



# Better mental health in **OXFORDSHIRE**



Joint commissioning strategy  
**2009-2012**  
**SUMMARY**

# 1 Better mental health in Oxfordshire



We are ambitious about improving the health and well-being of local people. But we will only achieve our goals by making sure good mental health is a top priority.

Mental health and well-being has an impact on all aspects of life and society. 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, reduce suffering, lower the burden of disease, reduce the impact on health services and save money.

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 key goals include promoting mental health and well-being and making sure services continually improve to meet changing needs.

This joint mental health commissioning strategy has been drawn up by NHS Oxfordshire and Oxfordshire County Council to help us achieve these ambitions. It provides a clear direction and focus for the improvement of mental well-being in Oxfordshire from 2009 to 2012. It sets the scene in terms of where we are now, where we want to be and how we will get there. The strategy will be an essential reference along the journey.

But it is not set in stone. It is a dynamic document which will be updated annually. The views of local people helped inform our commissioning priorities – and they will continue to inform our decision-making.

## What is mental well-being?

When 'mental health' is discussed, the focus is often solely on mental ill-health. 'Mental well-being' is a positive concept of mental health.

It is, according to the World Health Organisation, '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'.

## The vision of NHS Oxfordshire

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 NHS 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 (NHS Oxfordshire) which is a high-performing organisation

We have an action plan, an investment and savings plan and an implementation strategy with key performance indicators that we will use to measure progress.

This strategy broadly covers all community and acute services for adults aged 18-64. Separate commissioning strategies are being developed for older people with mental health needs and child and adolescent mental health services (CAMHS).

This document summarises the strategy. You can read it in full at the PCT website: [www.oxfordshirepct.nhs.uk](http://www.oxfordshirepct.nhs.uk)



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# 2 The context: national

National policy increasingly stresses the importance of broadening the focus of work from consultant-led mental health services to the mental health needs of the community as a whole.

A key theme is a shift towards helping people to manage their own mental health, working alongside the professionals involved in their care.

Influences on mental well-being are complex and broad-ranging. Factors protecting mental well-being include a stable home environment, friends and family, employment, support, good health and financial stability. Risk factors include long-term illness, fear or worries about money, old age and work issues.

Improving mental well-being is high on the government agenda and the National Institute for Health and Clinical Excellence is increasing its bank of guidance on promoting mental well-being.

The joint mental health commissioning strategy for Oxfordshire has been informed by all relevant national policies, guidance and Acts of Parliament.



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## Some national figures...

- **Mental illness costs in the region of £32 billion per year**
- **16% of adults of working age – one in six – have a mental illness; half of these are seriously ill**
- **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.**
- **There are 5.2 million carers in Britain – they are twice as likely as non-carers to have a mental health problem**

# 3 The context: local

## Some Oxfordshire figures...

- Almost 31,000 people are listed on GP records with a diagnosis of mental illness
- Just over 4,000 of these have a severe mental illness such as schizophrenia or bipolar mood disorder
- Up to 20% of the population is affected by common mental health symptoms such as sleep problems, fatigue and anxiety that do not lead to a diagnosis of mental illness
- 1,312,211 psychiatric medications were prescribed in general practice and community hospitals at a cost of £15.4 million (all age groups) during 2006/07
- There were 1,339 admissions to inpatient psychiatric care in 2006 with an average length of stay of 47.5 days (excluding stays in rehabilitation wards)



Detailed research was carried out in 2008/09 to understand what affects the mental well-being of people living in Oxfordshire. The Mental Well-Being Needs Assessment provided valuable information which helped shape the priorities set out in the joint mental health commissioning strategy.

A mental health commissioning pooled budget – bringing together relevant NHS and county council funding – has been in place for three years. It has been used to commission services from voluntary and community sector organisations. Pooling resources has made it easier to streamline processes and plan strategically to target services.

From April 2009 pooled budgets have been extended to include all non-forensic services addressing the health, social care and well-being needs of working age adults living with mental health problems. This should ensure we are better able to meet needs. This process is being led by NHS Oxfordshire.

# 4 What care is available now?



The range of services provided for working age adults in Oxfordshire 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 inpatient 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

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# 5 Why change?

