP Bullingdon Healthy Prison Strategy to follow best practice guidance in improving mental well-being.	x	x		x
Huntercombe YOI to follow best practice guidance in improving mental well-being and take forward actions identified in the Healthy Schools standard audit on emotional health and well-being and the needs assessment.	x	x		
Mental Health First Aid training and suicide prevention training to be a part of induction training for prison officers, with regular refresher training for all staff.				
Improve services to help prisoners prepare for release, and develop and enhance support for prisoners re-adapting to life following release.		x		x
Pilot a mentally health workplaces programme for prison staff.	x	x		x
Schools:				

Map current provision of counselling services in schools and identify gaps.	x	x		x
Promote and support schools in implementing SEAL, particularly secondary schools.	x			x
Pilot Mental Health First Aid training for school staff and key young people.	x	x		x
Pilot a mentally health workplaces programme for school staff.	x	x		x
	Best practice	Stakeholders	Survey	No/low current activity
Outcome 6:				
Develop a proactive carefully targeted multi-agency campaign to change public attitudes and behaviour towards people with mental health problems.	x	x		x
Continue and expand work to promote positive reporting of people with mental health in the local media continues.	x	x		
Commission training for GPs, other health professionals and people volunteering/working in the voluntary sector to deliver best practice in working with people with mental health problems. This is to reduce stigma and discrimination.	x	x		
All key statutory organisations to ensure mental health and mental well-being is covered within training on the Disability Discrimination Act.		x		x

Appendix B
MH Strategy Implementation Plan

MHSIP ref	OPCT Strategy	Ox'shire MH Strategy Improvement Area	OPCT Outcome/st strategic goal	Initiative Outcome	By When	Lead
		Access				
Access 1	3c	Delivering Race Equality programme	Improving Health Inequalities	- Improve data and information to inform commissioning - To increase access to culturally competent services - To engage with BME communities and ensure they influence commissioning	May 2010	Funmi
Access 2	3c	Psychological services	Increase of spend Outside Acute settings	To increase access to psychological services and ensure implementation of new IAPT service takes place within budget	March 2010	Juliet
Access 3			Expand the scope of access to physical health pathway	Reduce demand in acute services	March 2010	Juliet
Access 4		Eating disorder services	Life expectancy	To ensure efficient care pathway in and through service	Dec 2009	Tim
		Partnership working, Choice and Flexibility				

PWCF1		Commissioning Strategy	Quality / affordability and efficiency	To completed the Commissioning Strategy, expand the pooled budget, refresh the MH SIG, assured governance in place, agree KPIs for strategy	March 2009	Fenella
PWCF2	3c	Enhancing the recovery process	Improve user experience VSB15	All agencies will work together, with service users to improve their experience through ensuring the availability of quality services with good interfaces, which enable recovery and support citizenship. Pathway focus: -Forensic (saving plan to be delivered)	March 2010	Funmi
PWCF3				-Crisis	Dec 2009	Funmi
PWCF4				-enhancing the pathway for people in 24 accommodation and in supported housing (to include self directed support)	Dec 2009	Funmi
PWCF5				-To scope the utilization of current services and unmet needs of those with Aspergers' syndrome and plan the appropriate provision	June 2010	To be identified
PWCF6				-Primary/sec. interface	March 2010	Tim
PWCF7				-Older People MH (not dementia)	Oct 2009	Ian (interim)

		Social Inclusion of MH Service Users				
Inclusion 1	3c	Employment, Stigma and Housing	Health inequalities	We will tackle social inclusion through:	Aug 2009	Tim
				- commissioning employment support in secondary services		
Inclusion 2				- ensuring a robust link to employment services in primary care through IAPT		
Inclusion 3				Steam line the pathway of employer and promoting model employer		
Inclusion 4				- Developing a Housing and Support Strategy	Sept 2009	Ian
		Support For Carers				
			Improve the experience of carers	Working within the new Carer's Strategy we will improve the experience of carers	Oct 09	Juliet
		Improve Quality				
Qual 1		We will improve quality of the service user's experience and implement new guidance and	Improve SU's and carer's experience	-We will ensure that the national contract will be used in all contracts	March 2010	Tim
Qual 2				-we will review all third sector contracts to ensure they are in line with our strategic priorities, to migrate them to the national contract where appropriate, and to inform	May 09	Ian

Qual 3		legislation		our commissioning plans for 10/11		
				-We will introduce CQUIN in to contracts, OBMH in 09/10, others in 10/11	09-10	Tim/ Sula
Qual 4				-We review services for people with MH and Substance misuse issues	Oct 09	Funmi
Qual 5				-We have commissioned Independent advocacy services pilot	April 09	Tim
				-We will procure a full advocacy service	March 10	Tim
Qual 6				-we will improve access to better physical health for people with MH problems in both secondary and primary care	Oct 09 July 09	Tim
		Promoting Health and Well being for All				
Wellbeing 1		To establish what protects our mental well being and invest in it		To have a series of measures that will make a difference to the population's mental well being.	March 09	Alison
		Other work streams outside the initiatives				
		Personality Disorder Service		The DH funding stream is being devolved to SCSHA level. Ensure that the best local model is in place	09/10	Tim

GLOSSARY

Fenella Trevillion	Head of Joint Commissioning
Ian Bottomley	Service Development Manager, Joint Commissioning Team
Funmi Durodola	Service Development Manager, Joint Commissioning Team
Tim Chapman	Service Development Manager, Joint Commissioning Team
Juliet Long	Service Development Manager, Joint Commissioning Team
Sula Wiltshire	Deputy Director, Planning and System Reform
DAAT	Drug and Alcohol Action Team
DRE	Delivering Race Equality
CQUIN	Continuing Quality Improvement
IAPT	Improving Access To Psychological Therapies
OBMH	Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
OCC	Oxfordshire County Council
OPCT	Oxfordshire Primary Care Trust

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APPENDIX C

Summary of Key National Guidance informing the Mental Health Commissioning Strategy

NHS Operating Framework 2009/10

The operating framework sets out a brief overview of the priorities for the NHS next year:

- **The health and service priorities for 2009/10:** Strengthening the focus on subsidiarity whilst maintaining the 5 national priorities and the Vital Signs agreed for the 3 year CSR period 2008/09 – 2010/11. Patient experience is the final arbiter of success.
- **A system designed to deliver quality:** making quality the organizing principle of the NHS. The local visions set out in High Quality Care for All puts quality at the centre of all the NHS does, this focuses on the levers and incentives to further build on this, including staff engagement for the benefit of patients and the public.
- **The financial regime:** Maintaining a framework that supports quality and innovative improvements in services within available resources. Key to this is asking the NHS to go further to ensure it makes the best use of taxpayers' money.
- **The business processes:** Ensuring that planning is based on locally led decision making and maintaining the emphasis on genuine partnership working at a local level with local government and other partners.

