Centre for Mental Health

Review of Oxfordshire Mental Health Outcomes Based Commissioning Contract

Summary report

Version 5. final

Centre for Mental Health
London

Contents

Executive summary

Centre for Mental Health is an independent charity. Our aim is to identify effective mental health support through research and make known the evidence for best practice through influencing national mental health policy.

The Centre was commissioned by the Oxfordshire Mental Health Partnership to report on the achievements of the first 4 years of the Outcomes Based Commissioning Contract (OBC).

The Oxfordshire Outcomes Based Commissioning contract started on 1 October 2015 and is due to end on 31 September 2020. There is an option to extend it for a further two years. The six provider organisations within the Partnership are Oxford Health NHS Foundation Trust (the lead provider) and Restore, Response, Oxfordshire Mind, Elmore and Connection Support.

The Partnership's aims were to bring about seven outcomes for people of working age using mental health services in the county:

- People with mental illness will live longer
- Improved level of wellbeing and recovery
- Timely access to assessment and support
- People will maintain a role that is meaningful to them
- Continue to live in stable and suitable accommodation
- Better physical health
- Carers will feel supported

Most of these outcomes are currently being achieved by the measures agreed with the Partnership and its commissioners. The Partnership has also seen the creation of a number of new services, including a crisis café and a recovery college.

Among the benefits of the Partnership were improved joint working between organisations, greater financial security for third sector partners, and improved physical health monitoring for people using mental health services. The Partnership has also faced significant challenges, including overall financial constraints in the local health economy, difficulties in being able to bring about large-scale change in service provision and a recent rise in out of area hospital admissions.

The review concludes that Oxfordshire has pioneered the model of outcomes based commissioning in mental health and commissioners and providers should be congratulated for stepping out on an unknown and long road, for which no one had a map. There is a strong consensus among all stakeholders that the Partnership should continue. In doing so, it has the opportunity to learn and adapt: for example to develop more focused outcome measures, to address out of area or residential care placements and to continuously find ways of getting better value for money.

1. Introduction

Centre for Mental Health is an independent charity. Our aim is to identify effective mental health support through research and make known the evidence for best practice through influencing national mental health policy.

The Centre was commissioned by the Oxfordshire Mental Health Partnership to report on the achievements of the first 4 years of the Outcomes Based Commissioning Contract (OBC). The overall review of the OBC was undertaken in 4 streams, led by different organisations:

1. Experience of the services – led by Oxfordshire County Council and supported by OCCG and the OMHP
2. Practice review and reflections on partnership working – led by Centre for Mental Health
3. Desktop performance review – led by Oxfordshire Clinical Commissioning Group and SCW CSU
4. Financial review – led by Oxfordshire County Council

Centre for Mental Health has produced this short summary report which brings together the findings from all four workstreams.

2. Methodologies

Experiences of the services

The surveys were developed in partnership with the members of the OMHP. The first survey was developed for individuals who have used or are using the service to gain feedback relating to:

- The impact of the service
- How important and relevant the current outcomes are for individuals and what other outcomes are important for individuals
- What works about the current range of services provided under this contract and how they work together? What could be improved?

The second survey was for stakeholders, including GPs and referring agencies to provide an opportunity for feedback relating to:

- The impact of the OMHP
- The key issues for them
- Referral pathways
- Relationships with the services within the contract
- What works with the current service provision and what could be improved?

Every effort was made to ensure that the user survey was accessible to all individuals, to ensure fair representation of service user groups. The survey was available in both easy read and standard format. There was a combination of qualitative and quantitative data collected. The qualitative answers provided participants with the opportunity to raise a wide range of issues, resulting in a large amount of free text for analysis.

Practice review and reflections on partnership working

We undertook 15 individual or small group interviews, using a semi-structured interview question schedule, with Partner CEOs and Senior Managers, and a focus group with the OBC Partnership Senior Management Team (SMT), i.e. the Heads of Service across the six partner organisations.

Interviews were recorded and reviewed to identify common themes.

Desktop performance review

Oxfordshire Clinical Commissioning Group and SCW CSU provided a performance report.

