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1. Executive Summary

Oxfordshire has made significant progress in strengthening adult and older adult mental health services by shifting care earlier, closer to home and working in more integrated ways across the system.

Community provision has expanded through Keystone Hubs, embedded mental health practitioners in primary care and new early-intervention services, improving access and supporting prevention for people with severe mental illness, eating disorders and those at risk of crisis. Long-standing partnership with the voluntary, community and social enterprise sector remains a clear strength, with peer workers and experts by experience embedded across services and a new long-term outcomes-focused commissioning approach reinforcing co-production.

Crisis pathways are continuing to improve through the 24/7 NHS 111 Mental Health Helpline, Safe Havens in Oxford and Banbury, and the development of a consistent countywide Crisis Resolution and Home Treatment model, offering more alternatives to hospital. Despite sustained demand pressures, inpatient flow is improving, with reducing lengths of stay and a marked reduction in inappropriate out-of-area placements, supported by stronger discharge planning and joint working with the local authority.

A key development is the planned reintroduction of Assertive Outreach and Intensive Case Management, providing intensive, multi-agency support for people with severe mental illness who struggle to engage with standard services, representing an important step forward in safety, continuity of care and outcomes across Oxfordshire.

2. Introduction

This briefing paper provides an overview of adult and older adult mental health provision in Oxfordshire in response to the following points requested by the Oxfordshire Scrutiny Officer:

- Community-based prevention and early intervention, including neighbourhood and voluntary sector support.
- Access to community mental health and crisis alternatives
- Work to reduce escalation to acute services
- Crisis response pathways (including NHS 111, crisis teams, Safe Havens and liaison services).
- Response times, demand trends and performance.

- Work with partners (including Right Care, Right Person) to ensure people access the right support first time.
- Current demand for acute and older adult mental health beds
- Use of out-of-area placements and actions to reduce these
- Length of stay, discharge pathways and step-down provision
- Workforce and operational pressures affecting bed availability
- Update on the Warneford Park redevelopment
- How estate plans will improve quality, safety and local capacity over time

Additional Insight to be provided in the report

1. Transitions from children's to adult mental health services.
2. Medication management (How prescribing decisions are made person-centred, and how recent prescribing restrictions (e.g., valproate) are managed for people with bipolar disorder or epilepsy with mental health co-morbidities).
3. Details on any system level KPIs around SMI as well as any local system-level KPIs on mental health services more broadly.
4. Insights into the community dimension/aspect of out of area placements.
5. How people with complex needs/comorbidities are supported by the system.

3. Avoiding Crisis: Early help and community response

3.1 Community-based prevention and early intervention, including neighbourhood and voluntary sector support.

Keystone Hubs

8 Hubs in Oxon (7 bases - Abingdon, Wantage, Witney/Chipping Norton, Banbury, Cowley Road Oxford, Kidlington). Established 2023/4 as part of Community Mental Health Framework initiative to bridge gap between primary and secondary mental health care and in conjunction with Voluntary Community and Social Enterprise (VCSE). Aim to benefit three patient groups and address health inequality in the areas of Eating Disorders, Personality Disorder and people with severe and enduring psychotic illnesses. 'Health on the high street' accessibility in Abingdon, Wantage, Banbury, Oxford, Kidlington.

Additional Role Reimbursement Scheme (ARRS) workers

12 workers based across Oxfordshire working into Primary Care Networks (PCN's). Mental health practitioners fully embedded in GP practices providing primary care MH assessment and intervention. Not all PCNs (of which there are 21) have chosen to have Mental Health ARRS workers.

Oxfordshire Talking Therapies (OTT)

For people with depression and/or anxiety who may also have comorbid Long-term physical health conditions (Long Term Condition pathways: cardiac conditions, chronic/post viral fatigue, diabetes, irritable bowel syndrome (IBS), Long COVID, menopause symptoms, and respiratory diseases). NICE recommended, evidence-based psychological therapies at the appropriate dose. Stepped care with appropriately trained and supervised workforce using routine clinical outcome measure. Integrated employment advice service. Self-referral; GP referral.

Mental Health Helpline (NHS 111, select mental health)

Self-referral. 24/7 helpline operated by qualified and experienced mental health clinicians. Embedded within NHS 111/999 (SCAS). Mental health triage, advice and information; and onward referral to all other parts of the MH services. Covers Oxon and Bucks.

Early Intervention in Psychosis Service (EIS)

Service for people experiencing a first episode of psychosis offering up to 3 years of focussed and evidence-based care and treatment with the aim of reducing the likelihood of future relapse and recurrence of psychosis and improving outcomes for people who have experienced psychosis for the first time.

At Risk Mental State Service (ARMS)

New service (2025/6) working with people aged 14+ who are presenting to services with signs and symptoms suggestive of possible future risk for developing a psychotic illness. Assessment and prevention intervention. Onward referral to EIS as required.

Neighbourhoods

As part of the NHS 10-year plan, NHS, Local Authority Social Care, Primary Care and VCSE operating in collaboration in defined geographies and targeting health inequalities of specified population / patient groups. Mental health services (all age) have been fully connected into neighbourhood developments in Oxfordshire and working with Oxford Health Foundation Trust (OHFT) Community Services Directorate on an integrated Oxford Health offer into Neighbourhoods.

First Episode Rapid Early Intervention for Eating Disorders (FREED)

Based within the Community Adult Eating Disorders team, FREED offers early intervention to people aged 16 – 25 who have had an eating disorder for 3 years or less. It provides rapid specialised treatment intervention to this population paying particular attention to the challenges that young people face during these critical years of their lives and aiming to reduce or reverse the changes to brain, body and behaviour caused by eating disorders.