The Vital Signs set out a differential approach to performance management, allowing local services to deliver in a way that meets local circumstances. The indicators are split into three tiers:

- Tier 1 – must do's
- Tier 2 – National priorities for local delivery
- Tier 3 – Range of indicators to be chosen from

The five national priorities remain as:

- Improving cleanliness and reducing HCA's.
- Improving access through achievement of the 18 week referral for treatment pledge and improving access to GP's
- Keeping people well and reducing health inequalities
- Improving patient experience, staff satisfaction and engagement
- Preparing to respond in a state of emergency – such as an outbreak of pandemic influenza

High Quality Care for All – NHS Next Stage Review Final Report (Darzi 2008)

The most recent policy guidance influencing the NHS is the recently published High Quality Care for All – NHS Next Stage Review Final Report (Darzi Review June 2008).

This sets out a vision of an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. It sees the NHS delivering high quality care for all users of services in all aspects, not just some.

Key priorities identified within the Darzi report include:

- Support for carers
- Recovery and social inclusion focused services
- Dementia
- Improving Access to Psychological Therapies
- Ensuring waiting times for services are no more than 18 weeks

World Class Commissioning (DH 2008)

World class commissioning is a statement of intent, aimed at delivering outstanding performance in the way we commission health and care services in the NHS. The vision and competencies describe what this shift towards world class will involve, and the organizational competencies that PCT's will need.

The commissioning competencies require that commissioners:

- Locally lead the NHS
- Work with community partners
- Engage with public and patients
- Collaborate with clinicians
- Manage knowledge and assess needs
- Prioritise investment
- Stimulate the market
- Promote improvement and innovation
- Secure procurement skills
- Manage the local health system
- Make sound financial investments

Putting People First – a shared vision and commitment to the transformation of adult social care (2007)

'Putting People First' aims to enable people to live their lives as they wish, confident that services are of a high quality, are safe and promote their own individual needs for independence well-being and dignity. This has become known as 'personalisation'.

The personalisation agenda consists of four strands:

- (i) Prevention

- More emphasis needs to be placed on providing low-level services for people with low needs at an early stage so as to prevent an escalation to higher needs in the future.

(ii) Universal Services

- Services such as the provision of information, advice and advocacy should be available to everyone.

(iii) Social Capital

- We need to draw upon community resources such as volunteers and neighbours as support

(iv) Choice and Control

- Implementing self –assessment
- Enabling self –directed support
- Encouraging the use of Individual Budgets

Improving Access to Psychological Therapies (IAPT)

The Improving Access to Psychological Therapies (IAPT) programme has one principal aim - to help primary care trusts (PCTs) implement National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.

At present, only a quarter of the 6 million people in the UK with these conditions are in treatment, with debilitating effects on society.¹

The programme is improving health and well-being, promoting social inclusion and improving economic productivity. In 2007, 13 pilot sites around the country began to demonstrate the programme's benefits, alongside existing psychological therapies services operating in primary care. Routine collection of outcome measures demonstrated effectiveness and service excellence.

The Government is committed to improving access to psychological therapies and announced additional funding to increase services over the next three years, which will be phased as the workforce to deliver these services is trained.

The SHA have allocated a proportion of the regional allocation based on the deprivation indices and the outcomes of the 'workforce tool', and this has been expressed in terms of a number of low and high intensity trainee posts.

In 2009/10, these sums will be increased to take account of the full year effect, plus the extra costs payable to the trained staff after they qualify.

Improving access to psychological therapies is the subject of a Public Service Agreement between the Department of Health and the Treasury. It is also a Vital Sign in the NHS Operating Framework 2008/09.

Supporting People (DH 2003)

This programme was launched in 2003 with the aim of providing a better quality of life for vulnerable people to live more independently and maintain their tenancies. The programme provides housing related support to prevent problems that can often lead to hospitalization, institutional care or homelessness and can often help the smooth transition to independent living for those leaving an institutional environment.

Our Health, Our Care, Our Say (DH 2006)

This white paper focuses on providing services closer to people's homes or work places. It requires health and social care services to integrate to meet people's needs at different stages of their lives. For mental health this means integrated specialist and primary care services helping people to help themselves and involving people in shaping local services.

A new Vision for Mental Health (discussion paper) (The Future Vision Coalition 2008)

This document outlines a vision of change developed by a range of national mental health organisations which make up the Future Vision Coalition. Four key changes are proposed so as to enable those with experience of mental health problems to enjoy an equal opportunity of a fulfilling life:

- An integrated approach to mental health: bringing health and social models together
- Focus more attention upstream: promotion, prevention and early intervention
- Focus on improving quality of life, ambition and hope, not on illness and deficiency
- Changing relations between users and services

Carers at the heart of 21st century families and communities, DH 2008

The recently published Carer's strategy sets out a vision where, by 2018, carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen.

The strategy highlights the following outcomes to be achieved by 2018:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role
- Carers will be able to have a life of their own alongside their caring role
- Carers will be supported so that they are not forced into financial

hardship by their caring role

- Carers will be supported to stay mentally and physically well and treated with dignity
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

Mental Health Act 2007

The Mental Health Act 2007 amends the provisions of the Mental Health Act 1983. The majority of the amendments will take effect on 3 November 2008.

Very briefly, the main amendments include:

- Broadening the group of practitioners who can take on functions currently performed by the Approved Social Worker (ASW) and responsible Medical Officer (RMO).
- Supervised community treatment for patients following a period of detention in hospital, so as to ensure they continue with the medical treatment they need.
- Independent Mental Health advocates who will safeguard those patients who are detained under the Mental Health Act.

Mental Capacity Act (2005)

The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan ahead for a time when they may lose capacity.