Financial review

Each provider in the Oxfordshire Mental Health Partnership, including Oxford Health, completed a finance return providing a breakdown of the following information for financial years since the start of the contract in October 2015:

- Income and expenditure relevant to the contract
- Breakdown of direct service costs
- Breakdown of staffing costs and FTE's for 2018-19
- Sub-contracted costs
- High level activity

In addition, a desk top review of published accounts was undertaken of each of the third sector providers within the OMHP in order to understand the financial status of each organisation and assess their financial stability.

3. Background

The Oxfordshire Outcomes Based Commissioning contract started on 1 October 2015 and is due to end on 31 September 2020. There is an option to extend it for a further two years.

Services provided within this contract are for people aged 18-65 who have been assessed using HONOS cluster tool and meet the threshold of clusters 4-17. It is not clear how the partnership ensures provision for people who have the right to a social care mental health service under the Care Act. The funding provided to the partnership from Oxfordshire County Council for people with higher social care needs becomes largely invisible within the larger amount of health funding put into the contract.

The contract was let on a 'capable provider' basis, i.e. not openly tendered. Oxford Health was invited by the CCG to convene a group of capable providers and to put together a bid for the contract. This group became the partnership when the bid was subsequently accepted.

The six provider organisations are Oxford Health NHS Foundation Trust (the lead provider, i.e. the contract holder) and Restore, Response, Oxfordshire Mind, Elmore and Connection Support.

At the creation of the OBC it was proposed that money would flow from Oxford Health NHS Foundation Trust to the third sector to achieve the contract aims, this was envisaged to be a substantial transfer of financial resource achieved through the closure of a ward, enabling the third sector to provide more community housing, a crisis house and enhanced community support.

4. The outcomes

Oxfordshire mental health organisations, having appreciated the benefit of commissioning for outcomes, rather than prescribing individual services, held workshops with patients and carers to identify outcomes which were important to them. The outcomes chosen are:

- People with mental illness will live longer
- Improved level of wellbeing and recovery
- Timely access to assessment and support
- People will maintain a role that is meaningful to them
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- Carers will feel supported

5. Experience of the services

The summary of the experience workstream shows that people value the services they use. In terms of ease of access respondents reported finding it most easy to access Oxfordshire Mind, Restore and Response. The least easy were Elmore Community Services and Oxford Health.

Access to services was also raised as a key issue for focus group attendees, particularly in relation to accessing services when needed and the role of access in prevention of escalation of problems.

Where people did not find access easy the most common issues were:

- Waiting times, which often felt too long, were frustrating and hard to manage while dealing with a mental health condition, often without support.

- Inadequate referrals, such as the length of time to get a referral or not being referred for treatment when it was felt it was needed.
- A lack of information.

Several questions explored the quality of care and support, such as "What is good about the service?", "What could be better about the service you receive?", "Which part of the health and social care support you receive is most important to you?". The strongest positive related to the quality of staff. High quality, supportive staff was the most mentioned in response to the question "which part of the health and social care you receive is most important to you". Respondents talked about staff being "understanding" "non-judgemental" with words such as caring, kind, helpful, supportive, compassionate appearing repeatedly. In addition, staff help people to keep doing the things they want to do and support them to move forward in their recovery.

In response to the question "What could be better about the service you receive?", respondents identified the need for increased funding to provide more staff to deliver increased level of care and support of all types including group and one-to-one treatment sessions as well as learning or therapeutic activities. Also highlighted was the need for increased opening hours, including out of hours. Other areas for improvement related to waiting times, access and general organisation.

People were asked what things they needed support with in order to feel good, healthy and safe. This question was based around the outcomes agreed in the OBC. Whilst they were all relevant the most important area was an "improvement or stability in mental health" followed by "timely access to services".

The survey responses continually highlighted the value of holistic services to support recovery, particularly in terms of the type of support e.g. groups, one to ones, outdoor activities or having a safe place to be. Alongside this was the importance of a comfortable and non-judgemental environment to talk about issues as they arise and look at them in a different way. For example, environments such as those provided at Mind and Restore.

