Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider[this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Adult and Older Adult Mental Health Services

Lead Cabinet Member(s) or Responsible Person:

- Dr Rob Bale (Consultant Psychiatrist and Chief Operating Officer for Mental Health and Learning Disability Oxford Health NHS Foundation Trust).
- Dan Leveson (Director for Places and Communities, Thames Valley ICB).
- Sarah Bellars (Chief Nurse, Thames Valley ICB).
- Karen Fuller (Director of Adult Social Care, Oxfordshire County Council)

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Tuesday 30th June 2026.

Response to report:

Enter text here.

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Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. That system partners treat equity of access as a core performance objective, with explicit action taken where neighbourhood-level variation is identified, including: addressing gaps in crisis alternatives and Safe Haven coverage, and ensuring that any neighbourhood-based models benefit rural and more deprived communities as effectively as urban areas.	**Accepted** We accept this recommendation. Oxford Health and VCSE agree that equity of access should be treated as a core performance objective across adult mental health services, particularly as demand is rising, service use varies across pathways, and current crisis alternatives are not yet consistently distributed across the county. Current service development already includes neighbourhood working, Keystone Hubs, mental health practitioners embedded in primary care, Safe Havens in Oxford and Banbury, and a review of crisis alternatives to improve accessibility and equity across Oxfordshire.	1. We will review current service provision to identify unwarranted variation in access, experience and outcomes across localities, including access to crisis alternatives. 2. We will take proportionate action to address any identified gaps, with particular focus on rural access, transport barriers, digital exclusion and deprivation. 3. We will ensure that existing service models are clearly articulated and understood across the system, including how current pathways support equitable access. **Key Improvements** • Removes implication of **new neighbourhood expansion** • Refocuses on **variation and optimisation of what exists**
2. That system partners treat co-production as a core performance objective for design, development and delivery neighbourhood mental health centres. It is recommended that there is an inclusion of local councils, local	**Partially Accepted** We partially accept this recommendation. Oxfordshire already has a strong foundation of partnership with the VCSE sector, embedded peer workers and experts by experience, and a 10-year outcomes-focused recommissioning approach through the Mental Health Outcomes Improvement Programme. We agree that co-production should be	1. We will ensure that neighbourhood-level work programmes include a clear route for local place-based engagement, including with communities experiencing poorer access or outcomes, and with groups representing minoritised communities. Oxford Health has already begun work with Oxfordshire Community Action to strengthen culturally responsive access; this will be built into future planning. 2. We will include co-production as an explicit criterion in service development and commissioning discussions, including the recommissioning of VCSE mental health provision.

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members and local voluntary sector working with lived experience families at any neighbourhood level included in the work programme.	strengthened further and treated as a core expectation in the design, development and delivery of neighbourhood mental health models with relevant people involved as necessary. This may not include everyone as listed but will be dependent on the work being completed.	**Proposed measures of success** • Agreed co-production framework in place. • Evidence of lived experience, VCSE and local authority participation in neighbourhood design groups. • Service changes demonstrably informed by local feedback and lived experience.
3. That access standards for adult community mental health services are applied in a clinically meaningful way. It is recommended that there are clear safeguards to ensure that: early contact does not displace therapeutic continuity, that data definitions are consistent across teams, and that performance management reinforces quality and outcomes, not just speed of access.	**Accepted** We accept this recommendation. Oxfordshire supports access standards but agrees that performance management must support clinically meaningful care, therapeutic continuity and good outcomes, rather than incentivising speed alone.	1. We will review how adult community mental health access standards are currently applied across teams, including the definition of "meaningful contact", and agree consistent operational guidance. 2. We will ensure that performance discussions include continuity of care, outcomes and service quality, not solely first contact times. This will be reflected in local assurance processes. 3. We will undertake a data consistency exercise across adult and older adult services to reduce variation in recording practice and improve confidence in reported performance. **Proposed measures of success** • Standardised definitions and guidance agreed across teams. • Performance reporting includes access and outcomes. • Improved assurance on data quality and comparability.
4. For collaboration amongst system partners to identify what is needed locally for the implementation of the new government guidance on key workers/named worker for personalised care	**Partially Accepted** We partially accept this recommendation. Oxfordshire agrees that implementation of both named/key worker arrangements and PCREF must be delivered collaboratively across partners, with clarity about what is required locally, how roles will work in practice, and how equity and anti-racist improvement are	1. There is a programme of work already in place to define what local implementation of named/key worker arrangements should look like in Oxfordshire adult mental health services. 2. We will map where named/key worker functions already exist in current services, including community mental health teams, crisis pathways, transitions work and social care interfaces, and identify gaps. 3. There is a PCREF board in place which is run in collaboration with the directorate EDI and feeds into the Trustwide PCREF board.

