A Draft Service Model for Keeping People Well

1. Introduction

This document sets out a draft service model for day services provided by voluntary and community services for adults over the age of 18 living with mental health problems. The draft service model proposes services that might replace those currently purchased by NHS Oxfordshire and Oxfordshire County Council through a Pooled Commissioning Budget after the current contracts expire in September 2010. This piece of work is called Keeping People Well.

NHS Oxfordshire and Oxfordshire County Council (“the Commissioners”) have embarked on a programme (Better Mental Health in Oxfordshire) to review and where necessary redesign all services for adults with mental health problems in Oxfordshire. Keeping People Well is a part of this programme. The strategic aims of Better Mental Health in Oxfordshire are

- To improve the whole population’s mental well being.
- To increase people’s emotional resilience to cope with stress and life style changes.
- To increase proportion and equity of care and support in primary care
- To ensure people with or affected by mental health problems will be take more control of their health and care through increased knowledge, recovery focussed services and the use of personalised support.
- To ensure people will have access to timely good quality treatment/interventions as required.
- To reflect the fact that Commissioning will operate in a reduced economic environment.

The full Commissioning Strategy can be read at: http://www.oxfordshirepct.nhs.uk/local-services/community-services/documents/MHCommissioningStrategyFinal.pdf This strategy was developed in 2008-09 in response to a health needs assessment, stakeholder engagement and local and national strategy. These documents and the relevant links can be read at https://consult.oxfordshirepct.nhs.uk/inovem/consult.ti/wellbeing/listdocuments

1a) Who is covered by Keeping People Well?

- People over the age of 18 who are normally resident in Oxfordshire and:
  - living with mental health problems and under the care of community mental health teams or
  - experiencing mild to moderate mental health problems and being treated in primary care or
  - at risk of developing mental illness in the wider population
- Young people in transition from Children’s services and in further education
- The project will particularly seek to address those health inequalities identified in the Equality Impact Assessment: people from Black and Minority Ethnic (BME) communities; older people; younger people (the 18-25 age group); parents living with mental health problems; people from rural parts of the county.

1b) What services are covered by Keeping People Well?

Keeping People Well will redesign some or all of the services currently commissioned by the Mental Health Pooled Commissioning Budget from the following organisations: Archway Foundation, Bridewell Organic Gardens; Oxfordshire Chinese and Community Advice Centre; Mental Health Matters; Oxfordshire Mind; Restore; Rethink Gemini; Root and Branch; Springboard Family Project, Survivors.
We attach as Appendix 2 a breakdown of these services and at Appendix 3 some data from a snapshot survey on how many people use these services and any patterns of use between services.

This project does not include
- Housing and floating support services commissioned by the Pool which are being redesigned by the separate Supported to Independent Living project
- Independent Advocacy Services which are subject to a separate commissioning exercise and will commence April 2010
- Restore CMHT Embedded Individual Placement and Support Employment Service and Rethink Carers Support Project both of which reflect Better Mental Health in Oxfordshire and have been commissioned separately
- Services commissioned from Oxfordshire and Buckinghamshire Mental Health Trust (OBMH) in partnership with Oxfordshire Mind under Improved Access to Psychological Therapies (IAPT), and also the Embedded Individual Placement and Support Employment Service provided by Restore within that service.

1c) Why are we doing this now?

There are 2 reasons why we are doing this now. Firstly, the contracts held by those organisations listed in (1b) expire in September 2010. This does not include the exclusions which have been commissioned on a different timescale. We need to buy (“commission”) new services to replace them from October 2010. When we commission new services we are required to go to the “open market” and ask all potential providers to bid for any contracts we design. This means any organisation, not just the ones who currently hold a contract, can bid to provide services in the future. This process will take several months to complete and so we need to work up our plans now.

Secondly, we want to make sure that we deliver the aims of Better Mental Health in Oxfordshire. This required that we will review all [voluntary and community sector] contracts to ensure they are in line with our strategic priorities, to migrate them to the national contract where appropriate, and to inform our commissioning plans for 10/11

We carried out this review earlier in the year and this told us that the services we commission in the voluntary and community sector do a good job, but identified some things that we need to address:

a) That we should commission outcomes and that outcomes should be linked to recovery at all levels through a structured process designed to:
   - prevent someone falling ill owing to unrecognized distress;
   - help someone with anxiety and depression back into mainstream life through quick and easy access to support and therapeutic services;
   - help people with severe mental illness manage crisis, and identify what is important to them in managing their illness,
   - help people plan their recovery and move as far as possible towards “becoming ordinary”

b) That services designed to deliver these outcomes should meet the needs of all sectors of the community, including young people, women and people from BME communities and be available across the county

c) That people should have the opportunity to plan and commission their own care under personalization wherever possible

d) That we commission care pathways where services delivered in the voluntary sector and services providing clinical care in the statutory sector have a clear, designed relationship to each other.

