

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE – 20 MAY 2010

Keeping People Well

Keeping People Well is a strand of the commissioning strategy *Better Mental Health in Oxfordshire 2009-12*. It is a work stream designed to help people aged 18 and over manage their mental well-being by providing support and services in non-clinical settings. It will design and deliver services that link into clinical pathways and enable people to stay well and self manage their own care in the wider community. It will support our commissioning aim that

- People can stay well
- When people become unwell they will get better, quicker
- Services will deliver effective, timely and appropriate interventions

What is currently commissioned?

Keeping People Well is a review of those day services currently purchased in the voluntary and community sector by Oxfordshire Primary Care Trust (OPCT) funded by the section75 Mental Health Pooled Commissioning Budget from OPCT and Oxfordshire County Council (OCC).. The relevant services are

Organization	Service
Archway Foundation	Befriending service and social groups for isolated people in Oxford City and a pilot project in Abingdon
Bridewell Organic Gardens	Therapeutic gardening project near Witney, including dedicated women's only day.
Oxfordshire Chinese Community and Advice Centre	Dedicated support for people from the Chinese community within generalist advice and support service
Oxfordshire Mind	A network of 15 Community Resource Projects across the county (Cowley, The Mill, Oasis, Henley, Wallingford, Thame, Didcot, Abingdon, Wantage, Witney, Chipping Norton, Carterton, Kidlington, Bicester, Banbury) plus activities accessible to all and dedicated services for specific groups (young people, women, working people etc)
Oxford Survivors	Service user led group offering support and activities
Restore	Three therapeutic work projects: Beehive and Elder Stubbs in Oxford and Fleet Meadow near Didcot and a pilot project in Banbury
Rethink Gemini	Day service supporting recovery in Oxford
Root and Branch	Therapeutic gardening service near Faringdon

This project does not cover housing services, the Rethink Carers' Support Project, or the Restore Employment Service, nor Independent Advocacy.

The total value of these contracts in 2009/10 was circa £2 million.

The current contracts are due to end in September 2010. For contract values of this size we are required to procure replacement services on the open market.

What is the case for change?

These contracts predate the development of the commissioning strategy *Better Mental Health in Oxfordshire 2009-12*.

In May 2009 we carried out a desk top review of this provision against the priorities identified in the strategy. This suggested that we would not deliver the outcomes set out in the strategy unless we

- a) Commission outcomes that are connected to recovery
- b) Commission clear pathways that set out the roles for voluntary and statutory services and meet the needs of all the groups living in every part of the County

Specifically our review identified the following gaps:

- Services are under used (by comparison with the profile of people under the care of OBMH) by younger people under age of 30; older people over the age of 64; parents living mental health problems; people from Black and Minority Ethnic (BME) communities
- The current range of services do not cover the county equitably with significant gaps and a concentration of services on the Cowley Road in Oxford
- There is no clear pathway between services or between clinical services and those funded in the voluntary and community sector. This appears to have a number of potentially undesirable effects:
 - these services do not feature significantly in care planning carried out within secondary mental health teams
 - there are poor links between primary care and the voluntary and community sector which undermines the preventative role of these services
 - where people are referred into services by secondary care there was confusion as to who was responsible for care and recovery planning from that point forward
 - A number of people are using more than one service often in an uncoordinated way. They may be taking part in a number of activities but remaining within the “mental health sector” to the possible detriment to their recovery and social inclusion

Engagement activity

In August and September 2009 we visited the majority of funded services and spoke to service users about their experiences and talked with them about what services they would use to support their recovery. In November 2009 we hosted a conference *What does recovery mean to me?* In November and December 2009 we set up a group of service users, carers, providers and clinicians to develop a service model for future services. The model proposed the following:

- A Service that facilitates Public Well-being
- An Information Service
- A Personal Well-being Service
- A Structured Recovery Service
- An Individualised Placement and Support Employment Service

Whilst the majority of these services are currently being delivered they are not delivered in such a way that it encourages people to progress on their recovery journey. The services identified above clusters these in a more stratified way that would meet the agreed outcomes that have been identified.

