

Adult Health and Social Care Partnership Board 27-6-2013

Implementation of *Better Mental in Oxfordshire 2012-15*

This paper sets out Oxfordshire's mental health commissioning intentions for 2013-14 and briefs the Partnership Board on two key pieces of work which will be delivered during the year in support of the mental health strategy:

- The development of an outcomes based commissioning approach to contracting mental health services
- A review of psychological therapy services

Partnership board are asked to note this paper and to highlight any queries and/or areas of concern. Partnership Board are also asked to consider the scope of the proposed Mental Health workshop on 19 September, particularly in relation to the highlighted areas above. Commissioners will be making recommendations in respect of both of these areas to the Mental Health Joint Management Group at its meeting on 26 September 2013.

Commissioning Intentions 2013-14

The Mental Health Joint Management Group [JMG] agreed its commissioning intentions for 2013-14 at its meeting in April 2013. These are set out at Appendix A and are colour-coded to indicate progress with implementation as reported to the June JMG meeting.

These intentions have been developed out of

- Feedback from users and carers through events such as *Mental Health Hearsay!* and the *Better Mental Health in Oxfordshire Partnership Board*
- Pressures on the Oxfordshire system identified by the JMG, and the need to review contracts that are coming to an end
- National priorities and targets (e.g. access to psychological therapies, the physical health of people with mental health problems)

Partnership Board will note that there is a measure of crossover in the intentions, particularly in relation to Outcomes Based Commissioning (OBC). We will talk more to this at the meeting.

Outcomes Based Commissioning

In March 2012, Oxfordshire Clinical Commissioning Group [OCCG] decided to change how it commissions some health and social care services by introducing a more outcomes orientated approach to commissioning and contracting. The CCG decided to work in the following three areas to introduce outcome based commissioning contracts for 2013/14:

- Frail Elderly
- Maternity
- Mental Health

OCCG's aim is to secure improved outcomes and value for money for patients and the public by incentivising providers to achieve the outcomes that matter most both clinically and to patients rather than rewarding the volume of activity undertaken.

OCCG has developed the OBC programme in a number of phases. Phase 1 included a successful public and professionals' engagement event on 8 January 2013 and culminated in a report that was approved by OCCG Shadow Governing Body on 31 March. The Shadow Board agreed to proceed to Phase 2 (further development of the scope, outcomes and commercial models to deliver OBC) and Phase 3 (procurement) if this is indicated by the conclusions from Phase 2. These Phases will be supported by external support which is currently being procured by OCCG.

In terms of Mental Health, the outcomes of Phase 1 can be summarized as

- Broad support amongst service users and carers who attended the event on 8th January and a subsequent CCG meeting for OBC. The key outcomes identified in the 8th January event were:

Outcomes for people with anxiety and depression

1. Appropriate and timely diagnosis
2. Service users reengage and are active in the community
3. Service users build and maintain quality relationships
4. Service users understand their condition
5. Individual treatments developed by user involvement

Outcomes for people with psychosis

1. Service users attain employment
2. Service users attain stable housing
3. Service users have improved financial management
4. Service users have improved physical health
5. Service users avoid inpatient admission

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- Recommendation that OBC is built around the nationally mandated Payment by Results clusters with the proposal that this is split between the anxiety and depression, and psychosis clusters
- There are opportunities to improve quality and achieve efficiencies via OBC

Phase 2 is the development of the business case to support OBC, which will be delivered to JMG at its meeting in September 2013. The Business case will need to provide:

1. A model demonstrating how outcomes based commissioning might work in practice to support wider engagement
2. A list of recommended outcomes and quality indicators for use in outcomes based contracts
3. An evaluation of the commercial options to deliver outcomes based contracts
4. A recommended implementation/procurement model to deliver outcomes based contracts
5. A plan that sets out the transition process by which we would move towards the recommended implementation model which sets out what can/should change over a defined timescale
6. An engagement report that sets out the views of users and carers and how these were taken into account in the development of the deliverables (2-5) above

Currently we are working with an expert practitioner group to describe the possible scope of OBC in terms of patient groups, presenting health and social care problems, and the interventions that might be needed to help people with mental illness progress along a pathway towards recovery, well-being and self-management of their condition.