VCSE

Adult mental health provision in Oxfordshire has benefitted from partnership working with the voluntary, community & social enterprise (VCSE) sector for many years, with arrangements having been formalised in 2015. The OHFT-led 'Mental Health Outcomes Improvement Programme' is currently recommissioning VCSE provision for the next ten years. At present OHFT has range of arrangements in place with the following organisations:

VCSE organisations	Contracted provision
Oxfordshire Mind	Support ranging from wellbeing to supported accommodation, to crisis care
Response	Specialist mental health accommodation, care & support
Sweda	Eating disorder support
Elmore	Support for people with complex needs
Restore	Supporting people with recovery, training & employment
Bridewell	Horticultural therapy to support recovery
Root and Branch	Horticultural therapy to support recovery
Connections	Floating Support, Hospital discharge support workers

In addition to the specific services they deliver, these organisations embed peer workers and experts by experience across a wide range of teams. These roles are deliberately positioned within services to ensure that lived experience directly shapes how care is designed, delivered and improved. Embedded peer workers bring together professional expertise, personal insight and system knowledge, creating meaningful added value for both service users and clinical teams. This includes, for example, peer workers based within inpatient settings who support people to prepare for discharge and rebuild confidence in returning to home life, as well as those embedded within adult community mental health teams, where lived experience informs day-to-day practice and

service development. OHFT has also begun collaborative work with Oxfordshire Community Action to strengthen access to community mental health provision for minoritised communities, with experts by experience playing a key role in shaping culturally responsive approaches.

As a system leader, OHFT is committed to sharing its vision for adult mental health services and driving improvement through co-production and system-wide collaboration. During 2025/26, OHFT convened a series of multi-agency events designed to bring together practitioners, VCSE partners and people with lived experience to collectively reflect, learn and improve practice across the system. Experts by experience and peer workers were integral to the design and delivery of each event, ensuring that lived experience perspectives informed discussion, challenge and solution-building. Topics included working effectively together across the mental health system, supporting people experiencing self-neglect, applying system thinking to enable people to move on to independent living and sustain tenancies, and strengthening joint working to support people with eating disorders.

The Mental Health Outcomes Improvement Programme is founded on partnership and co-production, with the explicit aim of improving outcomes and quality across accommodation, care and support, community mental health services and urgent care pathways. OHFT is working in close collaboration with the VCSE, Thames Valley ICB, Oxfordshire County Council and, critically, people with lived experience to design, deliver and evaluate this programme. Experts by experience and peer workers are embedded throughout the programme, ensuring that improvement activity remains grounded in what matters most to people who use services and that change is informed by real-world experience at every stage.

3.2 Access to community mental health and crisis alternatives

Alongside community mental health services described above, Oxfordshire provides a range of crisis alternatives designed to offer support outside of hospital or statutory services.

Safe Haven services in Oxford and Banbury, delivered in partnership with Oxfordshire Mind, provide out of hours mental health crisis support in a safe and non-clinical environment. These services offer drop-in support, emotional wellbeing guidance and short-term crisis support for people experiencing distress who may otherwise attend emergency departments. Safe Havens play an important role in the urgent care pathway by providing an alternative setting for people who require immediate support but do not require a clinical crisis response.

Work is currently underway across Oxfordshire to review the range and effectiveness of crisis alternatives provided across the system, including those delivered by the voluntary sector. This work aims to ensure services are accessible, equitable across the county and aligned to the developing urgent mental health care pathway. The review is considering opportunities to expand crisis alternatives and improve integration with NHS urgent care services, ensuring people can access the most appropriate support at the earliest opportunity.

3.3 Work to reduce escalation to acute services

Reducing unnecessary escalation to emergency departments and inpatient services remains a key priority across Oxfordshire's urgent mental health pathway.

Voluntary sector partners including Oxfordshire Mind are working with statutory sector partners in a system wide workstream. This is currently reviewing the range of crisis alternatives delivered, with the aim of ensuring the right support is available earlier in a person's crisis. This includes considering how services can better support individuals whose needs may not require a clinical crisis intervention, but who would benefit from timely emotional and practical support.

In parallel, Oxford Health is progressing the development of a 24/7 countywide Crisis Resolution and Home Treatment Team (CRHTT) model to ensure consistent access to urgent mental health assessment and intensive

home treatment across Oxfordshire. This expansion aims to reduce the need for hospital admission by providing timely crisis assessment and treatment in people's homes wherever clinically appropriate.

In addition, the mental health text support service will transition to an in-house model from April, improving integration with existing urgent mental health services and enabling better coordination of support across the crisis pathway.

4. Access to crisis care

4.1 Crisis response pathways (including NHS 111, crisis teams, Safe Havens and liaison services).

Oxfordshire operates a multi-agency urgent mental health pathway designed to ensure people in crisis can access the right level of support quickly.

NHS 111 Mental Health Helpline

The Oxfordshire and Buckinghamshire Mental Health Helpline is available 24 hours a day through NHS 111 using the mental health option. The service is staffed by experienced mental health clinicians who provide triage, advice, risk assessment and referral into appropriate services across the mental health system. The helpline acts as a key entry point to urgent mental health support and helps ensure people are directed to the most appropriate service first time.