The Act is underpinned by the following principles:

- A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
- The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
- That individuals must retain the right to make what might be seen as eccentric or unwise decisions;
- Best interests – anything done for or on behalf of people without capacity must be in their best interests; and
- Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

Delivering Race Equality in Mental Health Care, (Department of Health 2005)

This identifies three building blocks for delivering race equality:

- **More appropriate and responsive services** - achieved through action to develop organisations and the workforce, to improve clinical services and to improve services for specific groups, such as older people, asylum seekers and refugees, and children
- **Community engagement** - delivered through healthier communities and by action to engage communities in planning services, supported by 500 new Community Development Workers (nationally)
- **Better information** - from improved monitoring of ethnicity, better dissemination of information and good practice, and improved knowledge about effective services. This includes a regular census of mental health patients.

Mental Health National Service Framework for Adults of Working Age, (1999)

This was a 10 - year national strategy to improve adult mental services for people against 7 standards. These include a focus on improved mental health promotion, specialist primary care mental health services, specialist secondary mental health services, services for carers and suicide prevention

Health and social care organisations have been monitored against their local delivery of the NSF through the Autumn Assessment for several years and key service deliverables have formed a major part of the organisational star rating of the PCT and Mental health Trust.

The NSF is largely silent on mental health services provided by the Local Authority particularly day opportunities, accommodation with support and self directed care.

In 2005, NSF Five Years On (DH) was published and this proposed that the next 5 years would not focus on new developments within specialist mental health services but should bring mental health into the wider health and social care policy agenda.

The priorities for the next five years were choice, social inclusion, care of long- term conditions, dual diagnosis and improved access to services in a primary care setting.

Equal Treatment: Closing the Gap (Disability Rights Commission 2006)

This report was published following a formal 18 month investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems. The report highlights the scale of inequalities they face and calls for urgent action on a range of fronts.

The investigation found that people with mental health problems have higher

rates of obesity, smoking, heart disease, high blood pressure, respiratory disease, diabetes, stroke and breast cancer than other citizens.

The investigation also identified variable levels of healthcare interventions. Some tests and standard treatments – such as spirometry to identify respiratory illness or cholesterol checks and statins for people with heart disease – are given less often to people with mental health problems than to those without.

People with mental health problems also experience ‘diagnostic overshadowing’ that is, reports of physical ill-health being viewed as part of the mental health problem and so not investigated or treated.

The investigation found no evidence that information on the physical health needs of people with mental health problems is either regularly collated or used locally by commissioners to develop improved services.

The report sets out a number of recommendations which will need to be considered locally.

The introduction of the Disability Equality Duty in December 2006 offers a key opportunity to ensure that all public sector organisations promote equal opportunities for, and do not discriminate against, people with mental health problems.

A Pathway to Recovery and social inclusion (Healthcare Commission 2008)

In response to concerns that more attention needs to be paid to the quality of acute inpatient mental health services., the Healthcare Commission completed a review of the quality and safety of the care that people receive in NHS acute inpatient mental health wards and psychiatric intensive care units in England. They particularly focused on whether admission was appropriate, therapeutic and safe.

Four key criteria against which performance was assessed:

- There is an effective care pathway that ensures admission to hospital is appropriate and that discharge from hospital is timely.
- Inpatient services focus on the needs of the individual and provide care that is personalized and promotes recovery and social inclusion and inclusion.
- Service users and carers are involved in care planning, in how the ward is run, and in operational and strategic planning, evaluation and development.

- The ward has systems, processes and facilities in place to ensure the safety of service users, staff and visitors.

The findings were published in July 2008, aimed at NHS service providers, commissioners of health and social care, and those who assess and monitor policy in these areas. There were marked differences in standards between trusts, and sometimes between wards within the same trust. Findings included:

- No trust was scored "excellent" on all four of the criteria.
- 39% were scored "weak" on involving service users and carers.
- Around one in nine trusts was scored "weak" on providing individualised care.
- No trust was scored "excellent" for the effectiveness of its care pathway from admission to discharge.

The report found that the following factors had a positive impact on the quality of acute inpatient services:

- Priority given to modernising acute inpatient services within wider service development programmes and strategic plans and partnerships
- Role and status of acute care forums
- Organisational culture and readiness to embrace change
- Effectiveness of wider systems and practices, including integration with other elements of mental health services, care coordination, multi disciplinary team working, communication and audit systems.
- Skills, competence and attitude of front line staff
- Quality of and support for the workforce, particularly leadership, staff supervision, training and development.
- Involvement and engagement of service users and carers in development processes
- Quality and sophistication of commissioning of acute care services.

Based on these findings the following key areas were identified for improvement:

1. Putting a greater focus on the individual and care that is personalised
2. Ensuring the safety of service users, staff and visitors
3. Providing appropriate and safe interventions
4. Increasing the effectiveness of the acute care pathway

The report made the following recommendations for improving the quality of acute inpatient services:

1. Develop quality of commissioning
2. Increase the strategic priority given to acute care services as part of the overall pathway
3. Develop effective leadership and workforce capability at all levels
4. Develop the availability and robustness of data to enable monitoring and evaluation of services

National Mental Health Development Unit—a new approach for a new era
(Press report by the DH, 18/03/09).

The Department of Health (DH), with input from Strategic Health Authorities (SHAs), the NHS Confederation, the Association of Directors of Adult Social Services (ADASS) and the National Institute for Mental Health in England (NIMHE), has conducted a review of future arrangements to support the delivery of mental health policy. As the National Service Framework for Mental Health comes to an end in 2009 and with other emerging policy priorities identified via the New Horizons programme, the review looked at how support should be delivered over the next three years in the context of the NHS Next Stage Review and Putting People First.

Commissioned by David Behan, Director General, Social Care, Local Government and Care Partnerships, the review recommended that while the DH will continue to lead on national mental health policy development, and SHAs focus on supporting regional and local delivery, future approaches to policy development and its implementation should be based on the principle of co-production between the DH, NHS, and other key stakeholders.

There was also a consensus that specific central support for mental health policy implementation remains necessary in some circumstances, and that this should be the remit of a small, new organization to replace the national component of NIMHE. This would build on NIMHE's successes, but operate in a manner more suited to a post-NSF and post-Darzi era, with NIMHE's former regional resources being focused on supporting local delivery under the direction of the SHAs.

Therefore, a new unit is being established to provide national support to implementing mental health policy. Operating as the *National Mental Health Development Unit (NMH DU)*, it will support both DH and the SHAs by advising on national and international best practice to improve mental health services and mental health. It will do this by commissioning or providing:

- specialist expertise in priority areas of policy and delivery
- effective knowledge transfer on research, evidence and good practice
- support to translate national policies into practical deliverables which achieve the right outcomes
- coordination of national activity to help regional and local implementation.

