Meeting	Health and Social Care Overview and Scrutiny Committee (HOSC)
Date of Meeting	Thursday 12 September 2024
Title	Adult and Older Adult Mental Health in Oxfordshire
Date of Report	30 August 2024
Version	1
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Introduction

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

- The degree to which there is an Adult and Older Adult Mental Health service for Oxfordshire, and how this operates.
- Current trends and patterns of Adult and Older Adult Mental Health amongst Oxfordshire residents; including any data relating to this.
- The nature of commissioning for such services, and any examples of such Adult and Older Adult Mental Health Services being commissioned
- The degree to which there is overall effective partnership working within the Oxfordshire system for the purposes of Adult/Older Adult Mental Health.
- The extent to which there is an adequacy of resource, including funding and workforce, for this.
- How you plan to continue to develop and to improve Adult/Older Adult Mental Health Services moving forward.
- The support being provided to tackle suicide.
- Whether there are any high-risk groups that have been identified, and the kind of support that such vulnerable groups can expect to receive.
- Whether any Mental Health Needs Assessments have been conducted.

The paper does not read as a question-and-answer document, rather some sections have been grouped together where overlapping and/or similar themes and content are covered.

2   This paper mainly relates to commissioned secondary care mental health provision in Oxfordshire. It must be noted that a great deal of mental health care and support is provided outside of these commissioned arrangements, for example, within Primary Care.

3   It is important to note that this briefing paper does not relate to Neurodivergent diagnostic provision, which includes conditions such as Attention Deficit Hyperactive Disorder (ADHD) and Autism Spectrum Disorder (ASD).

Summary of commissioned adult and older adult mental health provision in Oxfordshire

4   The commissioning of mental health provision for adults and older adults in Oxfordshire is the responsibility of the Health, Education and Social Care (HESC) Joint Commissioning Team that sits within OCC but also discharges responsibilities on behalf of BOB ICB. The "Live Well" function within HESC holds 3 significant contracts that cover the scope of the vast majority of provision:

- The "Outcomes Based Contract" (OBC) between BOB ICB / OCC and the Oxfordshire Mental Health Partnership via OHFT covers those aged 18 – 64 with moderate to severe mental health needs, with an annual value of approximately £76 million.
- The "Mental Health Contract" between BOB ICB / OCC and OHFT covers provision associated with Community Eating Disorders, Older Adults (aged 65+) and Liaison Psychiatry, with an annual value of approximately £20 million.
- The "Improved Access to Psychological Therapies" (IAPT), or "Talking Therapies for Anxiety and Depression" contract between BOB ICB / OCC and OHFT covers talking therapies provision for those with common mental health problems, aged 16+ in Oxfordshire, with an annual value of approximately £14 million.

5   In 2024, efforts were made to map out the entirety of mental health provision in Oxfordshire. The purpose of this was to develop insights and observations from a wide range of stakeholders to enable improvements in future years. It also provided an intuitive graphic that helps explain how mental health provision works in Oxfordshire. Below are two stills of the product[1] which can be explored further through an online platform. As of now, the platform is not openly available but there is an opportunity to review this in the near future to develop a resource that is openly available to residents and practitioners alike.

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[1] Oxfordshire MH Ecosystem - Service Ecosystem Map
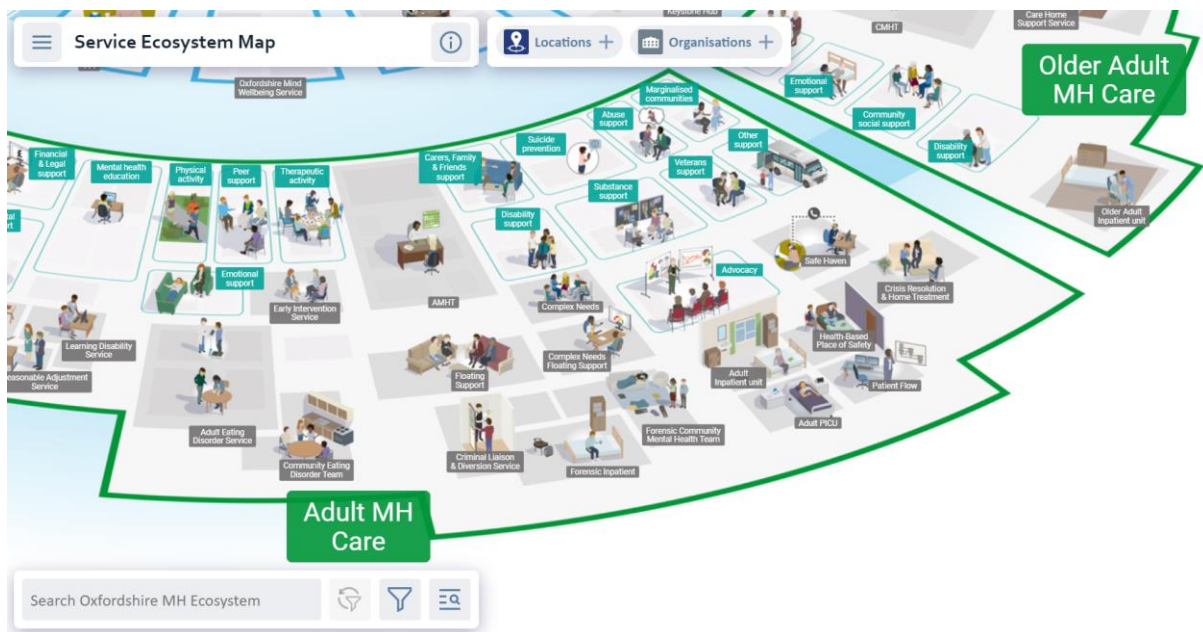
Outcomes Based Contract