Crisis Resolution and Home Treatment Teams (CRHTT)

Adult and CAMHS Crisis Resolution and Home Treatment Teams provide rapid assessment and intensive home treatment for people experiencing acute mental health crises that might otherwise require hospital admission. The teams operate 24/7 and provide short term intensive support in the community, including psychiatric assessment, medication management and therapeutic interventions. Their role is to stabilise crises while enabling people to remain safely at home wherever possible. Work is underway to further develop the adult CRHTT model to deliver full countywide coverage, ensuring equitable access to crisis support across Oxfordshire.

Safe Haven services

Safe Havens in Oxford and Banbury provide an alternative to hospital attendance for individuals experiencing emotional distress or crisis. Delivered by the voluntary sector, they offer informal, supportive environments where individuals can access immediate support, information and guidance.

Emergency Department psychiatry services

Mental health services operate within acute hospitals across Oxfordshire, including the John Radcliffe and Horton hospitals. These teams provide specialist mental health assessment and intervention for patients attending emergency departments or who have mental health needs. The service works closely with emergency department teams, acute clinicians and community mental health services to ensure patients receive appropriate care and follow up.

4.2 Response times, demand trends and performance.

Demand for mental health services across Oxfordshire has continued to increase across both community and urgent care pathways over the past year.

Referrals to adult community mental health services, including psychological therapies, community mental health teams, eating disorder services, complex needs services and perinatal services, have increased significantly. Monthly referrals rose from between around 500 and 640 earlier in the year to over 1,200 referrals per month in the latter part of the reporting period, reflecting both increased demand and improved access through community mental health pathways.

Referrals to older adult community mental health services, including community mental health teams and memory services, have remained relatively stable across the period, typically ranging between around 290 and 376 referrals per month.

Demand across the urgent mental health care pathway remains consistently high. Referrals to urgent mental health services ranged between approximately 1,300 and 1,750 referrals per month. These figures represent the total number of referrals entering the urgent care pathway, including referrals to Crisis Resolution and Home Treatment Teams (CRHTT), the Emergency Department Psychiatric Service (EDPS) and the Mental Health Helpline.

The Oxfordshire Mental Health Helpline, delivered through NHS 111 in partnership with South Central Ambulance Service, continues to provide an important entry point to urgent mental health support. The data presented relates to Oxfordshire residents supported by the service rather than the total number of calls received, as the helpline also supports Buckinghamshire. During the reporting period the service supported between approximately 256 and 457 Oxfordshire residents per month, providing clinical advice, triage and onward referral into the urgent mental health pathway where required.

Referrals to Primary Care Mental Health Teams remained relatively consistent throughout the year at around 500 to 600 referrals per month. CAMHS referrals fluctuated between approximately 536 and 949 per month, reflecting seasonal variation commonly seen within children and young people's mental health services.

Emergency Department Psychiatric Service (EDPS) demand also remained high, with monthly referrals ranging from 158 to 334 during the reporting period and an average of approximately 274 referrals per month. Between 76% and 94% of patients were seen within one hour, against a local target of 95%, demonstrating the continued responsiveness of liaison mental health services within busy emergency department environments.

4.3 Work with partners (including Right Care, Right Person) to ensure people access the right support first time.

Oxfordshire partners have worked collaboratively to support the implementation of the Right Care, Right Person (RCRP) approach across the Thames Valley. Oxford Health NHS Foundation Trust co chaired system wide implementation meetings during the early stages of rollout, bringing together partners including Thames Valley Police, South Central Ambulance Service, local authorities and voluntary sector organisations.

These meetings supported the development of shared operational pathways, escalation processes and communication arrangements to ensure people experiencing mental health distress are directed to the most appropriate service.

As the approach has matured and become embedded within routine system working, dedicated RCRP implementation meetings have now concluded. Oversight and ongoing development of the approach is now incorporated into existing governance structures, including the monthly Partnerships in Practice forum, ensuring continued multi agency collaboration and system oversight

5. Inpatient capacity and flow

5.1 Current demand for acute and older adult mental health beds

Demand for acute adult beds has fluctuated in recent months. Our approach is to admit patients locally wherever possible, with Out of Area Placements (OAP) used only when demand exceeds local capacity. Historically, higher demand for male acute wards meant that a small number of male patients required placement out of area; however, this pattern shifted in February, when increased demand for female acute beds led to limited use of female OAPs for the first time in around six months. At the same time, demand for male older adult beds reduced, enabling the local older adult male ward to support and safely admit a number of working-age adults, helping to maintain care closer to home. Demand for older adult female beds has remained relatively stable, and

local admissions have largely been achieved, with occasional mutual aid support from Buckinghamshire. Reducing reliance on OAPs remains a priority due to the impact on patient experience, continuity of care and outcomes, and ongoing work is focused on strengthening local capacity and flow to support this.

Bed request/admissions by gender/age:

	Dec 2025	Jan 2026	Feb 2026
AWA female	22	22	26
AWA Male	23	16	24
OA Female	6	9	4
OA Male	8	2	4

5.2 Use of out-of-area placements and actions to reduce these

Out of Area Placements (OAPs) occur when a patient is admitted to an inpatient mental health bed outside their local NHS Trust area. An inappropriate OAP is defined as an out of area admission that takes place for non-clinical reasons, most commonly due to the unavailability of a suitable local bed, rather than because the patient requires highly specialist care that cannot be provided locally.

Oxon no longer have blocked booked beds and therefore all acute admissions to Out of Area Placements (OAPS) are considered 'inappropriate OAPs'. There were no new admissions to OAPS in January 2026, however demand for beds increased in February resulting in OAP admissions – current position as of 18/03/2026 – 3 female, 1 male inappropriate OAPS.