Former NIMHE Director Dr Ian McPherson will lead the NMH DU which will become fully operational from April 2009. Its' initial priorities will include:

- Continued support for the implementation of Improving Access to Psychological Therapies (IAPT), and Delivering Race Equality, (DRE) programmes.
- Sustaining expertise in World Class Mental Health Commissioning, Social Inclusion and Social Justice, Wellbeing and Public Mental Health, Age and Gender Equalities, and Improving Mental Health Care Pathways.

New Horizons will shape the future mental health policy agenda. The work of the NMH DU will be developed through a process of co-production between DH and SHAs, and active partnerships with other national stakeholders, including the NHS Confederation, ADASS and the major mental health organisations in the third sector. The NMH DU will report to an Oversight Board co-chaired by Kathryn Tyson, Director, and a senior SHA representative (to be confirmed).

Appendix D - Process for Delivering the Oxfordshire M H Strategy 2009/12



Ongoing factors: Self-Directed support; Payment by Results; pressure on Budgets

E1	Commissioning Strategy	To completed the Commissioning Strategy, expand the pooled budget, refresh the MH SIG, assured governance in place	IB							
E8	Enhancing the recovery process	Improving the recovery pathway: . Pathway focus: -Forensic -Crisis -Primary/sec. interface	FD FD TC					250	250	
Social Inclusion of MH Service Users										
E5	Employment, Stigma, Housing and improving the physical health of	We will tackle social inclusion through: S.I. plan Employment support	Tim Tim Ian		90	137	137		150	150
								150	150	

	people with MH problems	Housing/accommodation strategy Increasing physical health checks and supporting health training			5				
	Support For Carers								
E4 E8		Working within the new Carer's Strategy we will improve the experience of carers	JL						
	Improve Quality								
	We will improve quality of the service user's experience through reviewing contracts against our priorities, following new	-We will ensure that the national contract will be used with CQUIN -We review all voluntary sector contracts -We will commission Independent		25	0.5% uplift (CQUIN)		1% uplift >50		

	legislative requirements	advocacy services -we will improve access to better physical health for people with MH problems							
	Promoting Health and Well being for All								
E6	To establish what enhances our mental well being and invest in it.	To implement a series of measures to take that will make a difference to the population's mental well being. (this contribution of from Public Health)	AB	25	20				
	Other work streams outside the initiatives								
	Personality	The DH funding	TC						

	Disorder Service	stream is being devolved to SCSHA level. Ensure that the best local model is in place							
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GLOSSARY

Fenella Trevillion	Head of Joint Commissioning, Directorate of Service Redesign
Ian Bottomley	Service Development Manager, Joint Commissioning Team, Directorate of Service Redesign
Funmi Durodola	Service Development Manager, Joint Commissioning Team, Directorate of Service Redesign
Tim Chapman	Service Development Manager, Joint Commissioning Team, Directorate of Service Redesign
Juliet Long	Service Development Manager, Joint Commissioning Team, Directorate of Service Redesign
Sula Wiltshire	Deputy Director, Planning and System Reform
Alison Burton	Health Improvement Principal, Public Health

NOTE: The above figures are what we know as at March 2009. Many services will be reviewed and following this we will identify the level of savings and investments then, they are not known at the present time. Added to this the level of inflationary uplift changes each year, therefore has not been inserted.

Appendix F Oxfordshire PCT Operational Plan 2009/10 Appendix A – Initiative 3c

Better mental health

What is the aim of the initiative?

The aim is to support the people of Oxfordshire to maximise their mental health and mental

well being. This will be delivered through a programme of activity, building on a strong local market of providers, which will include opportunities for health improvement, the promotion of social inclusion and participating in active citizenship. This will ensure that all individuals have access to the tools and information required to enable them to cope with the normal stresses of life.

The programme will also seek to enable early identification and support of people experiencing mental health and other co-morbidity issues. We will work to develop a series of care pathways that will promote timely access to focused, quality services and support promoting recovery.

What is the impact? How will it meet strategic goals and outcome measures?

Over the next three years, the PCT will shift the focus of mental health to include both secondary mental health services and mental well being. The emphasis on mental well being will become the golden thread that runs through all initiatives for the population of Oxfordshire. Alongside this, we will implement our new commissioning strategy and action plan which will be monitored through the new basket of outcome measures. These will focus on increasing access to primary care mental health services for all members of the community, improving care pathways and ensuring new legislative and government requirements are in place. All strands will be achieved through service user, carer and provider involvement in an integrated governance process with full sign up to the strategy.

Relationship between strategic goals, outcome measures and initiatives	Strategic outcome measures											Stragic goals				
	Local measure Health improvement in deprived areas	Local measure Increase in spend outside acute setting	Local measure Reduction in emergency bed days	Metric 54 Proportion of all deaths that occur at home	Metric 2 Life expectancy	Metric 1 Health inequalities	Metric 16 Smoking quitters	Metric 29 Self reported experience of patients and users	Metric 31 Mortality from cause considered amenable to healthcare	Metric 35 Delayed transfers of care	A Quality /Affordability /Efficiency	B Health Outcomes	C Access	D Healthy Lifestyles	E Health inequalities	
3	Improving quality for care groups															
3c	Better mental health	✓	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓	✓	

How will the initiative be delivered?

The projects which will deliver this initiative together with milestones are set out on pages 48-49.

Which are the top level risks to be mitigated?

The following risks are included in the PCT's Risk Management Strategy:

3c Better mental health					
Risk reference	Risk description	Consequence	Likelihood	Total	Risk action (mitigation)
New	For the past 2 years the demand on forensic beds has increased by 5 beds (costing £1m). We plan to work on the care pathway to reduce demand on forensic beds.	Moderate	Almost certain	15	Establish a working group to look at the care pathway in December 08. Work with the Housing Strategy group to establish options for supported accommodation for patients in 'slow stream rehab'. Commission a service provider to deliver the care alongside wrap around care from OBMH.
New	The new pooled budget may not cover the new costs taken on with the expansion of the pool.	Moderate	Possible	9	The PCT and Oxfordshire CC have identified the scale of the gap (£545k p.a.) Together they will work on a clear commissioning plan which reviews the current service provision levels in order to refine cost-effectiveness provision whilst maintaining personal plans – putting people first
New	The commissioning strategy does not contain enough levers to ensure decommissioning of services to make way for new services.	Moderate	Possible	9	Gain buy in of stakeholders through the MH SIG to understand and support the commissioning plans.. Evaluate all provision against priorities tool, work with providers to deliver on agreed changes.