6   The OBC has been in place since 2015 and has grown over time. It is delivered by the OMHP (further detail in section 23) and incorporates a wide range of individual services and teams that work together to provide holistic care and support. These include:

- Adult Mental Health Teams (AMHTs) – multi disciplinary teams that support residents with moderate to severe mental health needs. There are 3 teams that cover Oxfordshire; North, City and South, each with multiple bases. AMHTs also provide care in the community and in people's homes. AMHTs also have workers from VCSE organisations so they are better equipped to work with a wider range or residents and their needs.

- Early Intervention in Psychosis (EIP) – specialist service that works intensively with people aged 14 – 35 as they experience their first episode of psychosis. The EIP team is recovery focussed and aims to support people to reduce individual risks and issues associated with their mental illness. Part of this offer is the At Risk Mental State (ARMS) team which supports people who begin to have unusual experiences relating to their mental health, such as hearing voices or feeling extremely paranoid.

- Perinatal Mental Health Service – specialist team that works with people from pre-conception, up to 24 months after birth. The Perinatal service works collaboratively with maternity services and health visitors, providing holistic support to some very vulnerable individuals and families.

- Complex Needs Service – therapeutic community for people with personality disorder and the associated challenges.

- Individual Placement and Support (IPS) – specialist interventions to support people with Serious Mental Illness (SMI) to enter or return to paid employment. In Oxfordshire this is delivered by Restore.

- Keystone Mental Health and Wellbeing Hubs – a recent addition to provision in Oxfordshire, community assets that support individuals close to their home in a holistic and non-stigmatising fashion. The Keystone Hubs have been designed to meet the needs of people that may have previously fallen between thresholds of primary care and secondary care. Also intended to reduce referrals to AMHTs so they can complete intensive treatment plans with those that need them most.

- Acute inpatient wards – there are two male and two female acute inpatient wards in Oxfordshire. Inpatient care is required when they require interventions and support that cannot be delivered without bedded care. Inpatient beds must also be available for those that are detained under the mental health act (MHA).
- Psychiatric Intensive Care Unit (PICU) – there is one male PICU in Oxfordshire. PICU beds are accessed by some of the most unwell and complex individuals and often require highly intensive support and interventions.
- Supported accommodation – there is a wide range of supported accommodation options available to Oxfordshire resident with mental health needs. Response and Oxfordshire Mind provide approximately 300 units across 80 properties as part of the OBC, ranging from specialist recovery provision, to intensive 24 hour supported accommodation.
- Recovery college – educational courses and workshops that aim to help people to take steps towards recovery from mental health issues, or to support someone in their own recovery journey, delivered by Restore.
- Specialist floating support and housing expertise – regular, intensive support for individuals with complex mental health and wider social needs, delivered by Elmore and Connection Support.
- Mental health helpline – urgent and emergency support available via 111 and 999. The helpline is open access to anyone in Oxfordshire and has OHFT clinicians embedded within the South-Central Ambulance Service (SCAS) Clinical Co-ordination. The helpline also supports a diversion from ambulance dispatch and Accident and Emergency (A&E) attendances where appropriate.
- Police 'Street' Triage – mental health clinicians supporting Police Officers on twilight shifts to aid information sharing and joint decision making, with a view to effectively managing application of Section 136 of the Mental Health Act (MHA).
- Hospital based places of safety – safe spaces for police to bring people that are detained under the MHA. There are three in Oxfordshire and a further two in Buckinghamshire that operate under a single point of access.
- Adult Crisis Resolution and Home Treatment Team (CRHTT) – community-based team that supports admission avoidance and timely discharge from inpatient care. Currently only operating in Oxford City and partially through North Oxfordshire, plans are in place to deliver full county coverage.
- Safe Havens, sometimes referred to as crisis cafes – one site in Banbury and another in Oxford. Safe Havens are non-clinical services operated by Oxfordshire Mind, they offer listening support for people at risk of, or those experiencing mental health crisis. Support is available through a combination of one to one and small groups, as well as over the phone or face to face.

Mental Health Contract

7   The Mental Health Contract covers further adult and older adult provision that does not currently sit within the OBC, this includes:

- Older Adult Community Mental Health Teams (CMHTs) – similar to AMHTs, this community-based provision offers multi-disciplinary assessment and treatment for moderate to severe mental health conditions.
- Memory Clinics – work closely with Older Adult CMHTs, providing diagnosis of dementia, as well as treatment and support for people newly diagnosed with dementia. There are also strong links with many VCSEs to support resident and their families, including (but not limited to) Age UK Oxfordshire.
- Older Adult Inpatient Wards – there are two wards for people aged 65 + in Oxfordshire, providing care and support for people that cannot be nursed safely

in the community. There is a multi-disciplinary approach to patient care and support and advice is also available to families and carers.