Inappropriate OAP bed days:

Dec 2025 – 144 days

Jan 2026 – 142 days

Feb 2026 – 59 bed days

Female Psychiatric Intensive Care Unit's (PICU) are considered 'appropriate OAPS' as we have no local provision for female PICU. Current position is 3 female PICU's – 1 for step down to local acute ward this week (as of 18/03/2026)

Appropriate OAP bed days:

Dec 2025 - 65 days

Jan 2026 - 62 days

Feb 2026 - 56 days

Actions being taken to reduce OAPs:

- 1) Weekly OAP rapid review – led by patient flow, attended by community teams, crisis team and social care
- 2) Repatriation of OAPS when feasible (without leading to other OAPS going out)
- 3) 3 x weekly escalation calls to review all delayed discharges, identify discharges and consider alternative options to admission ensuring all least restrictive options to admission have been explored and exhausted
- 4) Regular face to face reviews of patients in OAPS – generally around once per fortnight – led by patient flow with support from community/crisis teams where possible
- 5) High threshold for authorisation to refer to OAPS – director level in hours, head on call out of hours.

- 6) Use of HBPOS when capacity allows if it is clear that this will be short term until a bed is available weighing up the restrictions of a HBPOS vs an OAP.
- 7) Input from CRHTT at earliest opportunity to facilitate discharge from OAPS/local inpatient wards to facilitate discharge.

5.3 Length of stay, discharge pathways and step-down provision

Length of stay is gradually reducing, with a number of long-stay patients moving on to appropriate placements or completing their treatment, improving both patient experience and outcomes. A weekly length-of-stay review meeting has been established for the past six months, focusing on patients in hospital for over 60 days. These reviews ensure there is a clear, patient-centred treatment and discharge pathway, with active identification and escalation of clinical, social and system barriers that may be prolonging admission. This approach supports timely recovery, reduces the risk of institutionalisation, and helps patients move on when clinically appropriate.

Average LOS for AWA beds:

Dec 2025 – 72 days

Jan 2026 – 70 days

Feb 2026 – 62 days

Average LOS for OA beds:

Dec 2025 – 61 days

Jan 2026 – 53 days

Feb 2026 – 48 days

Discharge pathways:

Data on discharge pathways is currently captured for patients who are formally declared clinically ready for discharge. In Oxfordshire, this is supported through close joint system working with Oxfordshire County Council, the ICB and other partners to maximise the use of step-down provision as a key enabler of timely and safe discharge. The Oxfordshire Better Care Fund has (since 2024) funded additional capacity to support discharge including discharge capacity in adults and older adults services and the Oxford City-led Oxfordshire Homelessness and Health Inclusion team (OHHI). Step-down accommodation is a highly valuable shared resource, particularly for people experiencing homelessness or awaiting accommodation to become habitable and reflects a coordinated health and local authority response to discharge barriers. The step-down houses in Oxford and Banbury delivered as part of OHHI also enable continued access to CRHTT support, allowing integrated health and social care input to stabilise and sustain discharge into temporary accommodation.

Barriers to safe and effective discharge from acute mental health beds are discussed and supported by the Oxfordshire system in a dedicated weekly escalation call. Oxfordshire has sought to establish the same focus and processes to support people ready to leave mental health beds as we apply to other acute hospitals.

5.4 Workforce and operational pressures affecting bed availability

The main pressures have related to estates issues, including the need for repairs following significant wear and tear to the ward environment, such as damage to fire doors and bedroom doors. At times, this has temporarily reduced bed capacity while essential works are completed. Over the past year, this has most notably affected the two male wards and Ashurst.

It remains extremely uncommon for admissions to be paused or delayed due to workforce availability. Where this has occurred, it has been in response to periods of particularly high clinical acuity requiring enhanced levels of care to maintain safety and quality. Any decisions of this nature are agreed at directorate level (Clinical Director, Head of Service and Service Director) and are subject to daily review. Overall, vacancy rates and staffing levels across the wards are good, with established processes in place to flex staffing in response to changes in patient acuity.

6. Mental Health estate

6.1 Update on the Warneford Park redevelopment

Warneford Hospital is the oldest inpatient unit still in use across the NHS and the building is no longer a suitable environment in which to be providing modern mental health care.

In partnership with the University of Oxford and a local benefactor, we have developed plans to transform the site into a major mental health campus, and in the summer we submitted a detailed planning application to Oxford City Council. Whilst we await the outcome of our application, we are working hard to secure government funding for the new hospital.

At the heart of our plans is a brand-new hospital, which will focus on providing modern inpatient facilities. This will have an enormously positive impact on the quality of mental health care we can provide: better mental healthcare facilities and innovative new integrated models of care will transform outcomes and significantly improve the experience of that care for people living in Oxfordshire.

Our plans also include a major research facility and the establishment of a new post-graduate college focusing on medical sciences, bio-engineering and related disciplines. In combination, the proposals would provide a world-class research campus in Oxford that will aim to tackle some of the most important issues in brain and mental health, by discovering new forms of treatment and therapies. Bringing together science and clinical care on one site will see the benefits from mental health research translated directly into clinical practice, with the new hospital allowing for the growth of these innovative treatments.