How will we measure progress?

In addition to tracking progress on the strategic outcome measures to which this initiative contributes, we will measure progress by monitoring delivery of agreed trajectories for the following vital signs and existing national commitments. The trajectories are set out in Appendix C along with detail about local delivery targets that have been created to monitor those aspects of the initiative that cannot be tracked appropriately using an existing national indicator.

3c. Better mental health

- **National Priorities for Local Delivery (Tier 2)**
 - VSB04 Suicide & Injury of Undetermined Intent Mortality Rate
 - VSB12 Effectiveness of Children and Adolescent Mental Health Service (CAMHS)
 - VSB14 Number of drug users recorded as being in effective treatment
- **Local Priorities (Tier 3)**
 - VSC02 Proportion of people with depression and/or anxiety disorders who are offered psychological therapies
- **Existing Commitments**
 - Commissioning of early intervention in psychosis services
 - Commissioning of crisis resolution/home treatment services

What are the benefits to the people of Oxfordshire?

The initiative will deliver the following patient outcomes in 2009-10:

- vii. More people with severe and enduring mental health problems will be in and retained in employment, as a proportion of people in employment.
- viii. To improve the health outcomes of older people.
- ix. More people will improve their mental health through receiving psychological services.
- x. Services will be culturally sensitive and BME people's experience of those services will be better.
- xi. An increase in the number of people who are admitted to services under specific sections of the revised Mental Health Act who receive Independent Advocacy.
- xii. Inpatients will have their needs met under the Mental Capacity Act 2009.
- xiii. All people with severe mental health problems will have annual physical health checks.

Financial Summary

This table shows the gross and net investment the PCT will make in this initiative in 2009/10.

STRATEGIC GROWTH DISTRIBUTION	2009/10			2010/11		
	£'000	£'000	£'000	£'000	£'000	£'000
	Gross	Efficiency / Savings	Net	Gross	Efficiency / Savings	Net
COMMISSIONING INITIATIVES						
3c) Better Mental Health	578	0	578	834	(250)	584

Better mental health summary

Initiative 3c - Mental Health															
Project / Workstream Summary timeline												Project Manager			
Project / Workstream Title													Alan Webb		
Commissioning Strategy and expanding the pooled budget: Develop a strategy to include health and social care provision, scoping where best to locate the commissioning of services for Older People with mental health problems and to ensure the delivery vehicles such as the commissioning pooled budget and governance are in place to lever change															
Milestone Description	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Commissioning strategy is completed and agreed by CE in March 2009.															
Pooled budget and governance arrangements are agreed by EB and OCC Cabinet by March 2009.															
Pooled budget and all the governance structures are in place by 1st April 2009.															
Initiative 3c - Mental Health															
Project / Workstream Summary timeline												Project Manager			
Project / Workstream Title													Alan Webb		
Development and improvement of data capture and analysis: Develop and improve data capture and analysis including all communities in Oxfordshire and benchmarking information. This will inform commissioning, service redesign and demonstrate improved outcomes. This underpins all projects and thus is a key project which will include improving information available for agencies and users of services															
Milestone Description	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
25 KPI's agreed and balanced scorecard for the pool budget arrangement in place.															
PH and OCC provide data for KPI's Datex risk log.															
Providers involved in improving data collection. Data collection process in place for the full pooled budget.															
Refining of reporting mechanisms and data collection. This should support information to support commissioning information at 3 levels-MHIG, JMG and Service Specification. Data readily available to pool budget manager and JMG.															
Initiative 3c - Mental Health															
Project / Workstream Summary timeline												Project Manager			
Project / Workstream Title													Alan Webb		
Improving access to psychological therapies: To monitor and develop commissioned psychological services in Primary Care which have specified service needs and requirements of specific groups such as black and minority ethnic communities and for people with physical health conditions															
Milestone Description	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
New provider operational rolling out Oxfordshire IAPT stepped care model.															
HR staff consultation and recruitment.															
Explore service delivery options with PBC consortia.															
Agree options with PBC consortia.															
Receive national IAPT expansion site money and work with provider to ensure recruitment and training High and Low intensity workforce in place.															
Roll out stepped care model and performance outcomes framework through PC-MIS															
Work up service spec for vulnerable BME communities and procure.															
Workstream - Improve access for people with physical health conditions. Scope project, make the case and agree way forward with implementation and development of group															
Baseline current activity and referral patterns															
Agreed MH care pathway for primary care and secondary care for people with physical health conditions.															
Initiative 3c - Mental Health															
Project / Workstream Summary timeline												Project Manager			
Project / Workstream Title													Alan Webb		
Delivering Race Equality in mental health: Government required programme on Delivering Race Equality (DRE) focusing specifically on improving data capture and information on BME groups, community engagement and commissioning racially and culturally sensitive services															
Milestone Description	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
1 Have, in place basket of indicators in line with the 'DRE' Dashboard															
Baseline collection of indicators															
2 Initial baseline collection to inform commissioning															
3 Three examples of re commissioning where services are shaped to the needs of BME communities															
4 Audit BME groups engaged re MH															
5 Complete review BME patient in patient experience															
6 Plan in place to roll out Race Equality and Cultural Capability Training in MH Services															