The model was published on our website and comments invited, in January and February 2010, added to this it was discussed at 4 public meetings and over 15 project-based discussion groups with stakeholders including service users, carers, providers and clinicians. There were a number of written responses and these were captured in a report published in February. The key comments were:

- That a public well-being service that supports prevention is a good idea and should be delivered with the support of service users BUT should not divert resources from front-line services
- That what people need is “knowledge” rather than information and this is best delivered in the context of another service rather than as a standalone service
- That there is confusion as to how the personal well-being and structured recovery services relate to each other but support for the idea of choice to help people find what works for them in terms of prevention and recovery planning
- That the employment service might duplicate what is already there or might fail to deliver work in a challenging economic environment
- That work still needed to be done on identifying the pathway, particularly in accessing services via primary care and in who is responsible for what in referrals from secondary care

This feedback has been incorporated into draft service specifications that are being developed by the Integrated Commissioning Team with the support of a reference group of service users and carers. The service specifications will be put before the Enhanced Clinical Executive Committee on 13th May to seek its approval.

Proposal

The proposal is for 2 broad services covering the range of priorities identified in the service model in a stepped model of care.

1. The Oxfordshire Well-Being Service has 5 elements within a stepped care model. The service will have a focus on achieving well-being through the minimum possible level of intervention.

- Education to support whole population well-being amongst targeted vulnerable communities
- Information and assessment for any person who contacts the service to help them understand their mental health needs, what will keep them well and identify those options available to them by way of self-help
- Short courses to help people understand what keeps them well and manage their mental health problems either as part of self-help or as part of a supported recovery pathway
- Peer support groups that encourage the development of self-supporting activity which helps people reduce their social isolation

- Recovery planning for those people who at the point of referral are unable to manage their own health entirely by self-help

2. The Oxfordshire Recovery Service. This will provide a structured intervention to help people progress along a pathway to recovery and manage their own well-being in the wider community.

It will deliver

- Structured activity that helps people build up confidence and resilience, gain practical skills and supports independence and recovery through a focus on achievement
- 1:1 personalised planning and 3 monthly review to identify and overcome barriers to recovery
- Development of social skills through planning and undertaking work in a group setting
- Enabling social involvement by working in a public environment and/or towards accredited qualifications

Structured activity can be interpreted widely. It should encourage choice and ensure cultural relevance. It will be delivered in a way that reflects a work-like environment with expectations around attendance, performance, engagement and involvement and clear goals for where someone is trying to get to as a result of the intervention.

In addition to these broad services we will maintain **a grants facility** to support innovation, targeted interventions and service user led initiatives.

Outcomes from *Keeping People Well*

These services together will deliver the following outcomes:

- Increased self-knowledge and general awareness around protective factors for individuals and targeted communities
- Reduced stigmatizing behaviour shown in targeted workplaces and communities
- People have timely access to information to understand their mental health and support self-management of their mental well-being
- People retain work, relationships and their place in the wider community through improved understanding and management of their mental health and well-being
- A pathway that supports progress towards recovery, particularly for those people who are being supported through the care programme approach
- A programme of short courses and groups to support understanding, increase self knowledge and self management of common mental health problems
- All people being supported by the service to have a regularly reviewed recovery plan that is co-ordinated with any other agencies involved in their care
- Access to peer support in the form of groups and mentoring
- Reduced reliance on specialist services and increased move on into use of mainstream activity including paid or voluntary work, traineeships, apprenticeships or education and mainstream leisure activities
- Planned move on from services for each user of the service
- Equitable access to and experience of services for people across Oxfordshire and across the six strands of equality
- Personalized services based on the concept of co-production that reflect the needs of the people who use them
- Services that involve the people who use them in design and delivery
- Progress along the housing pathway Supported into Independent Living

What will future services look like?

A view expressed in the service user and carer group helping develop the specifications was that “what is in the service specs is broadly what is there already”. We are building on what has worked well but with a greater emphasis on personalization, planning and a focus on helping people self-manage their care within a clear pathway that supports recovery.

The exact shape of services “on the ground” will only become clear after contracts are awarded. There will be an expectation that providers will meet the needs of the whole population of Oxfordshire in a way that reflects the geographical and demographic profile of the county. The tender evaluation process will involve service users and carers.

We are planning for the transition phase between current and future services. The Mental Health Pooled Commissioning Budget Joint Management Group has approved resources to support this process.

Ian Bottomley
4 May 2010