6.2 How estate plans will improve quality, safety and local capacity over time

- Improved mental health facilities and environment for patients, visitors and staff - the new hospital will focus on providing modern inpatient facilities, with a strong emphasis on patient wellness and therapeutic spaces that connect with nature.
- Better mental healthcare facilities and innovative new integrated models of care will transform outcomes and significantly improve the experience of that care for people living in Oxfordshire.
- High quality facilities will be available for these groups of patients. Including all en-suite facilities to improve privacy and dignity which meets with CQC regulatory standards. In addition, multiple areas for other activities will be available on site. The new hospital will help to create a positive therapeutic atmosphere through the provision of areas to socialise and enable the development of a sense of "community" and quiet areas for reflection. Further benefits are natural light and access to outdoor space. The therapeutic environment will support recovery and this, with the community transformation plans, reduce average length of stay which provides increased capacity for admission, less out of area admissions and more people able to receive a service closer to their home.
- Crisis team hub will be located on the hospital site. Crisis team Hub will ensure effective oversight and clinical input in HBPOS and community teams to ensure patient flow. Services delivered on a single campus to ensure maximum focus of care delivery, fewer transitions through easier access of community/inpatient MDT; and smoother pathways for patients. Improved space and environment with particular attention to

incorporation of evidence-based technology to ensure safe observations of patients, anti-ligature fixtures and fittings, low impact flooring are in place as standard. Staffing levels that allow for high quality care delivery and intervention.

- Mental health and brain research has lagged behind other areas of healthcare and so there is much more we can do to develop and improve therapies and treatments for the future and create the best environment for new scientific break-throughs – helping to better prevent, diagnose, and treat mental illness early. We're developing a range of new treatments, such as Virtual Reality therapy, as well as trialling drugs that have been shown to be effective in treating difficult-to-treat depression and helping to revolutionise dementia diagnosis through blood tests. Our proposals would provide a world-class research campus in Oxford that will aim to tackle some of the most important issues in brain and mental health, by discovering new forms of treatment and therapies.
- The co-location of clinical staff with academic and commercial research teams in a purpose-built campus means that mental health research can be translated directly into clinical practice, with the new hospital allowing for the growth of these innovative treatments.
- We have carried out a bed modelling exercise as part of our planning for the new hospital to ensure it meets future demands, which has resulting in an increase in the number of beds being planned. However, we also expect the benefits of a new purpose-built facility, with a greater focus on treatment and recovery, to reduce the average length of stay of our inpatients.
- As a result of patients spending less time in hospital, improved capacity would support the ability to meet the current and future population need. The hospital is being designed so that we can flex up if required.

OHFT's estate plan sets out how the built environment will support better care delivery now and in the future. By aligning buildings, infrastructure and digital capability with clinical and service priorities across Oxfordshire and Buckinghamshire, our estate plan will play a direct role in improving **quality, safety and local capacity**.

1. Improving quality of care

Over time, estates plans improve care quality by ensuring facilities are fit for modern clinical practice and patient needs.

Better clinical environments: Investment in modern, well-designed spaces supports dignity, privacy and therapeutic outcomes (e.g. single rooms, improved mental health environments, accessible outpatient facilities).

Support for new models of care Estates plans enable a shift from hospital-centric care to community-based and integrated services, including:

- Community/neighbourhood hubs
- ambulatory and day-case facilities
- co-located health, social care and voluntary services

This improves continuity of care and patient experience.

Digital-enabled estates Upgraded infrastructure (power, data, Wi-Fi) supports digital transformation, telemedicine, electronic patient records and diagnostic technologies, improving clinical effectiveness and responsiveness.

2. Improving safety and compliance

A core purpose of NHS estates planning is to reduce risk to patients, staff and the organisation. This reduces the likelihood of adverse incidents, enforcement action or service disruption.

Targeted estates investment to address priority and high-risk issues. This investment focuses on mitigating identified risks and strengthening the safety and resilience of the estate, delivering improvements in:

- fire safety
- infection prevention and control
- electrical and medical gas safety

- structural integrity

Compliance with statutory and regulatory standards Estates plans support compliance with:

- Health Technical Memoranda (HTMs)
- Health Building Notes (HBNs)
- CQC safety and environment standards

Resilient and reliable infrastructure. Planned upgrades to plant, utilities and resilience measures (e.g. power redundancy, flood mitigation) reduce unplanned downtime and clinical risk.

3. Increasing local capacity and flexibility

Estates plans help ensure the NHS can meet rising and changing demand within local systems. This reduces pressure on acute sites and supports care closer to home.

Optimising use of existing estate. Through rationalisation, refurbishment and repurposing, trusts can:

- release under-used or poor-quality space
- reinvest in priority services
- improve operational efficiency

Targeted capacity expansion. New or expanded facilities are aligned to population need and service demand, supporting:

- growth in outpatient and diagnostic capacity
- same-day emergency care
- mental health and community services

System-wide planning. Estates strategies increasingly align with Integrated Care System (ICS) priorities, enabling shared use of assets, joint developments and better coverage of local need.

4. Supporting workforce and sustainability

Over the longer term, estates plans also underpin workforce stability and environmental goals.

Attracting and retaining staff. High-quality, safe and well-designed workplaces improve staff wellbeing, productivity and retention.

Net zero and running cost reduction. Investment in energy efficiency and low-carbon technologies reduces emissions, lowers revenue costs and improves long-term affordability.