78% of people responding to the survey knew what to do if they found themselves in crisis. Although most of the respondents found the support they received helpful, some did not, stating that they had to rely on themselves or the support was not adequate and 27% advised that support was not there when they needed it. We note that these are considerably better %s than observed in national reports on experiences of crisis care?

Stakeholders, meanwhile, reported improved communication and joined-up working as a key positive for the OMHP as this has helped with the patient flow through the system. The strength of working as a group of providers came through strongly and the added value this can bring in terms of supporting people more effectively and also in attracting other funding opportunities. The improved communication has meant that organisations have worked better together and more effectively. Similarly, joint training has enhanced the knowledge of other organisations and opportunities have increased since the partnership began. The joint

referral system was seen as valuable. The partnership was seen as offering better services for patients providing the opportunity for "meaningful conversations about clients".

The following key points highlight the combined findings from both service user and stakeholder engagement exercises.

- The original intentions of the contract, in terms of outcomes are still relevant
- The value of holistic services to support recovery is significant
- Staff are consistently reported as being very supportive and are highly praised
- The provision of a comfortable non-judgemental environment is important
- A mixture of provision e.g. one to ones, groups, outdoor activities is valued
- There is a challenge in having access to services at the right time
- Partners are working together well but this could improve
- There is awareness amongst people who use services and stakeholders of the pressure on the system in terms of demand and funding

6. Practice Review and Reflections on the Partnership

The Partnership's aims were to bring about seven outcomes for people of working age using mental health services in the county:

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Most of these outcomes are currently being achieved by the measures agreed with the Partnership and its commissioners. The Partnership has also seen the creation of a number of new services, including a crisis café and a recovery college.

Among the benefits of the Partnership were improved joint working between organisations, greater financial security for third sector partners, and improved physical health monitoring for people using mental health services. The Partnership has also faced significant challenges, predominantly as a result of external pressures, including overall financial constraints in the local health economy, difficulties in being able to bring about large-scale change in service provision and a recent rise in out of area hospital admissions.

The review concludes that Oxfordshire has pioneered the model of outcomes based commissioning in mental health and commissioners and providers should be congratulated for stepping out on an unknown and long road, for which no one had a map. There is a strong consensus among all stakeholders that the Partnership should continue. In doing so,

it has the opportunity to learn and adapt: for example to develop more focused outcome measures, to address out of area placements and to find ways of getting better value for money.

The reflections on the partnership report (Workstream 2) are:

- The OBC partnership as currently constituted should continue.
- The partnership should develop and action plan to achieve all the contract targets.
- The OBC partnership and the commissioners should identify resource for commissioning support.

7. Desktop performance review

Fig. 1 Years 1-3 Performance against outcome targets

Outcome Description	Contract Outcomes	Target	Y1 baseline setting	Y2	Y3	
People will live longer	1. Mortality age of the MH adult population (reduction in excess of under 75 age mortality rate)*	Achievement based on Public Health reporting	achieved	achieved	achieved	
People will improve their level of functioning	2a i: % aggregated improvement in score on validated recovery evaluation tool amongst service users in clusters 4-17 at most recent cluster review - **RECOVERY STAR**	55%	not achieved	achieved	achieved	
	2a.ii: % aggregated improvement in score on validated recovery evaluation tool amongst service users in clusters 4-17 at most recent cluster review - **QPR**	55%	KPI introduced in Y3		not achieved	
	2a. iii: % aggregated improvement in score on validated recovery evaluation tool amongst service users in clusters 4-17 at most recent cluster review - **SFQ**	50%	KPI introduced in Y3		not achieved	
	2a iv: % aggregated improvement in score on validated recovery evaluation tool amongst service users in clusters 4-17 at most recent cluster review - **CORE34** - Percentage of patients showing Clinical Change CORE -OM	33%	KPI introduced in Y3		achieved	
	2a v: % aggregated improvement in score on validated recovery evaluation tool amongst service users in clusters 4-17 at most recent cluster review - **CORE34** - Percentage of patients showing Reliable Improvement CORE- OM	33%	KPI introduced in Y3		achieved	
	2b: % of service users in clusters 4-17 under the care of OHFT with a reduction in intensity in HoNOS rating score at their most recent cluster review*	33%	partial achievement	achieved	achieved	target was increased in Oct 2018 from 30% to 33%
	2c i: % of service users who have been discharged from OHFT and are not readmitted to hospital at 28 days after discharge	93%	partial achievement	achieved	achieved	
	2c ii: % of service users who have been discharged from OHFT and are not readmitted to hospital at 90 days after discharge	88%	partial achievement	not achieved	achieved	
People will receive timely access to assessment and support	3: Percentage of all referrals to adult mental health teams that are categorised as crisis/emergency where the patient (and carer where applicable) and the referring GP are contacted within 2 hours.	90%	partial achievement	achieved	achieved	