This group will also develop some further draft outcomes and suggested quality measures to support further consultation with stakeholders. This group is also considering the relationship of this work with a number of other developments such as the review of housing and support services for homeless people.

An engagement phase will take place through the summer, as will a parallel work up of the commercial options and risks arising in the move to Outcomes Based Commissioning.

Review of Psychological Therapies

The current contracts for Psychological Therapies expire in March 2014. Therefore the review of Psychological Services in Oxfordshire will do two things:

- i) It will inform the on-going service model and procurement options after the TalkingSpace and PML contracts expire on March 31st 2014. A decision on a preferred option will be necessary by October 2013 to ensure procurement is completed on time.
- ii) Clarify understanding within the service model of the interdependencies that exist within a number of national and local commissioning intentions and how they can be linked to the review to improve patient pathways, quality, efficiency and experience; these being
 - a. Link with the MH outcomes based commissioning project to ensure alignment
 - b. Alignment with the outcomes expected from the national IAPT payment by results (PbR) programme
 - c. Alignment with integrating mental and physical health pathways; work streams which include;
 - i. increasing community/population capacity for self- management
 - ii. improved quality of care that equally considers the mental health needs of patients alongside their physical health care needs - as set out in the NHS Mandate¹
 - iii. improving physical health outcomes for people with severe mental illness increasing access to health checks
 - iv. improving physical and mental health outcomes for people with LTC and MUS by increasing access to psychological therapies and psychiatric liaison.
 - v. improving the psychological stepped care model to include step 4, specialist psychology
 - d. OCCG response to the NCB mandate anticipating CCGs to complete the full roll out of IAPT services by 2014/15²

The services in scope for review will include:

¹ NHS Mandate DH November 2012 www.wp.dh.gov.uk/publications/files/2012/11/mandate.pdf

² Everyone Counts; Planning for Patients 2013/14 NHS CB
<http://www.commissioningboard.nhs.uk/everyonecounts/>

- Step 1 Primary Care services
- Step 2 and 3 TalkingSpace OHFT service
- Step 3 PML counselling service
- The DOH funded IAPT and Cardiac rehab Oxfordshire pilot (Heart2 Heart)

It is intended to consider the associations with other services but they will not be reviewed in detail, these being:

- Step 4 OHFT Psychology
- The OHFT Community IPMS service development
- Current access to psychological therapies within LTC pathways
- Current access to couples counselling through Relate (TBC)
- Other IAPT services in Buckinghamshire and Berkshire – but the service outcomes will be compared to provide an opportunity to benchmark against each other

The following services are excluded:

- OUH psychological services within pain management and neurological conditions

The review will deliver the following to the MH JMG at its meeting in September 2013:

1. An overview of current services mapped against DOH IAPT minimum quality standards
2. An engagement report that captures the views of users, carers, GPs and other identified staff and evidence in the service model that these have been taken into account
3. A psychological services pathway model for Oxfordshire
4. A revised service specification with outcomes and quality indicators
5. A recommended procurement option

Mental Health Workshop

The Partnership Board is scheduled to hold a workshop around implementation of the *Better Mental Health in Oxfordshire* strategy in September 2013. The board needs to agree the scope of this workshop: as noted above the timeline for reporting on OBC and the review of psychological therapies requires commissioners to report with recommendations to the JMG on 26 September. The workshop would be too late to have a substantive discussion to support the development of that report and so a decision needs to be made on the scope of the workshop. This will be discussed further at the Partnership Board meeting.

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17 June 2013

Appendix A Commissioning Intentions 2013-14: progress against milestones

This is the commissioning intentions plan approved by JMG at its meeting in April 2013. The key milestones have been rag rated to reflect current progress at June 2013. Amber (yellow) and red items will be discussed at the meeting.