- Adult Community Eating Disorders - specialist assessment and treatment for adult patients with eating disorders. The multidisciplinary team offer individually tailored treatment packages that address both the physical and psychological aspects of an eating disorder. OHFT also deliver Adult inpatient care for eating disorders in Oxford and Marlborough (Wiltshire) Swindon, although these units are not locally commissioned i.e. NHS England commission them directly through the Healthy Outcomes for People with Eating Disorders (HOPE) Provider Collaborative to support people from a wider footprint.
- Emergency Department Psychiatric Service (EDPS) – liaison psychiatry team that is collocated with John Radcliffe (JR) and Horton Hospital Emergency Departments. The team assess people (all age) that come to emergency departments with psychiatric needs. EDPS also offer in-reach support to some wards alongside the Oxfordshire Psychological Medicine Service (OPMS) within Oxford University Hospitals (OUH).

Talking Therapies, previously known as Improving Access to Psychological Therapies (IAPT)

8   Talking Therapies offer a variety of psychologically informed interventions for common mental health problems in line with National Institute for Health and Care Excellence (NICE) guidance recommendations. Most people self-refer to Talking Therapies but Primary Care colleagues can also make referrals to the service. Talking Therapies deliver one to one support, as well as courses and groups. Treatment options are available online and in person, and support individuals with a range of needs, including those relating to employment and physical health.

Summary of mental health and wellbeing need in Oxfordshire
Joint Strategic Needs Assessment

9   The Oxfordshire Joint Strategic Needs Assessment (JSNA) includes a comprehensive overview of population need. The JSNA is broken down into several digital products, one key product is the extract for mental health and wellbeing.

10   Census data within the Oxfordshire JSNA tells us that the Oxfordshire population has risen by 71,500[2] (10.9%) from 2011 to 2021. This included considerable increases to those of working age in their 30's (15%) and 50's (27%), as well as those aged over 65 (25%). Population increases were experienced by all districts within Oxfordshire, but the greatest increases were in Cherwell (19,100 or 13.5%) and Vale of the White Horse (17,900 or 14.8%).

11   The gap in life expectancy for males living in affluent areas is 10.9 years longer than in some of the most deprived areas, for females the gap is 11.5 years[3]. Abingdon, Banbury and Oxford have between them 17 wards that sit within the 20% most deprived in the country based on the Index of Multiple Deprivation (IMD[4]).

12   Prevalence of depression in Oxfordshire is recorded by General Practitioners (GPs) and published as part of the Quality and Outcomes Framework (QOF), in 2022/23 there were 86,169 adult residents (13.17%[5]) recorded with depression, this is similar

[2] https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA2023_Population.pdf
[3] https://public.tableau.com/views/OxfordshireLocalAreaInequalitiesDashboard/Overview?embed=y%3Adisplay_count&%3AshowVizHome=no
[4] https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019
[5] https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA2023_MentalWellbeingEXTRACT_FINAL.pdf

to the England average (13.25%). There was a 0.63% increase from 2021/22 – 2022/23[6], forming part of an overall increase to the prevalence rate by 2% since 2017/18. Levels of anxiety reported in the general population i.e. those who are not living in care homes or supported living services, have decreased in line with the England trend and are now below the England average for the first time since 2013/14[7].

13   Of all 10 – 19-year old's in Oxfordshire, 11% (9,584 of 88,000) were referred to OHFT mental health services. This is against a backdrop of the rate of probable mental disorders among 17- 19-year-olds increasing from 1 in 6 in 2020 and 2021, to one in four in 2022[8]. It reasonable to suspect that this increase will result in a continuing trend of more residents requiring and seeking support in coming years.

14   For the years 2018, 2019 and 2020, Oxfordshire had one of the lowest rates of death from drug misuse when compared with statistical neighbours and was also below the national average[9].

15   Oxfordshire has detentions under s136 of the Mental Health Act into places of safety which are 20% below the national average. However, 75%[10] of admissions to adult acute psychiatric beds in Oxfordshire take place under the MHA, compared to a national average of 50%.

16   Homelessness and rough sleeping is difficult represent and quantify, but it has a significant impact on a range of health and social care provision in Oxfordshire. It is estimated that approximately 1,000 homeless adults sleep rough or in supported accommodation over the course of one year[11].

Service User, Resident and Professional insights

17   As part of the transformation programme to re-procure mental health provision in Oxfordshire, engagement and information gathering exercises have taken place. Surveys[12], reviews and group / individual sessions with people that access mental health services and practitioners that work in assessment, treatment and community support provision (both NHS and non-NHS) are currently being analysed. Early indications have highlighted areas to be considered for improvement, these include:
- More timely access to assessments and interventions, as well as support for whilst waiting, this is relevant to a wide range of provision.