## Some issues to address

Several issues were raised in the Oxfordshire Director of Public Health's Annual Report for 2008/09:

- A lack of planning to promote mental well-being
- The need to raise the profile and priority given to mental health across all organisations
- Gaps in current service provision, particularly in primary care and in addressing the impact of mental health on physical health and well-being

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.

This will see a shift in approach to mental health in Oxfordshire. While historically we have focused largely on secondary (hospital) care, we will put much more emphasis on helping people both avoid admission and come out again quickly if they do need hospital treatment.

The Annual Health Check, published by the Healthcare Commission (Care Quality Commission from April 2009) in October 2008, highlighted some areas for improvement in relation to mental health in Oxfordshire, including ensuring the availability of adequate information about care and treatment, and discharge from hospital.

The Oxfordshire Director of Public Health's Annual Report 2008/09 also highlighted mental health as an area requiring consistent and concerted action to improve the health of people in Oxfordshire.

The following trends have been identified for Oxfordshire:

- A rise by almost 11% over the past three years in the number of psychiatric medications
- An expected increase over the next 20 years in the number of people – especially the over-50s – with some of the most common mental health problems, such as depression, as well as the rarer and more severe illnesses
- An expected 3% increase over the next decade in the number of people – especially the over-50s – affected by common neurotic symptoms such as sleep problems, fatigue and anxiety
- A significant expected rise over the next decade in the number of people with psychosis, obsessive-compulsive disorders and personality disorders
- An expected increase of about 5% over the next 20 years in the number of hospital admissions for people with schizophrenia and mood (affective) disorders

# 6 What have we done so far?



We will continue to commission support for gaining and retaining employment, focusing on those people with more severe mental health problems, to aid their recovery



We have already completed:

- A review and action plan of service user/carer involvement and participation in commissioning and developing care pathways
- A needs-assessment for working age adults with mental health problems
- An extensive engagement process to get people's views on their priorities in mental health
- The establishment of a new model for psychological services in the community
- A strategy for improving mental well-being, including an action plan
- An extensive needs-assessment and engagement process on mental well-being
- The expansion of the pooled mental health commissioning budget

Some new services have already been commissioned.

For example, until recently, GPs who saw people with depression or anxiety had little choice other than to prescribe medication or put them in touch with a counsellor. Now, we have commissioned a pioneering service that gives GPs access to a broader range of services to help their patients, including computer-based talking therapy, guided self-help and more intensive one-to-one psychological support. The key is that these are offered via a single referral route to a service, known as TalkingSpace, run jointly by Mind and by Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust (OBMH).

Another example is the commissioning of the Independent Placement and Support (IPS) service from Restore, which is designed to help people in touch with OBMH to find, and stay in, employment.

We have also commissioned:

- A new carers' support service
- A service providing 24-hour support for people with complex needs
- A pilot project to provide independent advocacy in line with the amended Mental Health Act 2007

In addition we have:

- Started developing a three-year commissioning plan for the pooled budget
- Become a Focused Implementation Site (FIS) for race equality in mental health and are in the process of implementing the attendant action plan
- Started work on a housing strategy to help ensure that people with mental health problems have stable places to live – a vital consideration during both treatment and in recovery

# 7 What are we going to do next?



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

- Promoting health and well-being for all
- Improving access to services and from all sectors of society including hard-to-reach groups and black and minority ethnic communities
- Enhancing the recovery process and helping people to help themselves
- Encouraging more people to plan and purchase their own care with the personal budgets allocated for this purpose
- Promoting social inclusion
- Improving carer support
- Improving choice and service quality
- Working with partner organisations to plan for people with autistic spectrum conditions
- Focussing on people with eating disorders

These are based on a series of principles:

- We will commission high-quality mental health that shows measurable improvements in people's health and well-being, in line with National Institute for Health and Clinical Excellence (NICE) guidelines and other evidence
- We will improve the forecasting of needs and costs of mental health in Oxfordshire
- We will commission high-quality services and interventions to prevent mental ill-health and improve mental well-being
- We will maximize opportunities across all sectors for preventing mental ill-health and promoting mental well-being

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We will continue to commission relief for carers so they are better able to care

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*continued overleaf*

# Health and well-being for all

This is how we plan to promote health and well-being for all:

## Year One: 2009 to 2010

- Start training on how to give emergency help to someone experiencing mental distress (Mental Health First Aid)
- Gear up Oxfordshire's major partnerships
- Campaign to make sure Oxfordshire residents know how to improve their own mental well-being