People will maintain a role that is meaningful to them	5a: x% of service users in paid employment, undertaking a structured education or training programme or undertaking structured voluntary activity	60%	not achieved	achieved	achieved	target increased from 50 to 60% in Oct 2017
	5b: with at least x% of those, in paid employment	18%	not achieved	achieved	achieved	target increased form 16.75 to 18% in Oct 2017
People continue to live in stable accommodation	6: x% of service users living in stable accommodation		partial achievement	achieved	achieved	target increased from 70% to 72% in April 2017 and to 80% in Oct 2017
People will have fewer physical health problems related to their mental health	7a: % of current service users in clusters 4-8 whose impact on the urgent care system will reduce	80%	achieved	achieved	achieved	
	7b: reduction in % of people with BMI over 30	no target	not achieved	partial achievement	achieved	
	7c: % reduction in the prevalence of smoking amongst the service user population under the care of the contract	42.50%	partial achievement	achieved	achieved	

Local Quality Standards

Throughout the contract length some of the Local Quality Standards have been revised to report more meaningful measures.

Performance for the following KPIs should be noted:

- **Percentage of outpatient letters that are sent back to GPs (uploaded to CareNotes) within 10 calendar days (from April 2018 this was changed to 7 Calendar days**) – performance deteriorated from Sep 2017. Despite target changing from 10 to 7 on April working days in April 2018 OHFT took a considerable amount of time to adjust their reporting processes and started to report against the revised target from March 2019

- **Percentage of typed discharge letters that are sent back to GPs within 24 hours of discharge** – performance deteriorated since May 2018 and based on the feedback from the Trust, breaches occur mostly within the City Team due to admin staff issues (vacancies).

- **Adult CMHTs - Percentage of referrals categorised as crisis/emergency that are assessed within 4 hours** - performance has deteriorated particularly in the last 12 months. Based on the data reported by the Trust there is a downward trend in number of crisis referrals received by the service. There is a similar trend for the number of referrals assessed within the agreed timeline. Exception reports are provided monthly to explain non-delivery of this KPI.

- **Adult CMHTs - Percentage of referrals categorised as urgent that are assessed within 7 calendar days** – this KPI has not been achieved since Nov 2016 apart from 3 occasions during Y2 of the contract. Trend analysis indicate no change in number of urgent referrals being received by the service however there is a downward trend in number of patients being assessed within the agreed timescale. Exception reports for this indicator have not been consistent over the period of contract delivery.

- **Adult CMHTs - Percentage of referrals categorised as non-urgent that are assessed within 28 calendar days** – performance for this KPI has deteriorated since the end of Y1 of the contract (Aug 16). Trend analyses indicate that the number of non-urgent referrals has increased however the number of referrals

assessed within the agreed timescale has decreased. Exception reports for this indicator have not been consistent over the period of contract delivery.