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[6]https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2022-23#resources

[7]https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2021tomarch2022

[8]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1134596/State_of_the_nation_2022_-_children_and_young_people_s_wellbeing.pdf

[9] https://fingertips.phe.org.uk/profile/mortality-profile/data#page/1/gid/1938133058/ati/15/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0

[10] Draft NHS Benchmarking report for mental health services in England 2023/24

[11] https://insight.oxfordshire.gov.uk/cms/system/files/documents/2019_Homelessness_HNA.pdf

[12] Please take a moment to share your perspectives through our survey, accessible via this link: https://letstalk.oxfordshire.gov.uk/mental-health-survey Carers: https://forms.office.com/e/Umh8iCJ5P8 - closing date 2nd Sept
Veterans: Veterans - Making mental health care better in Oxfordshire – we want to hear from you… (office.com) – Closing 9th August

- Flexibility of how individuals access and engage with services, this includes a wider range of opening days/times, as well as the us of technology as appropriate.
- Holistic approaches and interventions for co-occurring needs, such as neurodiversity, physical health concerns. This should also include comprehensive training for NHS and VCSE organisations
- A need for person centred approaches and planning, support people to understand the choices they have by equipping them with knowledge of provision and support available to them
- Continuity of care and support and to enable rapport and trust to be developed with practitioners.
- Better join up across organisational boundaries and age thresholds.
- Greater emphasis on living a fulfilling life through the 'building blocks of health', namely support with building and maintaining social connections, as well as support to secure stable housing, ranging from readily available social housing to long term supported accommodation.
- Ensure equity of provision outside Oxford city, including health and care provision and community assets and support.
- Embedding of, and integration of the Keystone Hubs within communities and the health and social care landscape.

Suicide Prevention

18   Oxfordshire data shows that the suicide rate per 100,000 population was 9.6% 2020-2022 compared to 10.3% in England. This represents 184 deaths over a 3-year period, the male rate remains 3 times higher. In the County in 2022 and 2023 males aged 35-44 years had the highest number of deaths followed by 25-34 years. In females, the highest age range was 45-54 years. Most deaths occur in the home. Contributory risk factors include relationship breakdown, bereavement, serious illness/long term condition, depression and anxiety. Nationally, 27% of all deaths by suicide are from people in contact with mental health services. Additional local analysis explored suicide alongside deprivation, self-harm, unemployment, substance misuse and alcohol. This shows that the highest proportion of suicides were from residents living in the least deprived areas of Oxfordshire. There was also no identified correlation between unemployment, substance misuse or alcohol.

19   People who have been bereaved by suicide are at a higher risk of suicide and this is an important element of suicide prevention work. In Oxfordshire there are two organisations who provide help and support: Amparo[13] and SeeSaw[14]. There is a role within Thames Valley Police that liaises with families, and they will explore with them the help available. They will also provide the Help is at Hand[15] guide.

20   In September 2023 there was a new National Suicide Prevention Strategy[16] published. This is a 5-year cross sector strategy setting out ways to prevent suicides for everyone as well as supporting groups where there are higher suicide rates. The national suicide rate has not fallen since 2018. Oxfordshire's Suicide and Self-harm Prevention Strategy[17] 2020 -2024 focused on the following action areas:

- Realtime surveillance and analysis
- Identifying high risk groups and behaviours
- Supporting after suicide and self-harm including living experience

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[13] Get help now. Free and confidential,for as long as you need it. (amparo.org.uk)
[14] Supporting children and young people bereaved by suicide | SeeSaw
[15] You are not alone: Help is at Hand for anyone bereaved by suicide - GOV.UK (www.gov.uk)
[16] Suicide prevention strategy for England: 2023 to 2028 - GOV.UK (www.gov.uk)
[17] Item 10.4 - OxfordshireSSHPreventionStrategy.pdf

- Promote resilience and wellbeing

21   Public Health are leading a process to updated the Suicide Prevention Strategy. In July 2024, a workshop was delivered to facilitate coproduction and collaboration. Insight will be used to inform the updated strategy and action plan. The strategy will be published in 2025.

22   The Oxfordshire Suicide Prevention Multi-Agency Group (MAG) is an established network made up of professionals from over 20 organisations to deliver actions identified within the strategy for suicide prevention. During the last year the following progress has been made:

- Upskilled and supported frontline workers and volunteers in organisations such as Homeless Oxfordshire, Archway, Enrych, HealthWatch across all districts through delivering a mental health and suicide prevention training delivered by Oxfordshire MIND
- Use Real-Time Suicide Surveillance System (RTSS), for in-depth monitoring of Oxfordshire suicides using intelligence from Thames Valley Polics, Coroners and Public Health. This information is used to target specific interventions and support communities.
- Worked in partnership with Thames Valley Police to implement a 'Target Hardening' project to make high risk locations safer which has resulted in design changes to bridges and railway stations. There has also been training for staff in railways on suicide prevention in Oxfordshire
- Oxfordshire County Council have implemented Ripple[18] an innovative interception tool that provides support when harmful content is viewed online
- Oxford Health and Oxford University Hospitals have various initiatives such as supporting reduction initiatives within hospital estates, training the workforce to approach vulnerable people, initiatives for male suicide, LGBTQ+ and autism programmes
- Delivered geotargeting campaigns for wellbeing in specific geographical locations
- Both University of Oxford and Oxford Brookes University are progressing with membership of the University Mental Health Charter Programme[19]
- Samaritans deliver outreach programmes locally such as Feet on the Street and Listeners in (HMP Bullingdon) as well as ad hoc talks and outreach events across the county. Support for organisations following suicides or near misses e.g. Fire & Rescue, Network Rail Locations
- Oxfordshire's Men's Health Partnership have delivered a range of outreach events in partnership with 15 local organisations. In November 2023 they launched #30Chatsin30Days social media campaign.