Initiative 3c - Mental Health															
Project / Workstream Summary timeline												Project Manager			
Project / Workstream Title	Alan Webb											Project Manager			
Milestone Description	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Payment by results contract for IPS employment services let.															
Monitor & performance manage contract.															
Comprehensive review of Day Services and Therapeutic Work projects.															
Modernise contract.															
Generic floating support contract in place.															
Needs assessment completed.															
Housing Programme Board compiling an Accommodation Strategy for People with MH Needs - to Clinical Executive															
Consider increased investment in IPS services from savings identified in the Day Services and Therapeutic work projects review.															
Tender newly configured Day Services and Vocational services contracts.															
Accommodation Strategy operational.															
Agreed by OCC Cabinet.															
PCT linked in with Supporting People re MH procurement.															
Initiative 3c - Mental Health															
Project / Workstream Summary timeline												Project Manager			
Project / Workstream Title	Alan Webb											Project Manager			
Milestone Description	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Complete action plan.															
Commission a programme of Mental Health First Aid Training															
Source funding to develop a "Mentally Healthy Workplaces" Programme															
Initiative 3c - Mental Health															
Project / Workstream Summary timeline												Project Manager			
Project / Workstream Title	Alan Webb											Project Manager			
Milestone Description	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Extend existing advocacy service, by contract variation, to include Independent Mental Health Act Advocacy IMHA.															
Quantify uptake of IMHA service and other advocacy services.															
Respectify activity levels for each type of advocacy.															
Tender & relet the contract for 3 years, with a potential extension to 5 years.															
Initiative 3c - Mental Health															
Project / Workstream Summary timeline												Project Manager			
Project / Workstream Title	Alan Webb											Project Manager			
Milestone Description	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Forensic care pathway: quantified the impact of rising thresholds, local requirement and mapped pathway between prison and move on.															
Redesign low secure/continuing care pathway & develop service specification for continuing care.															
Notice on Secure Services contract.															
Acute Crisis Care Pathway: Identify gaps in care pathway															
Specify service changes.															
Complete Commissioning plan required services															
Housing and Accommodation Review: Complete mapping exercise, complete strategy and action plan															
Review care pathway for Older People with Mental Health problems and redesign where necessary															
Initiative 3c - Mental Health															
Project / Workstream Summary timeline												Project Manager			
Project / Workstream Title	Alan Webb											Project Manager			
Milestone Description	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Scope project. Evaluate the inclusion of a joint service for people with physical and mental health needs, physical health checks in secondary and primary care.															
Complete evaluation and project scope, complete PID, time frame risk assessment and action plan.															
Initiative 3c - Mental Health															
Project / Workstream Summary timeline												Project Manager			
Project / Workstream Title	Lead Director											Project Manager			
Milestone Description	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Supervisory body in place															
Best interest assessment process in place															
Training in place															

Appendix G

Balanced Scorecard 2009/10 - Pooled Budget JMG for Adult Mental Health

MH Strat ref	Measure	RAG Status	How does measure assist recovery?	Criteria for status	Initiative	Info Provider	Reporting cycle
1Access	Breakdown of ethnic origin for people accessing services by team; completion of data in 90% cases		These measures monitor how far non-forensic services are accessible to people of BME origin, and how far they are experience an improvement in their health as a consequence of their treatment.	Green – on target-in line with comparator and completion Amber – in line with completion but below comparator Red – below both comparators and completion	Improve data and information to inform commissioning	OBMH	QTR
1Access	Breakdown of service users' HONOS completion by ethnic origin; completion of data in 80% cases			Green – on target-in line with comparator and completion Amber – in line with completion but below comparator Red – below both comparators and completion	To increase access to culturally competent services	OBMH	QTR
2Access	Reduction in the prevalence gap between national and local figures for levels of depression and anxiety-related conditions		This is an indicator of mental well-being and recovery in the general population	Green – on target Amber – below target but improved on 08/9 Red – no improvement	To increase access to psychological services and ensure implementation of new IAPT service takes place within budget	PCT	QTR

2Access	Increase in proportion of people with depression and/or anxiety disorders who are offered psychological therapies to 4000 pa		This is an indicator of mental well-being and recovery in the general population	Green – 1000 pq Amber – < 1000pq but year end projection of 4000 Red – < 4000 pa	To increase access to psychological services and ensure implementation of new IAPT service takes place within budget	PCT	QTR
3Access	DTOC 15 per 100k for 0910 from acute and non-acute sector		This measures how quickly older people with SMI are moved back to treatment in the community	Green – <15 pw currently and YTD Amber – 15 pw (or below) currently but > 15 pw YTD Red – > 15 pw now and YTD	Reduce demand in acute services	OBMH	QTR
1Carer	Increase in carers receiving needs assessment or review and a specific carer's service or advice and information		Supporting carers enables them in turn to support recovery of service users	Green – on target Amber – below target but improved on 08/9 Red – no improvement	Working within the new Carer's Strategy we will improve the experience of carers	OCC	QTR
1Inclusion	% adults receiving secondary Mental Health services in paid employment at the time of most recent assessment, formal review or other multi-disciplinary meeting. 80% completion rate for data entry		Employment is an indicator of social inclusion and the capacity to focus on health rather than illness	Green – on target (80%) Amber – 72-80% completion Red – below 72%	We will tackle social inclusion through: (1) commissioning employment in secondary services	OBMH	6 monthly
1Inclusion	50% of patients who receive IPS employment support take up paid employment. 30% take up paid employment of 16+ hours per week. 65% of those gaining employment retain their employment beyond 16 weeks.		IPS is a model of support that is clinically proven to help people with SMI recover and access mainstream services.	Green – on target Amber – below target by <10% Red – below target by >10%	We will tackle social inclusion through: (1) commissioning employment in secondary services	PCT	QTR

2Inclusion	100 adults using TalkingSpace service who return to employment			Green – on target Amber – below target by <10% Red – below target by >10%	Ensuring a robust link to employment services in primary care through IAPT	PCT	6 monthly
3Inclusion	Work and well being exhibitions are to be set up in city and district offices			Green – on target Amber – below target but improved on 08/9 Red – no improvement	Stream line the pathway of employer and promoting model employer	PCT	Annual
4Inclusion	60% of vulnerable people achieving independent living		Independence is a measure of social inclusion and evidence of reduced reliance on directly provided support/services	Green – on target Amber – below target but improved on 08/9 Red – below target	Developing a Housing and Support Strategy	OCC	QTR
4Inclusion	An increase in % of vulnerable people maintaining independent living		Independence is a measure of social inclusion and evidence of reduced reliance on directly provided support/services	Green – on target Amber – below target but improved on 08/9 Red – below target	Developing a Housing and Support Strategy	OCC	QTR
1PWCF	2% planned efficiency savings		Greater efficiency is an indicator of disinvestment in block purchase, in-patient and service rather than outcome focussed care.	Green – on target Amber – 0-2% projected efficiency saving Red – no improvement/overspend	To complete the Commissioning Strategy, expand the Pooled Budget, refresh the MHSIG, assure governance is in place and agree KPI for strategy	PCT	QTR