- **Part 1 and Part 2 summaries should be issued to the service user's GP within 10 days of discharge from care under this specification** – threshold of 95% was agreed since Apr 17 and only met on 3 occasions since then. Exception report was this KPI is not always comprehensive and a general feedback from the Trust is that non-compliance is due to admin staff availability.
- **% of service users who have had a comprehensive physical health assessment** – previously this KPI was measured based on the audit of 20 patient's notes. Threshold of 85% was agreed since Apr 2017 and since then it was achieved on 6 occasions. From Oct 2018 this measure is based on the caseload. When the measure was changed from an audit of 20 to electronic caseload it was acknowledged it will take OHFT 12 months to achieve compliance. Over the last 8 months very slow improvement has been made. OHFT is working on improvement plans.

Contract development and initial delivery faced some significant challenges including contract mobilisation, finalising definitions of Incentivised Outcomes and KPIs used to measure them. IT systems needed to be updated and upgraded to allow for data capture and extraction to evidence Outcomes and Local Quality Standards achievement. There are still some outstanding challenges which need addressing and include MH service provision for patients with ASD and ADHD.

On the whole, good progress has been made and it is recommended for the outcome contractual arrangements to continue. Based on the last four years of experience we would like to make some recommendations which are listed below.

The reflections on the desktop review are:

- Use MHSDS to monitor referrals, activity, caseload, discharges and other performance measures. Data Quality Improvement Plans are currently being finalised in order for this data set to be of very high quality.
- Demand and capacity tool – as currently being developed by OHFT to be used to better manage and understand demand but also to identify potential efficiencies and pathway adjustments.
- The requirement for OHFT to provide regular information around capacity including number of vacancies, bank and agency staff.
- Crisis pathway and home treatment team to be funded and included within this contract
- Flexibility to adapt requirements of the national directives of NHS Long Term Plan e.g. PCNs
- To clarify and address needs of patients with ASD and ADHD.

8. Financial review

Initial annual contract value for 2015/16 was £36M. As per the national guidance, national net inflator of 0.1% was applied in 2018/9 and 2.6% in 2019/20 bringing the total contract value to £43M in 2019/20. National net inflator and other specific investment agreed between OCCG and OHFT contributed to the overall year on year increase in contract value.

The Council's annual contribution has remained at £6.2m to the OBC over the life of the contract. A further contribution of £1.8m is made by the Council to OH for the S75 social work staffing under a S75 agreement which is separate to the OBC.

The subcontracts between OH and the third sector providers were set up as flat cash and the review shows that there has been no increase in funding for the sub-contracted services delivered in the OBC since the start of the contract in 2015 despite an increase in the overall contract value as detailed above.

This exercise has provided transparency about the position of the sub-contracted partners of the OBC who continue to value their role in the partnership and the opportunities that it creates. All of the third sector partners appear to be in a stable financial position and the number of people supported through those organisations has increased over time indicating a strengthening of the mental health sector locally. However, it is clear that the stable financial position of third sector partners is largely due to income generated through fundraising or other income-generating activity and consideration should be given to how tenable this is going forward.

It should be noted that financial deficits for providing the services in the OBC continue and in 2018/19 all third sector organisations, bar one, had their highest deficit. A review of 2018/19 published accounts (when available) should take place to ensure that the organisations overall position in terms of stability remains unchanged, as a declining financial position will affect staff retention.

OHFT do not routinely report the position for the OBC in isolation to the wider position for the organisation. To improve transparency, reporting mechanisms need to be put in place to enable a more holistic on-going overview of the overall OBC contract and Provider Pool and any review of the financial position should include all spend within the OBC as the activity inter-relates.

The continued increase in spend on residential social care is unsustainable. Although further work is needed to understand this fully, it is understood that the Supported Independent Living pathway needs to work differently. As the lead contractor OHFT should work with their sub-contracted partners to understand whether existing service provision can be developed to reduce these costs.

The review highlights the additional funding from OHFT to the third sector for services provided to support the OBC, however the relationship between these financial flows and the contractual arrangements for the services, requires further clarity.

The third sector partners in the OMHP have been consulted and would like to make the following points:

1. We signed up to a flat contract when the Most Capable Provider came out, albeit with all parties to OMHP having some reservations at that time in particular on the 'flat rate' nature of the contract.