Partnerships and Collaborative Working
Oxfordshire Mental Health Partnership (OMHP)

23   Mental Health provision in Oxfordshire has benefitted from partnership arrangements and collaboration for many years now. As outlined in section 6, the OMHP has delivered mental health services via the OBC for adult residents since 2015. This innovative arrangement not only enables a more diverse range of needs to be met in one place but has also been praised for having "pioneered the model of outcomes-based commissioning in mental health"[20].

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[18] Home - Ripple Suicide Prevention (ripplesuicideprevention.com)
[19] University Mental Health Charter - Student Minds Hub
[20] Centre for Mental Health, Review of Oxfordshire Mental Health Outcomes-Based Commissioning Contract, July 2019

24   The OBC that is delivered by the OMHP was originally put in place as a 5 +2-year contract. The 2-year extension was executed in 2021 and extended once more through a single tender waiver for a further 2 years in 2023. The annual value of the OBC has increased from approximately £45 million in 2015, to almost £70 million in 2024. This speaks to the extent at which Oxfordshire is committed to partnership working between commissioners and providers as the means for improving services, rather than using competition between providers as the vehicle for change. A transformation programme is currently underway to further develop these arrangements to better meet the needs of our whole population, more details in section 45.

25   Members organisations of the OMHP are detailed in the table below:

Name	Summary
Provider Organisations	
Connection Support	VCSE organisation solving homelessness and achieving independence.
Elmore	VCSE organisation supporting people with multiple complex needs.
OHFT	NHS provider of mental health and community health services.
Oxfordshire Mind	VCSE organisation providing wide range of mental health support.
Response	VCSE organisation providing specialist support and accommodation.
Restore	VCSE organisation supporting people with recovery and training/employment.
Commissioning Organisations	
BOB ICB	Statutory body responsible for commissioning healthcare provision.
Oxfordshire County Council	Upper Tier local authority responsible for social care and education.

26.   Alongside individual services and teams delivered by each organisation, the OMHP has established embedded workers across many teams. These workers bring multiple organisations, skillsets and perspectives together in one place. Examples include Oxfordshire Mind, Elmore and Connection Support workers forming part of the OHFT adult mental health teams. The partnership enables mutual benefit for statutory and VCSE organisations, embracing the 'value added' aspect of each sector, such as peer-support from volunteers and people with lived experience as well as the ability to access funding opportunities to increase sustainability.

27   OHFT continues to take on the role as a system leader to improve how organisations work together to support people with ill mental health. Key partnership work includes developing a shared definition of adult mental health needs to support referrals in Oxfordshire, establishing an agreed set of NHS resources for patients to report on their outcomes following mental health support (Patient Reported Outcome Measures, PROMs), a shared understanding of the mental health pathway and a 'service-user led' passport which helps people to have their story read and understood as they move between services.

28   Since their inception, the OMHP and OBC have evolved to respond to national strategies, plans and priorities such as the Five Year Forward View and the Long Term Plan (LTP). This transformation has resulted in some services that look radically different to how they were in 2015, as well as some services that are brand new. One (of many) significant development is the implementation of the Community Mental Health Framework (CMHF). The expectation of CMHF was to improve support for people with a Severe Mental Illness (SMI) who previously may have fall into the gap between Primary Care and Secondary Care provision. In Oxfordshire this has been done through the introduction of the Keystone Mental Health and Wellbeing Hubs across the county. The Keystone Hubs are situated in high footfall areas such as high

streets, making them easily accessible for the population they cover. The idea being that any member of the public can walk in and seek advice on how to access support for mental health or issues which impact on mental health. 5 hubs have opened in Oxfordshire over the last 3 years, they are situated in Banbury, Kidlington, Cowley, Abingdon and Wantage. The Keystone Mental health teams (KMHTs) are employed by OHFT, and they work alongside VCSE organisations to support accessing Hub provision for service users without the requirement for a referral from Primary Care. VCSE partners are utilising space within the Keystone Hubs to deliver services and the Department of Work and pensions (DWP) is also looking to develop clinics from the Hubs.