Outcome	How will this be delivered	New investment (£k) 13-14	Planned efficiency 13-14	Key Milestones/performance measures
Improved health and social care outcomes for people with Severe mental illness	<ul style="list-style-type: none"> Implementation of Outcomes Based Commissioning 	0	0	<ul style="list-style-type: none"> April 13 approval of project plan Sep 13 recommendations re implementation to JMG for decision
Improved outcomes for people with co-morbid mental and physical health problems	<ul style="list-style-type: none"> Community integrated psychological medicine service Psychological therapies to support the needs of people with long-term conditions Contractual quality measures to support physical health Outcomes Based Commissioning 	300k 200k (CQUIN) 0	0 0 0 0	<ul style="list-style-type: none"> IPMS: April agree spec and KPI; July agree patient cohort; Oct service commences IAPT: April agree spec and KPI; July agree patient cohort and trajectories for further monitoring April agree CQUIN and trajectories for further monitoring As for OBC but April build PH into HoNOS spec
Increase the numbers of people accessing and benefiting from psychological therapies	<ul style="list-style-type: none"> Investment and contract monitoring Review of psychological services to recommend options from 2014-15 	[200k (above)]	0	<ul style="list-style-type: none"> Monthly increase towards 8000 people in treatment during 2013-14 Sep 13 recommendations to JMG for decision
Improving housing and support for people	<ul style="list-style-type: none"> Supported into Independent Living Plus 	150k	133k+	<ul style="list-style-type: none"> TBC
Improved Outcomes for people with Personality Disorder	<ul style="list-style-type: none"> Review of Complex Needs Service to support base-lining of service in Outcomes Based Commissioning from 2014-15 	0	0	<ul style="list-style-type: none"> May 13 agree scope of OBC in relation to Complex needs service May 13 set up review group Sep 13 recommendations to JMG for decision (possibly within OBC)

Outcome	How will this be delivered	New investment (£k) 13-14	Planned efficiency 13-14	Key Milestones/performance measures
Improved engagement of service users and carers within commissioning	<ul style="list-style-type: none"> Development of the user and carer voice in Oxfordshire 	TBC	0	<ul style="list-style-type: none"> Ensure user/carer engagement in OBC and other development work May 13 Scope out the case for dedicated and resourced user and carer groups July 13 recommendations to JMG
Improved outcomes for job retention and gaining employment	<ul style="list-style-type: none"> Improved contractual performance 2013-14 Outcomes Based Commissioning 	0	0	<ul style="list-style-type: none"> April agree performance trajectories in contracts Monitor trajectories monthly
Improved outcomes for carers	<ul style="list-style-type: none"> Revised dedicated services for carers Improved outcomes for carers from commissioned services 			<ul style="list-style-type: none"> May 13 Revised recommendation re procurement of carers' service to JMG May 13 map carers' outcomes into OBC work June 13 ensure providers have actions plans that reflect the Oxfordshire Carers' strategy
Improved outcomes for homeless people with mental health problems	<ul style="list-style-type: none"> Mapping MH onto City and OCC review of homeless services Revised service specs for MH from 2014-15; possibly in OBC 	0	0	<ul style="list-style-type: none"> May 13 agree scope in relation to OBC On-going input into OCC led review May 13 agree protocols for working with MH homeless patients
Further integration of commissioning and delivery of MH services	<ul style="list-style-type: none"> Development of OBC Integration of health and social care funding 	0	0	<ul style="list-style-type: none"> May 13 mapping health and social care funding by patient and care cluster July 13 recommendations to JMG re risk share OBC timeline
To improve targeted support for Children and Young People at particular risk of developing mental health problems, such as looked after children	<ul style="list-style-type: none"> Review of gaps in provision for YP aged 14-24 years resulting from eligibility thresholds and transition from CAMHS to adult services with an emphasis on young people with ADHD, on the Autistic 	0	0	<ul style="list-style-type: none"> June 13 Implement new diagnostic pathway for ASD June 13 ensure that Oxford Health's Action plan arising from the Oxfordshire Carers Strategy includes the needs of parent carers and young carers.

Outcome	How will this be delivered	New investment (£k) 13-14	Planned efficiency 13-14	Key Milestones/performance measures
	<p>spectrum or with conduct disorders</p> <ul style="list-style-type: none"> • Development of mental health support in community settings • Review needs of looked after children • Develop whole-family approach in delivery of mental health services; including parental mental health • Review of PCAMHS/CAMHS against overall strategy direction 			<ul style="list-style-type: none"> • April 2014 Complete evaluation of Transitions project