7. Additional Insights

7.1 Transitions from children's to adult mental health services.

18 – 25 transitions Mental Health Outcomes Improvement Programme started in December 2025, with an objective to review the current process for transitioning young people from CAMHS to adult services, complete a full scoping exercise to review all services available for people aged 18-25 across the community in Oxfordshire, improve the transitions process for young people and their families when transferred to adult mental health services, and improve the offer for young people with Severe Mental Illness (SMI) and their families in the partnership

18-25 Transitions project group meetings have representatives from across services, including experts by experience (who have recent experience of transitions) and VCSE organisations. Phase 1 task and finish groups underway, focusing on Mapping of services, Gap analysis, Feedback from Services and users of services, and Transitions from out of area placements

Oxford Health was also invited to the Corporate Parenting Panel in January 2026, where there was a presentation on services available post 18, for people experiencing mental health issues.

A working group has been established across commissioners and County Council and OH to develop a better understanding and pathways for more children and young people who have more complex needs and who might be at higher risk of being placed in out of area accommodation. This group will develop the practice and commissioning intentions to improve transition for this group.

7.2 Medication management (How prescribing decisions are made person-centred, and how recent prescribing restrictions (e.g., valproate) are managed for people with bipolar disorder or epilepsy with mental health co-morbidities).

Medication management within Oxford Health is underpinned by a strong commitment to person-centred care, shared decision-making, and safe, evidence-based prescribing. Prescribing decisions are made collaboratively between the prescriber and the individual, taking into account clinical need, diagnosis, co-morbid physical and mental health conditions, previous treatment response, personal preferences, and wider social circumstances. This approach is explicitly supported within the Trust's Medicines Management Policy and Prescribing Policy which emphasise prescriber accountability, informed consent, and the involvement of service users in decisions about their treatment wherever possible.

Medication management is delivered through a person-centred, shared decision-making approach, with prescribing decisions tailored to individual clinical need, co-morbid mental and physical health conditions, treatment history, and personal circumstances. For people with bipolar disorder or epilepsy with mental health co-morbidities, clinicians carefully balance symptom control, safety, and quality of life, supported by regular specialist review. In some cases, valproate remains the most clinically effective option for maintaining mood stability or seizure control; however, its use is always considered alongside current MHRA safety requirements and NICE guidance. Where prescribed, this is underpinned by clear risk–benefit discussions, documented informed consent, and ongoing review to ensure treatment remains appropriate, safe, and aligned with national regulatory expectations.

7.3 Details on any system level KPIs around SMI as well as any local system-level KPIs on mental health services more broadly. Please see appendix A for full KPI details.

Talking Therapies – Summary Dashboard

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Oxfordshire	687	Jul-25	746			685
National	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire	.	Jul-25	7.40%		N/A	7.42%
National	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Oxfordshire	>=67%	Jul-25	64.10%			67.11%
National	% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire	>=75%	Jul-25	99.60%			99.69%
National	% of people receiving first treatment appointment within 18 weeks of referral - Oxfordshire	>=95%	Jul-25	100%			99.96%
National	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Oxfordshire	<=10%	Jul-25	6.30%			3.91%
National NOF	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire	>=48%	Jul-25	43.90%			50.59%
National	Meet and maintain at least 50% Talking Therapies recovery rate - Oxfordshire	>=50%	Jul-25	50.40%			53.72%
National	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Oxfordshire	>=50%	Jul-25	43.20%			48.90%
National	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Oxfordshire	>=50%	Jul-25	53.60%			55.22%

Adult and Older Adult Community – Summary Dashboard

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Improve access for Adults and Older Adults to support by community mental health services - Oxfordshire	> =6737	Jul-25	9330		.	7764
National	4 week wait (28 days) standard (interim metric - two contacts within pathway)- Oxfordshire	> =36% National average	Jul-25	84.87%			67.74%
National	Improve access to perinatal mental health services - Oxfordshire (rolling 12 months)	> =501	Jul-25	567		.	490
National	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Oxfordshire	> =60%	Jul-25	92.86%			88.29%
National	Number of people accessing Individual Placement Support (IPS) - Oxfordshire (rolling 12 months)	> =400	Jul-25	419		.	353
National	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	> =63%	Jul-25	63.70%	N/A	N/A	62.77%

Urgent Care – Summary Dashboard

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
National	Improve access for Adults and Older Adults to support by community mental health services - Oxfordshire	> =6737	Jul-25	9330		.	7764
National	4 week wait (28 days) standard (interim metric - two contacts within pathway)- Oxfordshire	> =36% National average	Jul-25	84.87%			67.74%
National	Improve access to perinatal mental health services - Oxfordshire (rolling 12 months)	> =501	Jul-25	567		.	490
National	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Oxfordshire	> =60%	Jul-25	92.86%			88.29%
National	Number of people accessing Individual Placement Support (IPS) - Oxfordshire (rolling 12 months)	> =400	Jul-25	419		.	353
National	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	> =63%	Jul-25	63.70%	N/A	N/A	62.77%

7.4 Insights into the community dimension/aspect of out of area placements.

There is a s75 agreement between Oxford Health NHS Foundation Trust and Oxfordshire County Council. Social Workers are an integral part of the integrated mental health teams to deliver statutory social care duties across community and inpatient settings. The s75 agreement supports a seamless coordination between health and social care for people with mental health conditions which reduces fragmentation in service delivery. There are 42 WTE Social Work professionals fully integrated into adult mental health provision.

Mental health Social Workers work across a variety of settings in community, forensic and early intervention services. The inpatient Social Work team is a vital service to support safe, effective and timely discharge from hospital. The mental health social workers provide statutory social care assessments and reviews of care and support plans, investigate safeguarding concerns, assess under the Mental Capacity Act and, will at times need to make decisions on behalf of people with severe mental health conditions in their best interests. Crucially, mental health social workers provide expertise in law, safeguarding and community support services to colleagues in their integrated teams, promoting a rights based social perspective and providing direct 1:1 support and interventions to meet needs.