4/3/2PWCF	% adults receiving secondary mental health services in settled accommodation Data collected in 80% of cases		Settled accommodation demonstrates a level of social inclusion and independence and a reduced reliance on supported or residential accommodation	Green – on target (80%) Amber – 72-80% completion Red – below 72%	All agencies will work together, with service users to improve their experience through ensuring the availability of quality services with good interfaces, which enable recovery and support citizenship. Pathway focus: (1) Forensic (2) Crisis (3) enhancing the pathway for people in 24 h accommodation and in supported housing (to include self-directed support)	OBMH	6 monthly
4PWCF	Reduction in Social Care pressure from £545k pa		A reduction in spend on residential care is an indicator of spend on treatment and support in community based services	Green – projected reduction to 0 Amber – projected reduction to <150k Red – projected pressure >150k	Enhancing the pathway for people in 24 h accommodation and in supported housing (to include self-directed support)	PCT	MONTH
4PWCF	Increase number of people receiving Direct Payments from 170 per 100,000 population		More people on Direct Payments is more people planning their own care.	Green – on target Amber – 160-170 per 100,000 Red – <160 per 100000	Enhancing the pathway for people in 24 h accommodation and in supported housing (to include self-directed support)	OBMH	QTR

4PWCF	Number of people accessing self directed support-10		More people on self-directed support is more people planning and purchasing their own care.	Green – on target Amber – 1-10 projected for year Red – 0	Enhancing the pathway for people in 24 h accommodation and in supported housing (to include self-directed support)	OCC	QTR
3,4,6PWCF	Reduction in delayed discharges from acute in-patient services		This measures how quickly people with SMI are moved back to treatment in the community	TBC (need to establish baseline)	All agencies will work together, with service users to improve their experience through ensuring the availability of quality services with good interfaces, which enable recovery and support citizenship	PCT	QTR
3,4,6PWCF	Procurement. All procurement to be managed within timetable			Green – on target Amber – below target but improved on 08/9 Red – no improvement		PCT	QTR

3,4,6PWCF	Reduction in the number of adults with mental illness receiving services from contracted providers who have received the zero stars from the Commission for Social Care Inspection			Green – on target Amber – below target but improved on 08/9 Red – no improvement	All agencies will work together, with service users to improve their experience through ensuring the availability of quality services with good interfaces, which enable recovery and support citizenship. (3) enhancing the pathway for people in 24 h accommodation and in supported housing (to include self-directed support)	PCT	QTR
3,4,6PWCF	All applicants for services from adult mental health services to be assessed against FACS			Green – on target Amber – below target but improved on 08/9 Red – no improvement	All agencies will work together, with service users to improve their experience through ensuring the availability of quality services with good interfaces, which enable recovery and support citizenship	OBMH	6 monthly

3,4,6PWCF	95% of adult inpatients discharged followed up within 7 days		This measure demonstrates active planned management of care. Care planning promotes recovery	Green – on target Amber – 92-95% Red – <92%	All agencies will work together, with service users to improve their experience through ensuring the availability of quality services with good interfaces, which enable recovery and support citizenship	OBMH	QTR
3,4,6PWCF	90% of people who access mental health services who have ICD10 diagnosis and HoNOS coded (inpatient)		This measure demonstrates active planned management of care. Care planning promotes recovery	Green – on target Amber – 85-90% Red – <85%	All agencies will work together, with service users to improve their experience through ensuring the availability of quality services with good interfaces, which enable recovery and support citizenship	OBMH	QTR
3,4,6PWCF	80% of people who access mental health services who have ICD10 diagnosis and HoNOS coded (community)		This measure demonstrates active planned management of care. Care planning promotes recovery	Green – on target Amber – 75-80% Red – <75%	All agencies will work together, with service users to improve their experience through ensuring the availability of quality services with good interfaces, which enable recovery and support citizenship	OBMH	QTR

3,4,6PWCF	95% of people who access mental health services who have a 6 monthly review of their needs		This measure demonstrates active planned management of care. Care planning promotes recovery	Green – on target Amber – 92-95% Red – <92%	All agencies will work together, with service users to improve their experience through ensuring the availability of quality services with good interfaces, which enable recovery and support citizenship	OBMH	6 monthly
2,1Qual	Contract management. All contracts will be migrated to NHS standard contract and will be monitored according to a defined timetable			Green – on target Amber – below target but improved on 08/9 Red – no improvement	We will ensure that the national contract will be used in all contracts	PCT	QTR
3Qual	Increase in satisfaction self-reported experience of service users and carers from 6.4/10 for 2007/08		Satisfaction of service users is taken to be evidence of recovery	Green – better than 6.4 Amber – better than 6.4, but still with some scores below 5 Red – no improvement on 6.4	We will introduce CQUIN in to contracts, OBMH in 09/10, others in 10/11	HCC	YEAR
5Qual	Independent advocacy provided to 500 people in 2009-10		This measure demonstrates how people with SMI are able to act for themselves in managing their care	Green – on target Amber – at <10% less than target Red – at >10% less than target	We have commissioned Independent advocacy services pilot	PCT	QTR
6Qual	A % reduction in annual emergency admission rate for people living with Mental Health problems		This measure demonstrates how effectively people living with SMI can manage physical health problems in the community, rather than via emergency services	Green – on target Amber – 08/09 baseline +5% Red – 08/09 baseline +>5%	We will improve access to better physical health for people with MH problems in both secondary and primary care	PCT	YEAR

6Qual	90% people with SMI disorders receiving annual health checks in General Practice		Many people with SMI experience debilitating physical ill-health. Management of physical ill-health enables people to better manage their mental illness. Treatment in general practice is an indicator of accessing mainstream services.	Green – >90% Amber – 80-90% Red – <80%	We will improve access to better physical health for people with MH problems in both secondary and primary care	PCT	YEAR
6Qual	84% of service users sampled with a diagnosis of schizophrenia who have had a physical health review in line with recommended good practice, or for whom this was not applicable (an exception), in the 12 months up to 31st March 2009.		Many people with SMI experience debilitating physical ill-health. Management of physical ill-health enables people to better manage their mental illness.	Green – >2008 Amber – +/- 2008 (within 5%) Red – <95% 2008	We will improve access to better physical health for people with MH problems in both secondary and primary care	HCC	YEAR