e) That care pathways include preventative services and services delivered in primary care and are not linked solely to referrals from Community Mental Health Teams

f) That we should require all providers commissioned by the Pool to provide a specified level of service to carers

The full review report can be read at http://tinyurl.com/Volsectorreview

This report addresses these recommendations.
1d) **What is a “draft service model”?**

This document sets out an outline for how services might be provided from October 2010. It does not set out the detail for each service but is designed to give a general overview of the types of service, what the services are meant to achieve and how they relate to each other and to health and other services.

We have tried to identify what services we think will be needed in the future.

1e) **What might this mean for you?**

If you or someone who you care for use the services listed at (1b), or if you work for a current provider or you work alongside or refer to a current provider we would encourage you to think now about what our plans might mean for you and give your views in consultation.

To confirm this relates to the following services: Archway Foundation, Bridewell Organic Gardens; Oxfordshire Chinese and Community Advice Centre; Mental Health Matters; Oxfordshire Mind; Restore; Rethink Gemini; Root and Branch; Springboard Family Project, Survivors.

The service model is in draft because we are seeking views from anyone with an interest in mental health in Oxfordshire. A final report will not be produced until we have received comments and these have been considered and where necessary incorporated.

1f) **How has the service model been developed?**

A Project Group has developed and approved the draft service model. The Project group is made up of a number of “experts”: service users, carers, people from voluntary organisations who currently provide services, people from OBMH, from public health and from the Community Development Team as well as finance and contract staff from NHS Oxfordshire.

In drawing up this draft service model the Project Group undertook to

- Reach a consensus on the service model or identify any disagreements and highlight these in the final report

Where there were differences of opinion, these have been highlighted in the report as questions on which we would be particularly keen to get comments from anyone with an interest in this work.

We asked 3 service users to be involved in the project group but 2 resigned before we entered substantial discussions about the service model. We have shared this paper with a focus group of 5 service users and their specific comments have been incorporated into it.

The lack of service user involvement at this stage in the project is not ideal, but we will be seeking to address this through this consultation process, and by recruiting new members onto the Project Group.

1g) **Consultation process**

This document will be published on the NHS Oxfordshire website and circulated to those people and organisations who have previously asked to be kept informed of our plans for mental health services. The website will link to a form for people to answer questions arising from this document and also leave their own comments. There will also be a section of the website where people can leave comments and ask questions.

In addition the Patient and Public Involvement team at NHS Oxfordshire will hold a number of focus groups for interested parties throughout January:
Tuesday 19th January - Witney
Friday 22nd January - Banbury
Tuesday 26th January - Didcot
Thursday 28th January – Oxford

If you would like to attend one of these events, please contact public.involvement@oxfordshirepct.nhs.uk for details of venue and timings or visit our website at https://consult.oxfordshirepct.nhs.uk/inovem/consult.ti/keepingpeoplewell/consultationHome

The proposals will also be shared with the Health Overview Scrutiny Committee at Oxfordshire County Council.

The consultation period will run to 1st February 2010.

After the final report is published, NHS Oxfordshire will involve service users and carers in developing the specifications for the individual services, through to assessing and awarding the contracts.

**1h) Some things might change, what does that mean for current arrangements?**

Things may change in a number of ways. Owing to the “open market” mentioned in (1c) above services might be provided by different organisations from October 2010. New services are likely to differ in some ways from those that are currently available.

We are looking at what this means for people who currently use services. It will not be possible to accurately determine the impact of this until after contracts for the new services are awarded in the summer of 2010, but we will develop a transition plan to manage the process for people who are using existing services at that point.
2. The Draft Service Model for Keeping People Well

2a) Key Principles behind Keeping People Well

The Project Group agreed some key principles to govern their approach to this work and which they believed to be important in the design and delivery of the services themselves.

**Need**
Access to and support from services should be on the basis of needs rather than diagnosis or place on the clinical pathway at point of referral. People may have a diagnosis of mild illness but have significant support needs at the point of access. Needs should be kept under review and services tailored to them. Needs refer here to such social factors such as self care, isolation, planning and help with recovery, confidence building and enablement.

**Wellbeing**
Mental wellbeing is not just the management of symptoms of mental illness. Attention to the wider physical, psychological, emotional, social and spiritual needs of the individual and community will support and deepen recovery.

**Prevention**
Services should be designed to address the circumstances and impact of mental illness and where possible prevent deterioration of mental health

**Recovery**
The process may sometimes be slow, not straightforward and involve setbacks and crisis but people can and should be supported to plan and manage their own recovery. Social inclusion and self management of care are integral to recovery.