2. There have been various developments and changes since then, reflected in our submission. Some of the commitments in the submission (for instance closing a ward) have not been met. On the other hand progress on the outcomes and resulting Key Performance Indicators has been strong, and we have coped with a significant increase in demand for services in the OMHP across the board that was not anticipated at the time of the submission.

3. The context of the Shipman report has been to build a sense across the whole commissioner / provider system that there is a need for more funding – we see this as a systemic issue, not one related to one partner/group of partners over any other. A number of factors have contributed to this situation:

    - The increase in demand for services
    - Other cuts to services in the broader system
    - Inflationary pressures on costs incurred in providing services (cost of living, property, etc) in the framework of a flat contract value. Our understanding is that there have been profound financial difficulties for OH and although we had hoped for and put a strong case for some uplift, this has not been possible.

4. All Partners (NHS and Third sector) are in the same position – we all spend more money on providing OMHP services than the income we receive

5. The difference is made up in contribution from a number of sources:

    a. Fundraising and grant income (from the Third sector)

    b. Reserves and/or deficits

9. What next?

National mental health policy has moved on since the start of the OBC contract. In the last three years NHS England has published the *Five Year Forward View for Mental Health* and the *NHS Long Term Plan*. We now know that targeted funding will be available to specific sites for a range of initiatives and pilots in adult community mental health including:

- Funding for the development and testing of **maternity outreach clinics** in 2020/21 and 2021/22 ahead of national roll-out;
- Funding to pilot **new models of integrated primary and community care** for adults and older adults with severe mental illnesses in 2019/20 and 2020/21.
- Continuation of funding for **mental health liaison services** to achieve 70% coverage of 'core 24' services by 2023/24;
- Continuation of the **Individual Placement and Support (IPS)** wave funding in 2019/20 and 2020/21;

- Testing of **clinical review of standards** in 2019/20;
- Developing a hub and spoke model for **problem gambling** from 2019/20, with central clinics which have satellite clinics in neighbouring populations;
- Completing the piloting of **Specialist Community Forensic Care** and women's secure blended services by 2020/21;
- Implementation of **enhanced suicide prevention** initiatives and bereavement support services;
- Developing new mental health services to **support rough sleepers**, to meet the ambition of the Government's rough sleeping strategy for the NHS to invest up to £30 million over the next five years in this area.

(NHS England, 2019)

All of these priorities need to be considered by the partnership, but essentially it is the partnership's role to respond to the needs of local people and to shape services to meet all the outcomes which have been set.

10. Conclusion and recommendations

The Oxfordshire OBC partnership has been quick off the blocks in trying a new way of working together to achieve better mental health for local people. Oxfordshire has pioneered the model of outcomes based commissioning in mental health and commissioners and providers should be congratulated for stepping out on an unknown and long road, for which no one had a map.

Oxfordshire benefits from a strong third sector and the availability of new services including a crisis café and recovery college, and a commitment to improving physical health. These things are certainly not in evidence in all other areas. The OBC also presents the opportunity for new thinking on care solutions, to provide the right help for more people without putting them elsewhere for care or making them wait for a long time.

The recommendations made by Centre for Mental Health are:

Recommendation 1

The OBC partnership as currently constituted should continue. As the Partnership matures, and once the financial situation in the local health and care economy and demand for mental health care have both stabilised, it may then be well placed to take the opportunity to re-design an effective and comprehensive mental health care pathway.

Recommendation 2

The partnership should agree where revised contract targets would help to drive up performance (or costs savings) against the outcomes and hold each other to account for the expected results. The partnership should seek new or existing partners willing to develop

services which will reduce spot placements and therefore reduce costs, review out of area placements and meet needs that are not currently being met.

Recommendation 3

The OBC partnership and the commissioners should identify resource for commissioning support to ensure the partnership is fit for its ambitions, and to align closely with the recommendations of national and local mental health policy.

References

NHS England, 2019. Long Term Plan. Available from https://www.longtermplan.nhs.uk/wp-content/uploads/2019/06/long-term-plan-implementation-framework-v1.pdf

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Background papers: None
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(Section 75 Mental Health Social Work)

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