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and on implementation of the Patient and Carer Race Equality Framework. (PCREF)	embedded in service delivery. The current breadth of multi-agency mental health provision in Oxfordshire makes this system-level approach essential.	4. We will ensure that implementation proposals identify workforce, training, governance and data requirements, and include lived experience and carer input. **Proposed measures of success** • Agreed local model for named/key worker implementation. • PCREF delivery plan in place with system partner involvement. • Evidence of involvement from service users, carers and VCSE partners.
5. For collaboration amongst system partners on reducing/preventing out of area placements to include independent clinical reviews, and family/patient input on sustainability of long-term institutionalisation for every patient. It is also recommended that there is a review that includes patients, families, and the voluntary sector to determine whether community placements are working well as a safe and conducive home setting protective against worst outcomes.	**Partially Accepted** We partially accept this recommendation. Oxfordshire has already reduced inappropriate out of area placements (OAP) and bed days, uses weekly OAP rapid reviews, regular discharge escalation calls, face-to-face reviews and director-level scrutiny of OAP decisions. However, we agree that further work is needed to sustain this, strengthen independent review, and ensure patient, family and voluntary sector views inform decisions about long-term placements and community alternatives.	1. We will strengthen the current OAP review process so that patient and family views are routinely sought and documented, alongside clinical, social care and discharge considerations. 2. We will work with social care, commissioners and VCSE partners to review whether community placements and supported housing are achieving safe, stable and recovery-oriented outcomes, particularly where there are concerns about institutional dependence or repeated crises. Oxfordshire's supported housing pathway, floating support and social care review processes provide an important basis for this work. 3. We will continue the current focus on repatriation, discharge planning and least restrictive alternatives, including Crisis Resolution Home Treatment Team (CRHTT) input, weekly escalation processes and system review of barriers such as housing and step-down capacity. **Proposed measures of success** • Continued reduction in inappropriate OAP bed days. • Evidence that patient/family input informs long-term placement decisions.

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6. For any performance targets for access to physical health checks for mentally ill patients to be met. It is recommended that there are timely and regular physical health checks for those with comorbidities, and to also include a check-up of their long-term conditions.	**Accept** We accept this recommendation. We recognise the importance of improving performance against physical health check targets for people with mental illness, particularly those with severe mental illness and co-morbid long-term conditions. Oxfordshire already has a Physical Health in Severe Mental Illness Team and a Talking Therapies offer for people with long-term physical conditions, but further action is needed to improve delivery and consistency	1. We will review current local performance on physical health checks for people with severe mental illness, including variation by service/team, and agree a focused improvement plan. 2. We will strengthen coordination between community mental health teams, primary care and the Physical Health in Severe Mental Illness Team to improve completion of checks and follow-up for co-morbidities. 3. We will ensure that physical health reviews include not just screening but appropriate attention to existing long-term conditions, medication effects, and ongoing monitoring needs. 4. We will consider targeted outreach for people who are least likely to engage, including those supported through assertive approaches, supported housing, complex needs pathways or severe self-neglect concerns. **Proposed measures of success** • Improvement trajectory agreed for SMI physical health check performance. • Improved integration of physical and mental health monitoring. • Clear follow-up for long-term condition management.
7. For collaboration amongst system partners to call for a clear national strategy to enable local systems to deliver a co-produced community mental health centre in every community; for mental health investment to be placed on a statutory footing; and for there to be support for expansion of s75 agreements for pooled budgets or other clear mechanisms and levers for the local integration and shared ownership	**Partially Accepted** We partially accept this recommendation. The Oxfordshire system recognises that local transformation depends not only on local partnership working but also on clear national strategy, durable investment, effective integration mechanisms and stability for the voluntary sector. Current Oxfordshire progress such as neighbourhood working, VCSE recommissioning, s75 partnership arrangements and community transformation has been enabled by collaboration but is still affected by wider funding and policy constraints.	1. We will discuss, through relevant Oxfordshire and wider system governance, a shared system position on national support required for community mental health transformation, including neighbourhood/community mental health centres, investment stability and the role of the Modern Service Framework. 2. We will continue to maximise local use of s75 and integrated arrangements to support shared ownership of outcomes across health and social care. Oxfordshire already has an s75 arrangement with integrated social work provision embedded in adult mental health services. 3. We will continue the 10-year outcomes-focused recommissioning approach with VCSE partners and use this learning to inform future commissioning discussions about stability and sustainability. 4. We will articulate, through system partnership routes, where national policy clarity or levers would most help local delivery, particularly around multi-year funding, workforce support and integrated commissioning. **Proposed measures of success** • Shared system position developed through partnership governance. • Continued effective use of pooled/integrated arrangements locally.

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needed. It is recommended that local system partners call for national support to move to multi-year funding for commissioning of the voluntary sector, and that there be clear timely arrangements for the delivery of the Modern Service Framework for mental health.		• Stronger alignment between commissioning, VCSE provision and neighbourhood delivery.
8. For collaboration among system partners to ensure that transitions from children's to adults mental health services are as smooth and supportive as possible, with a view to ensure that patient need is at the heart of any support provided in the context of transitions.	**Accepted** We accept this recommendation. Oxfordshire agrees that transitions must be smoother, more supportive and led by patient need. Work is already underway through the 18–25 Transitions Mental Health Outcomes Improvement Programme, including a review of pathways, mapping services, gap analysis, service-user feedback, and work on transitions from out of area placements. A cross-commissioner and County Council group is also in place for children and young people with more complex needs who may be at risk of out of area accommodation.	1. We will continue and complete the current 18–25 transitions programme, ensuring that it produces clear improvement actions for Oxfordshire services and families. 2. We will use this work to improve joint planning between CAMHS and adult services, including for young people with severe mental illness, complex needs and those at risk of out of area placements. 3. We will ensure that experts by experience, families and VCSE partners remain part of transition improvement work, as already established in the programme's project group arrangements. 4. We will seek to strengthen continuity, information sharing and preparedness for transition, including the use of named professionals where appropriate and better visibility of the adult offer before transfer. **Proposed measures of success** • Delivery of actions from the 18–25 transitions programme. • Improved experience of transition reported by young people and families. • Better joint oversight of higher-risk transition cohorts.