## Year Two: 2010 to 2011

- Create mentally-healthy work environments with two employers
- Provide self-help books on prescription
- Campaign to change behaviour towards people with mental health problems

## Year Three: 2011 to 2012

- Improve support for children/ young people/ families experiencing relationship breakdown
- Start a men's mental health programme
- Introduce a mental health element to training on the Disability Discrimination Act

- We will promote opportunities for developing primary care mental health services, led by practice-based commissioning (PBC) consortia and supported by people who use services, carers and stakeholders
- We will commission responsive, personalised, accessible local services based on need, recognising equality, diversity and choice
- We will commission services that promote recovery, independence and social inclusion
- We are committed to change through partnership, with meaningful participation from those who use services, carers and stakeholders in all aspects of commissioning
- We will commission the most effective and efficient services, provided by a capable, adaptable, caring paid and unpaid workforce who are supported, engaged and appropriately rewarded
- We will commission sustainable services within financial resources; we will use every opportunity to maximise resources through external funding streams
- We will commission in response to local and national priorities

More specifically, we will continue to commission:

- Psychological services in line with NICE guidelines to address the needs of people with mild to moderate depression and anxiety
- Housing and support services within the developing housing and support strategy
- Support for gaining and retaining employment, focusing on those people with more severe mental health problems, to aid their recovery
- Independent advocacy in line with the requirements of the amended Mental Health Act
- Support at home to help people live independent lives in the community
- Relief for carers so they are better able to care
- Essential services required in supporting recovery

We will also use opportunities to expand the availability of services that can be purchased individually by the users of services.

We will review:

- The impact of the forensic care pathway, crisis provision, 24-hour accommodation and people in supported housing, care services for older people and the interface between primary care/GPs and care provided by Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
- Services for people with eating disorders and people with personality disorders
- All current contracts against our strategic intentions and priorities

# 8 Where we want to be



As a result of all these developments, we want to see:

- People with the emotional resilience to cope with stress and manage life-changing situations
- People who feel content and feel 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
- People who feel happy, confident and satisfied with their lives.
- 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
- People with anxiety and depression able to access the services they need
- Better access for people with mental health problems to services that improve their physical health

Good mental healthcare 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) or are in crisis
- 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
- People with physical health problems and with long-term conditions

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# 9 How we will measure progress



We aim to increase access to psychological services for people who experience depression or anxiety conditions to 4,000 a year



A huge number of improvements are planned. However, we need to measure how well we are doing in each area – especially in terms of the difference it makes to service users and to the wider public.

For example, we aim to:

- Improve access for people from black and minority ethnic groups to services that are sensitive to their cultures
- Increase access to psychological services for people who experience depression or anxiety conditions to 4,000 a year
- Make sure more carers are assessed, and receive support services, information and advice
- Help people with mental health problems find and stay in work
- Train 50 people in 2009/10 to become mental health ‘first aiders’, who help people recognise mental health issues, protect their own and other people’s mental health, and avoid behaviour that damages it
- Make sure at least 60% of vulnerable people can live independently
- Make sure that more adults who receive mental health care are in settled accommodation
- Increase the proportion of people using direct payments for their own care
- Reduce the number of people who are ready to leave hospital but who cannot go because the right support is not yet in place
- Make sure at least 95% of people discharged from hospital are followed up within seven days
- Reduce the number of patients who are cared for by providers given zero stars (the lowest rating) by the Care Quality Commission
- Make sure at least 95% of people in touch with mental health services have their needs reviewed every six months
- Increase the level of satisfaction among service users and carers above the level in 2007/08
- Make sure independent advocacy is provided to at least 500 people in 2009/10
- Reduce the proportion of people with mental health problems who are admitted to hospital as emergencies
- Make sure at least 90% of people with serious mental illnesses receive annual health checks at their GP surgery
- Increase the proportion of people with schizophrenia who have physical health checks, in line with good practice

This summary and the full commissioning strategy can be downloaded from: [www.oxfordshirepct.nhs.uk](http://www.oxfordshirepct.nhs.uk)

If you would like information in another format, such as in other languages, in large print or in Braille, or electronically via CD, email or audio, please ask by calling 0800 052 6088.