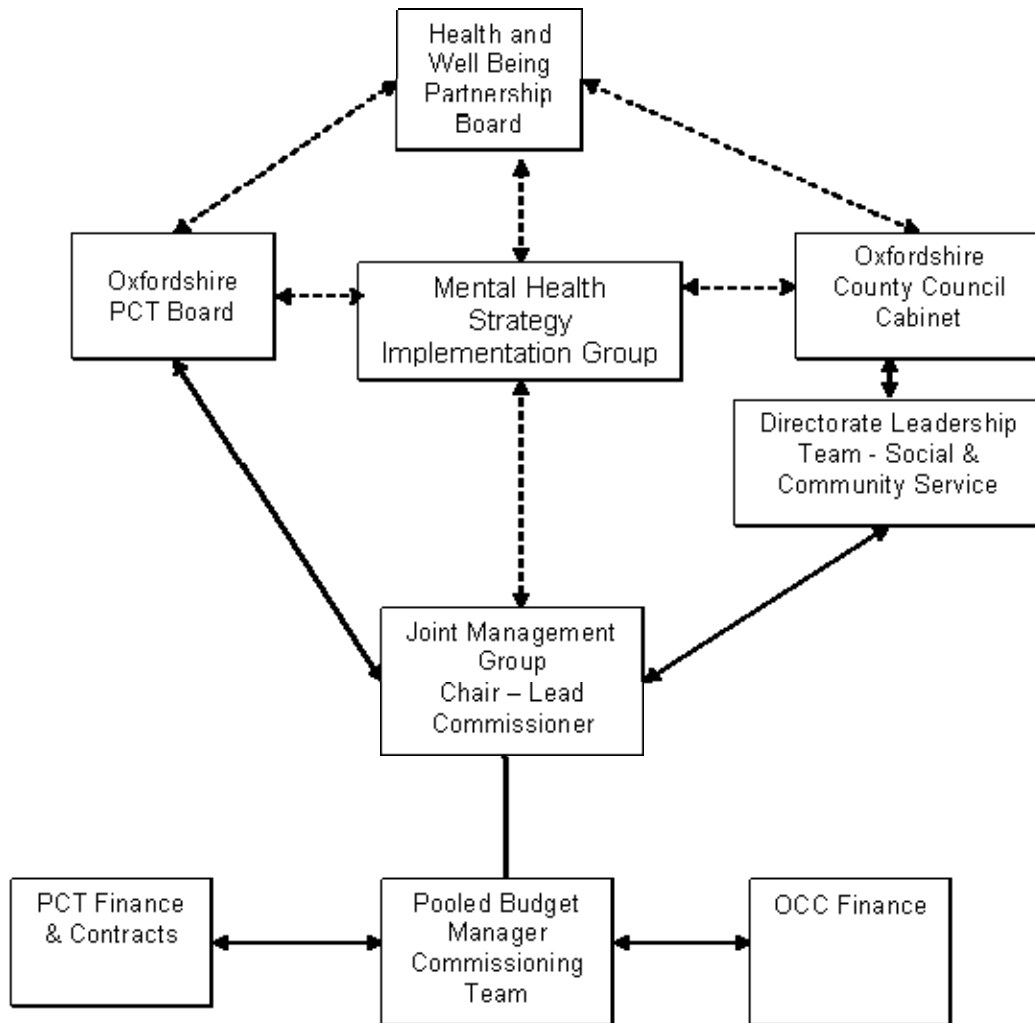
Glossary

BME	Black and minority ethnic origin
HONOS	Health of the Nation outcome score: a measure of how someone has recovered after treatment
IPS	Individual personalised support
SMI	Severe mental illness
OBMH	Oxfordshire and Buckinghamshire Mental Health Foundation Trust
PCT	NHS Oxfordshire
OCC	Oxfordshire County Council

ICD International Classification of
Disease
FACS Fair Access to Care
Improved Access to Psychological
Therapies-the TalkingSpace
IAPT service

Appendix H

Governance arrangements for the Mental Health Pooled Commissioning Budget



A very special thank you to those who have contributed to this strategy:

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John Walton	Clinical Executive Mental Health Lead	NHS Oxfordshire
Fenella Trevillion	Head of Joint Commissioning	NHS Oxfordshire

Fenella Trevillion was responsible for the overall co-ordination of the strategy

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GLOSSARY

Acronym	Description
ADASS	Association of Directors of Adult Social Services
AIMHSR	Acute In service user Mental Health Service Review
AMHS	Acute Mental Health Services
ASPD	Antisocial Personality Disorder
BCD	Breaking the Cycle of Deprivation
BME	Black and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Services
CEC	Clinical Executive Committee
CQUIN	Commission for Quality and Innovation
CRHT	Crisis Resolution Home Treatment
CSIP	Care Services Improvement Partnership
DES	Directly Enhanced Services, these are extra payments to GPs for carrying out work that is more than that stipulated in their general medical services contract
DH	Department of Health
DPH	Director of Public Health
DTOC	Delayed Transfers of Care
EIA	Equality Impact Assessment
EIP	Early Intervention in Psychosis
FT	Foundation Trust
FS	Floating Support. This is support that is provided to people who are placed in housing provision
GP	General Practitioner
HCC	Health Care Commission
HMP	Her Majesty's Prison

HNA	Health Needs Assessment
HOSC	Health Overview and Scrutiny Committee
IAPT	Improving Access too Psychological Therapies
IM&T	Information Management and Technology
IMD	Index of Multiple Deprivation
IPS	Individual Placement and Support
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicators
LAA	Local Area Agreement
LD	Learning Disability
LDTs	Local Delivery Targets
LEAN	LEAN enterprise academy / thinking / approach
LES	Locally Enhanced Finance Trust
LIT	Local Implementation Team
LOS	Length Of Stay
LSP	Local Strategic Partnerships
MHA	Mental Health Act
MCA	Mental Capacity Act
MHSIG	Mental Health Strategy Implementation Group
NED	Non Executive Director
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
NSR	Next Stage Review
OAS	Oxfordshire Alcohol Strategy

OBMH	Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
OCC	Oxfordshire County Council; Oxfordshire Change Board
ONS	Office of National Statistics
OP	(PCT) Operational Plan
OVSF	Oxford Voluntary Sector Forum
PALS	Service user Advice and Liaison Services
PBC	Practice Based Commissioning / Commissioners
PBC LIS	Practice Based Commissioning Local Incentive Scheme
PCSS	Primary and Community Services Strategy
PCT	Primary Care Trust
PPIF	Service user and Public Involvement
QOF	Quality and Outcomes Framework
RAS	Resource Allocation System. This is the system of establishing which budgets will be used for personalized budgets and setting up a payments system for them
SCSHA	South Central Strategic Health Authority
SDS	Self Directed Support
SDSS	Strategic Decision Support Service
SEPHO	South east Public Health Observatory
SHA	Strategic health Authority
SIS	Social Inclusion Strategy
SOA	Super Output Area
WCC	World Class Commissioning