Not all the people being supported by mental health social work meet the criteria for secondary mental health services. A small number of people are managed under a 'best fit' policy. These cases are commonly characterised by the person having a primary diagnosis of autism with no co-occurring mental health diagnosis but severely high risk behaviours.

Insights into the community dimension

The majority of people supported by mental health social work are eligible for Section 117 after-care. This places a joint statutory responsibility on the Integrated Care Board and the local authority to arrange and fund care and support that helps individuals remain well, prevents relapse, and reduces the risk of readmission to hospital. For people eligible under Section 117, care and support is planned and delivered within this framework, ensuring a coordinated health and social care approach. Alongside this, the social work team also undertakes Care Act assessments where appropriate, to identify and meet wider care and support needs.

Many people with mental health conditions are supported in their own homes by integrated mental health services. For some people, floating support services provided by Connections Support and Elmore is needed to support with connecting to wider community services and to provide support with practical issues such as housing and finances.

Some people require supplementary support by way of a care and support package to meet their s.117 after-care or Care Act needs. There are 242 people receiving a care and support package. In the main, the packages are to support medication adherence, maintaining the home environment and support with social inclusion.

For those people who require more intensive support following a hospital admission or who are still in recovery or moving towards independence, the Oxfordshire Mental Health Partnership offers a range of supported housing throughout Oxfordshire which is currently provided by Oxfordshire Mind and Response Organisation. The supported housing offer ranges from 24-hour 7 day a week support to transitional and unstaffed housing where people are more independent but require lower-level support.

Number of people in Oxfordshire Mental Health Partnership supported housing	
Oxfordshire Mind	87
Response Organisation	214

In two of the highest levels of supported housing (Rowan House and Morrell Crescent), we have been required to provide additional care and support packages to a total of 69 hours a week.

Whilst we aim to meet peoples care and support needs in the most least restrictive way possible, there are 19 people whose needs cannot be met in their own homes or in the Oxfordshire mental health supported pathway. These are called spot placements. There are a range of individual reasons for this including where the person is autistic and has no co-occurring mental health diagnosis or, because the person has a complex range of needs due to the interaction between their mental and physical health and the risks to self cannot be safely managed in the community. There are 7 people residing in care homes or supported living placements in Oxfordshire whose care plans amount to a deprivation of liberty (DOLS), either already authorised or currently undergoing the authorisation process.

Safeguarding

Safeguarding is a key area of mental health social work practice. Mental health social work commitment to preventing and addressing abuse and neglect is a key performance indicator. We manage safeguarding concerns in line with Oxfordshire County Council processes and contribute to the council's meaningful measures meetings to ensure robust oversight and governance into safeguarding concerns.

Since March 2025, mental health social work has completed 85 safeguarding enquiries

Whilst safeguarding concerns are varied, self-neglect, including hoarding is a countywide and national issue and the most common safeguarding concern we see for people living with mental health conditions. Within the domain of self-neglect, we routinely manage concerns related to inability to manage personal care, home environment, finances and physical health care. In recognition of this, mental health social work has developed

resources and provided presentations to support integrated mental health teams and our supported living providers to identify, and report concerns for self-neglect.

Out of Area Social Care Placements

There are currently a total of 20 people residing in out of area social care placements that are being case managed by a s.75 mental health social worker.

This number has been much reduced over the course of the last 24 months, supported by statutory social care reviews and the s.75 mental health social work 'better outcomes' process which provides monthly senior social work oversight. The 'better outcomes' process was developed in response to the growing number of people being placed out of county. This was problematic for many reasons: we had little evidence of people being supported towards independence and recovery in these placements and/or there were concerns about the quality and safety of the provisions and apprehension about over and under provision of care. We have acknowledged the harms that can come from removing people from their family and local networks and disconnection from the integrated mental health team: it can lead to a situation where there is reliance on mental health services who does not know the person, and the person does not know the service in the area where they are living. We recognise that our ability to effectively monitor, and safeguard people placed outside of Oxfordshire is at times hampered by distance and our capacity to be responsive in crisis situations remains a concern.

However, most of the people who are currently placed in out of county social care placements have resided outside of Oxfordshire for many years – in some cases for more than 10 years. These people are settled and at this point a move would be destabilising, and so we have decided that for some, their placement is meeting their needs and is a safe and effective provision.

Over the last 12 months, we have placed 3 people outside of Oxfordshire due to lack of suitable social care provision in county. The reasons are varied – unable to live in Oxfordshire due to Ministry of Justice conditions, one person with a combination of complex mental health, an acquired brain injury and a forensic history and another who has been unsuccessfully supported in Oxfordshire in a range of support provisions and whose mental health and co-occurring drug use has led to significant safeguarding concerns.

7.5 How people with complex needs/comorbidities are supported by the system.

Adult Mental Health Teams (AMHT)

Multidisciplinary teams (Psychiatry, Psychology, Social Work, Occupational Therapy, Nursing, support workers, peer support workers, embedded VCSE workers, admin) based across Oxfordshire assessing and treating people (aged 18-65) with acute, severe and enduring mental health needs. Adult mental health teams re integrated health and social care provision (s75 arrangement in place with the Local Authority for delegated social care and Social Work function inc s117 MHA and Care Act eligible needs). Full range of bio-psycho-social intervention is provided. Core function covers all diagnoses including dual diagnoses (autism/SMI and substance misuse/SMI). Referral response times – routine 28 days, urgent 7 days, very urgent 24hrs – waits all within national average and target. Access to inpatient care.