BOB Mental Health Provider Collaborative

29   The BOB Mental Health Provider Collaborative (PC) emerged in 2023 as part of NHS England's Provider Collaborative Innovator scheme. It was 1 of only 9 selected across the country to benefit from hands on support improve quality and efficiency of patient care. The PC will lead on the transformation of mental health services on a large scale. It will connect with and support the efforts of our Place-Based Partnerships and will strengthen joint efforts between OHFT and BHFT to ensure resources are utilised efficiently, unwarranted variations are identified and addressed, and pathways are redesigned to improve lives, with a particular focus on reducing health inequalities. The BOB Mental Health Provider Collaborative encompasses all non-specialised, all-age mental health services.

30   Together with system partners, the PC has developed a Transformation Programme comprising 4 priority areas that were identified through a series of workshops and surveys, and are aligned to system priorities:

- Area 1: Mental Health Crisis & Urgent Care (Community)
  The scope of projects (under development) includes Right Care, Right Person (Section 136), Alternatives to Inpatient Care and Secure Transport

- Area 2: 3-Year Adult Inpatient Transformation
  The scope of projects (under development) includes Culture of Care and Adult Inpatient Programme Workstreams which are currently in development.

- Area 3: Localising Mental Health Care
  The scope of projects (under development) includes New Models of Service Delivery (Joint Area 2), Local Rehab Provision (Joint Area 2), Female PICU (Joint Area 2) and Care Close to Home (Returning OAPS & 117 Residential)

- Area 4: Co-Production

To deliver this programme, the governance structure has been updated based on stakeholder engagement to further strengthen relationships with existing system structures.

Oxfordshire Prevention Concordat for Better Mental Health

31   The Oxfordshire Prevention Concordat for Better Mental Health was established in 2018, it is convened by Public Health. The group consists of 17 organisations and has made demonstratable progress in this time. A Mental Wellbeing Needs Assessment was completed to inform priorities, the Oxfordshire Communications Group was established and delivered 9 joint mental health and wellbeing campaigns, and the Oxfordshire Men's Health Partnership successfully developed and launched their 30 Chats in 30 Days Campaign.

32   The group has recently updated the Oxfordshire Mental Health Prevention Framework[21] 2024-2027. The framework recognises the need to address the wider social determinants of health, tailor approaches to address the needs of local communities and prioritise the key life stages where people are more at risk of poor mental health. This will be achieved through four key areas:

- Collaboration and co-production
- Insight and Evaluation
- Confident Workforce
- Resilient Communities.

National research[22] tell us that living in a community where there are assets such as green space, play areas, community buildings and strong social networks can promote feelings of togetherness and support for mental wellbeing.

Resources
Financial resource

33   BOB ICB continues to meet the minimum Mental Health Investment Standard (MHIS), the LTP reinforced a commitment to MHIS to ensure "local funding for mental health will grow by an additional percentage increment to reflect additional mental health funding being made available to ICBs (previously CCGs)"[23]. This means that despite the broader financial challenges faced by the NHS, investment into mental health services is protected, this is a very welcome position. Prior to the formation of BOB ICB, OCCG also met MHIS requirements.

34   Although MHIS ensures that funding increases on an annual basis, it does not tackle the variation in how much each CCG or ICB had invested as a starting point. Following a review of mental health investment and activity, in 2020 an agreement was reached between OHFT and OCCG to increase investment in mental health services by approximately £12 million on a recurrent basis, this was on top of and additional to the minimum MHIS. The review of investment and activity was support by the NHS Benchmarking Network, it concluded that Oxfordshire:
- Invested in CAMHS and IAPT services in line with statistical neighbours.
- Invested in adult and older adult mental health services lower than its' statistical neighbours, meaning that the model of care was more geared towards tackling greater levels of acuity, rather than preventing ill health and intervening at the earliest possible opportunity for a greater number of residents.

35   The £12 million agreement was enacted over the course of three years. It was used to address findings in the review, and therefore directed towards adult and older adult provision, it enabled:
- OHFT (and OMHP VCSE organisations) to offset (some) cost pressures that had materialised due to historical investment lower than that of statistical neighbours.
- A levelling up of mental health services to ensure that they are in line with national expectations.
- The transformation of mental health services as per the LTP, further supported by funding increases in line with the MHIS and national Service Development Funding (SDF) allocations.

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[21] Mental Health Framework (oxfordshire.gov.uk)
[22] 2. Mental health: environmental factors - GOV.UK (www.gov.uk)
[23] https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/

36 When the LTP was launched in 2019/20, it was supported by indicative activity, workforce and funding trajectories. This provided visibility and transparency amongst providers, commissioners and assurance bodies meaning that multiyear plans[24] could be put into place to deliver the transformation of mental health services. The table below is an extract[25] that sets out the BOB ICB "fair shares" of funding that has been available across England from 2019/20 – 2023/24.

Service area	2019/20	2020/21	2021/22	2022/23	2023/24
BOB					
CYP Baseline Increases	£981,395	£2,245,889	£3,082,920	£4,655,382	£6,410,055
CYP SDF		£90,483	£1,574,183	£2,448,000	£3,999,171
Perinatal Baseline Increases	£2,056,652	£3,796,661	£4,704,359	£5,878,484	£6,034,112
Perinatal SDF	£337,714	£0	£0	£0	£0
IAPT Baseline Increases	£2,752,011	£3,433,446	£5,438,672	£7,448,183	£11,035,083
IAP SDF	£0	£0	£0	£0	£0
Community Baseline Increases	£2,417,750	£6,808,474	£7,186,129	£8,437,500	£13,687,106
Community SDF			£2,825,308	£6,942,000	£8,527,067
Crisis and alternatives Baseline Increases	£473,177	£2,877,934	£4,280,136	£4,666,771	£5,254,197
Crisis and alternatives SDF	£1,380,784	£1,774,444	£732,052	£988,000	£1,275,859
Therapeutic inpatient Baseline Increases		£210,940	£350,060	£706,543	£1,249,144
Therapeutic inpatient SDF	£0	£0	£0	£0	£0
Oxfordshire					
CYP Baseline Increases	£392,558	£898,356	£1,233,168	£1,862,153	£2,564,022
CYP SDF	£0	£36,193	£629,673	£979,200	£1,599,668
Perinatal Baseline Increases	£822,661	£1,518,664	£1,881,744	£2,351,394	£2,413,645
Perinatal SDF	£135,086	£0	£0	£0	£0
IAPT Baseline Increases	£1,100,804	£1,373,378	£2,175,469	£2,979,273	£4,414,033
IAP SDF	£0	£0	£0	£0	£0
Community Baseline Increases	£967,100	£2,723,390	£2,874,451	£3,375,000	£5,474,843
Community SDF	£0	£0	£1,130,123	£2,776,800	£3,410,827
Crisis and alternatives Baseline Increases	£189,271	£1,151,174	£1,712,055	£1,866,708	£2,101,679
Crisis and alternatives SDF	£552,314	£709,777	£292,821	£395,200	£510,344
Therapeutic inpatient Baseline Increases	£0	£84,376	£140,024	£282,617	£499,657
Therapeutic inpatient SDF	£0	£0	£0	£0	£0

    a. All values are indicative.
    b. Baseline increases are displayed as cumulative recurrent growth from the 2018/19 position.
    c. Within Oxfordshire, some discretionary movement has taken place for baseline increases between categories, e.g. from IAPT to Community, these have been agreed by system leaders.
    d. SDF values are non-recurrent with the expectation that any recurrent requirements are addressed through the allocation of baseline funding in subsequent years.
    e. Oxfordshire values are based on 40% of the overall BOB allocation.
    f. Although funding typically goes to NHS mental health providers, it is not an entitlement or a guarantee. An increasing amount of this (value TBC) has gone to VCSE organisations, either directly, or via arrangements put in place by OHFT.

37 Service planning and commissioning in Oxfordshire has evolved into a much more collaborative and inclusive process, whereby it is done alongside providers to maximise benefit from subject matter experts. This includes the allocation of financial resource in annual planning rounds. Each year priorities are brought forward and considered for new investment from baseline increases and/or SDF if available and

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[24] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf
[25] Extract from NHS LTP Analytical Tool – January 2023 v11.6.xlsx

appropriate. Alongside "new" priorities or projects, attention must also be given to commitments from previous years that have increasing requirements, as well as other pressures that arise such as those associated with prescribing and Section 117 aftercare.

38 For 2024/25, new investment priorities are detailed below:
- The next step of a county wide rollout of the Crisis Resolution and Home Treatment Team (CRHTT), building on the provision that is in place in Oxford City. Approx. £3,400,000
- Ongoing developments within the Brain Health Centre to provide timely and reliable dementia diagnosis. Approx. £110,000.
- Improvements to inpatient provision, to enhance a recovery focussed model with dedicated resource to deliver psychologically informed therapeutic interventions. To increase safety and quality on wards through digital observations, with a view to reducing incidents on wards such as self-harm and restrictive practice. Approx. £620k.

39 Planed spend on mental health in Oxfordshire is summarised in the table below. This relates to recurrent baseline expenditure only. SDF for 2024/25 is currently being disaggregated across Buckinghamshire Oxfordshire and Berkshire West. It should also be noted that the values below are indicative, as some spend may fit within several categories, but to avoid double counting, has only been captured in one. "Community B Supported Housing Services" shows as a negative value, this is due to an accounting adjustment that takes place throughout they year.

Cost Centre Description	Planed Spend 2024/25
NON-CONTRACTED ACTIVITY	£963,000
CYP MENTAL HEALTH (EXC LD)	£9,076,100
PERINATAL MENTAL HEALTH	£1,198,300
EIP TEAM (14 - 65YRS)	£886,800
IAPT	£10,610,000
A&E WARD LIAISON MH ADULT	£707,000
ADULT COMMUNITY CRISIS	£1,677,700
AMBULANCE RESPONSE SERVICES	£95,900
COMMUNITY A NOT BED-BASED NOT PLACEMENTS	£66,017,400
COMMUNITY B SUPPORTED HOUSING SERVICES	-£6,984,300
MENTAL HEALTH ACT	£5,941,400
SMI PHYSICAL HEALTH CHECKS	£180,100
LOCAL NHS ACUTE MH & REHAB IP SERVICES ADULT	£29,053,300
LD AND AUTISM	£14,937,200
ADHD	£435,800
TOTAL	**£134,795,700**