Older Adult Community Mental Health Teams (OA CMHT)

Multidisciplinary teams (Psychiatry, Psychology, Occupational Therapy, Nursing, support workers, peer support workers, admin) based across Oxfordshire assessing and treating people aged 65+ with acute, severe and enduring mental health needs. Integrated memory clinic and dementia diagnostic service. Full range of bio-psycho-social intervention is provided. Referral response times – routine 28 days, urgent 7 days, very urgent 24hrs – waits all within national average and target except for access to memory clinic where we have significant waits. Access to inpatient care.

Multiagency working including statutory safeguarding approaches

High frequency use of multiagency partnership approaches to meeting patient need involving social care, probation, police, acute Trust, ambulance service, housing, homelessness, substance misuse services and VCSE partners. Criminal justice interface also includes MAPPA, MARAC and MHTRs. Safeguarding approaches also include MARM and MEAM.

Complex Needs Service

Highly specialist service for people with personality disorder. Offers a range of psychotherapeutic intervention for people with personality disorder whose needs have not or cannot be met in other parts of service provision. Individual and group-based intervention including Therapeutic Community (TC) approach.

Crisis Resolution Home Treatment (CRHT) Team – as detailed elsewhere

Community Adult Eating Disorders Team

Specialist community eating disorder service working with all eating disorder diagnoses of all severity and all ages 18+. Full range of psychological intervention. Enhanced medical monitoring for high-risk eating disorder presentations. Access in inpatient care.

Perinatal Mental Health Team and Maternal Mental Health Service (MMHS)

Specialist mental health service providing assessment and treatment for women with moderate to severe mental health difficulties during pregnancy and up to 1-year post-birth, otherwise known as the 'perinatal period'. The service aims to improve access to treatment and achieve improved outcomes for women and their families. The MMHS along with embedded VCSE worker provides support to women who are experiencing emotional distress related to their maternity experience, for example severe pregnancy related anxiety, phobia of giving birth or trauma related to past birthing experience.

Physical Health in Severe Mental Illness Team

Physical health assessment, intervention and health promotion targeting to people with severe and enduring mental illness in particular where they may find it hard to engage with physical health care services or require assertive approaches to engagement.

Forensic community mental health team

Referrals are received from custody / inpatient environments with a focus on offending in the context of mental disorder. Our teams are fully multidisciplinary. The service provides specialist assessment, treatment and risk management for those involved in the criminal justice system that pose a high risk to others or themselves. Community teams across the Thames Valley: the service aims to safely rehabilitate individuals (many of who are subject to ongoing MoJ restrictions) into the community who have been in secure forensic inpatient services through recovery focussed interventions, mental health treatment and maintenance and risk management. Forensic provision also includes Inpatient Services, Prison Mental Health Service and IIRMS (Intensive Intervention and Risk Management Service).

Assertive Outreach Team (AOT) / Intensive Case Management (ICM) developments

Along with many other Mental Health Trusts, OHFT took the difficult decision to end its specialist AOT provision about 10 years ago. Following the murders perpetrated by Valdo Calocane in Nottinghamshire in 2023 and the subsequent enquiries that have taken place, the need for implementation of AOT/ICM approaches has been highlighted.

The Oxfordshire Assertive Outreach model is designed to provide intensive, flexible, and proactive community-based support for people with severe mental illness who experience significant difficulty engaging with standard community mental health services. The model focuses on a relatively small, clearly defined cohort with high levels of complexity, offering high-frequency contact, continuity of care, and assertive engagement delivered by a dedicated multidisciplinary team. It is aligned to national NHS priorities and fidelity principles, with the aim of improving engagement, reducing avoidable crisis presentations and hospital admissions, and supporting

individuals to remain safely in the community through coordinated, person-centred care and strong partnership working across the wider system.

NHSE has required all Mental Health Trusts to participate in self-assessment against key service standards for people with severe mental illness who struggle to be effectively and safely engaged and treated by core mental health services. In Oxfordshire, we have developed plans to deliver an AOT for Oxford City and implement ICM within our county AMHTs with strong links between the two to ensure good fidelity to the required clinical model. This will meet the needs of approximately 120 patients in Oxfordshire who fulfil the criteria for this enhanced level of service provision. We plan to use Mental Health Investment Standard (MHIS) new investment to commence this in FY26/27.

System / strategic connectivity; partnership working

We are involved in multiple forums where service coordination, planning and commissioning occurs for people with comorbidities and complex care needs, for example:

- Oxfordshire Health Inclusion Partnership
- Oxfordshire Mental Health Partnership (OMHP) management group
- Countywide Homelessness Steering Group
- Prevention of Homelessness Directors Group
- Urgent Care Delivery Group
- Urgent and Emergency Care Board
- Mental Health Partnerships in Practice forum
- Thames Valley Police Mental Health Strategic Partnership Group
- Oxfordshire Health Inequalities
- Suicide Multi-Agency Group
- BCF planning / oversight group
- Criminal Justice Mental Health Panel
- Oxfordshire Safeguarding Adults Board
- Thames Valley MAPPA operational and governance meetings
- Multiagency Family Hubs Program Board
- Combatting Drugs Partnership

Appendices

Appendix A – 02.a Oxfordshire Performance and Assurance Oversight Board Report March 2026

Appendix B - HOSC Glossary