Non-financial resource

40 Additional investment into mental health services has been well received, but this scale of investment has meant that it has been challenging to convert new funding into practitioners. In mental health the vast majority of spend is on staff, although there is digital advancements and resources are becoming more common, most of the care is delivered by people. There have been longstanding challenges with recruitment of qualified staff across clinical services, particularly qualified nurses and occupational

therapists (OTs). OHFTH has been proactive in sourcing temporary staff through its' internal bank and agencies to cover the vacancies. Although controls and price caps are in place, these mitigations remain more costly than the preferred substantive roles.,

41   A comprehensive range of initiatives to retain existing staff as well as recruit to new roles are underway. Incentives have been put into place for some roles and services that are particularly difficult to recruit to. Human Resources (HR) and recruitment experts are extending reach across Oxfordshire and beyond through the use of social media, recruitment days within Oxford and attending recruitment fayres across the country, linking with educational institutions and directly to students.

42   OHFT has focused on developing its own staff by employing nursing associate trainees. Once these trainees qualify as registered nurse associates, they can pursue further training to become qualified nurses. Teams are now integrating these staff members into their skillmix and supporting their career development. Additionally, OHFT is reviewing skill mixes within teams and considering alternative roles for band 5 and 6 nurses and occupational therapists (OTs) to optimize budget use. By promoting participation of staff surveys and exit interviews, OHFT has been able to gather a wide range of feedback and act upon it. Efforts have resulted in some improved (reduced) vacancy rates within services, for example, across the Oxfordshire AMHTs, the vacancy rate is 23%, a 10% reduction when compared to 12 months ago.

43   Oxfordshire has a thriving VCSE sector and has been keen to embrace all benefits of it, including the ability to act and recruit to posts at pace. Much progress has been made to support VCSE employed practitioners, to work alongside clinical counterparts in NHS organisations. This cross pollination has had mutual benefit to the workforce, but also to residents. Resident now have access to a more diverse range of practitioners and interventions, meaning that they can have their needs met in a way which is most appropriate and preferable to them.

44   There are economic benefits to investing more in VCSE organisations, particularly local organisations that also bring social value[26]. However, costs are now often comparable to those outside of the VCSE sector, in part due to the introduction of the Oxfordshire Living Wage. This has brought about affordability challenges for VCSEs that have introduced the Oxfordshire Living Wage without having increased income. Despite these challenges, the true appeal and benefit of having VCSE partners is the fact they extend the reach and range of support and interventions available to a greater proportion of our population.

The future for adult and older adult mental health in Oxfordshire
45   The end of the OBC in March 2025 brings about an opportunity in Oxfordshire to further improve provision in Oxfordshire. A large programme of work is underway to review adult and older adult mental health contracts in Oxfordshire, with a view to strengthening the offer available to Oxfordshire residents by setting an aspirational direction of travel for provision over the next ten years.

46   The Provider Selection Regime (PSR) has recently been introduced (April 2024) by regulations under the Health and Care Act 2022 as a set of rules for the procurement of health and social care provision, it has been designed to[27]:
   •   introduce a flexible and proportionate process for deciding who should provide health care services

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[26] https://www.nicva.org/resource/how-social-value-can-work-for-vcse-organisations
[27] https://www.england.nhs.uk/commissioning/how-commissioning-is-changing/nhs-provider-selection-regime/

- provide a framework that allows collaboration to flourish across systems
- ensure that all decisions are made in the best interest of patients and service users.

This also comes at a time when commissioners are making a conscious effort to give providers greater flexibility and sustainability by having fewer contracts in place, each having a longer duration.

47   Oxfordshire is now presented with an opportunity to consolidate and strengthen several existing contracts and service models, into one comprehensive and all-encompassing offer for residents aged 18 and over. This will mean that residents will have more choice and control based on what support is best for them, bringing together over £100 million of resource per annum, over a 10-year period. BOB ICB and OCC intend to follow the PSR to award the head contract to OHFT, and to support them to be a true integrator and value generator. In turn, OHFT, alongside BOB ICB and OCC will apply the PSR to activities and interventions that fit best with VCSE partners, this is expected to increase further throughout the life of the head contract.

48   As has been the case with the OBC, the new contract will be targeted towards the strengths and needs of Oxfordshire but will also be sufficiently agile to respond to national strategies, priorities and opportunities.

49   Planning and delivering positive change at this scale requires a great deal of skills and expertise from all involved, but particularly from our senior leaders. To better equip some of our most senior leaders in Oxfordshire, a select cohort has embarked upon a leadership development programme. The purpose of this is to further enhance our system capabilities, as well as the critical working relationships and trust across organisations and sectors.

Closing statement

50   The efforts outlined in this briefing reinforce a strong commitment to the ongoing delivery and improvement of mental health services in Oxfordshire. This comes from senior leaders across provider and commissioning organisations, spanning health, social care and the VCSE sector. It is evident that collaboration and partnership working in Oxfordshire is a key feature of the way that care and support is delivered, and is perhaps one of the greatest assets within the county. This provides a strong foundation for the future transformation of mental health services for Oxfordshire residents.