**Planning and review**
Anyone seeking the support of services commissioned under Keeping People Well should be encouraged to develop a personal action plan around their recovery. This should include their relationship with the service provided under Keeping People Well. Where there are other agencies involved in the person's care, planning should be co-ordinated.

**Challenge**
Service providers should help people using services identify goals appropriate to their personal recovery and help people overcome their barriers to recovery.

**Moving on from services**
Recovery is personal and there is no fixed time scale within which someone can be expected to move from supported to self-managed care. Services should be provided which meet the needs of people at the point of access. However, people using services commissioned under Keeping People Well through planning and review should aim to reduce their reliance on specialist services as they build up their own support systems in the wider community. Where a person ceases to use a service, they should be able to re-enter on the basis of their needs at any time.

**Choice**
Service users should be enabled to exercise choice and not be restricted to specialist mental health services.

**Mainstream, community services**
People should be supported to use mainstream services in mainstream settings. By this we mean the full range of facilities and options available to anyone, not just services dedicated to the needs of people with mental health problems. Providers of mainstream services may need support to be
able to meet the needs of people living with mental illness.

**Peer support**

Users of services at all levels of recovery can help their peers through mentoring, informal support and championing recovery.

**Involvement**

The planning, development, monitoring and review of services should involve the people who use them.
2b) Outline of services

The service model is designed to

- Support people living with mental health problems to recover and manage their own care in the wider community
- Stop people becoming so unwell that they need specialist mental health services

This model is illustrated in the diagram attached at Appendix 1. The outer orange ring represents the whole population and in the inner yellow circle represents people in hospital. The intervening rings represent levels of need in the community and broadly the levels of service that people may receive. In the outer rim the emphasis is on information to support self-help. In the green ring people will probably be receiving 24 hour care possibly in a residential setting.

The aim of the service model is to help people in the orange ring stay there and people in the inner rings move out from the centre. There is not a clear pathway to this: some people will move directly from orange to yellow as the result of a crisis and sometimes people will move in and out as a result of cyclical illness. The aim should be, however, that recovery will enable such movements to take place further and further from the centre. We will seek to achieve this by providing services that have a significant level of assessment, planning and review at the heart of the user’s experience. Planning should identify goals and how to overcome barriers to recovery. We would expect all people using services to be engaged with the idea of planning for recovery, even if theirs will be relatively a slow process.

To achieve this we have identified the need for 5 services:

- 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

Details of these services are set out in the following pages. We believe that all of these services should contribute to the overall aims of Keeping People Well:

- Help reduce stigma and challenge discrimination around mental illness
- Help prevent the development or deterioration of mental illness
- Help people living with mental health problems self-manage their care and progress along a path of recovery
- Help people living with mental health problems have a sense of identity beyond mental or physical illness and approach life with increased self-esteem, motivation, hope, and ambition

There are also features common to the delivery of all services:

- All services should be available to anyone who needs them wherever they live in the County. This will require a creative approach to the delivery of services and must particularly reflect the needs of rural communities
- All services should be developed, monitored and reviewed with the involvement of the people who use them
- All services should seek to engage carers in supporting the recovery of the service user where this has the agreement of the service user.

All of the services should help people living with mental health problems reach their full potential and contribute directly or indirectly to the following outcomes:
• An increase in number of people living with mental health problems accessing the full range of facilities and options available to anyone, not just services dedicated to the needs of people with mental health problems
• An increase in number of people living with mental health problems managing their health with reduced reliance on specialist services
• An increase in number of people living with mental health problems in work, training or education
• An increase in number of people living with mental health problems moving from supported to independent housing

2c) Key relationships of services

It is the intention that people should be able to access any of the services provided under Keeping People Well on the basis of their needs. All services will be open to referrals from individuals and agencies. It will be the responsibility of the provider to assess their needs and the suitability of the service.

The service model offers a choice of service for people to help them manage their recovery. The respective outcomes are similar but with a difference of emphasis:

• The personal well-being service has a focus on personal wellness. It will also help recovery and support more structured move on.
• The structured recovery and employment support services have a focus on meaningful occupation and preparation for employment, but also support personal wellness.

The project group feels that there should be a choice of approaches open to people with mental health problems, but also note that the personal wellness service may work in tandem with the more structured service:

• As a point of engagement and as a place to support recovery for those people who are not ready to undertake structured support
• As a complementary service whilst people are undertaking recovery work
• As a support service for people who have entered work or other “mainstream” activity

The intention is that services commissioned under Keeping People Well should have a more integrated relationship with statutory services, particularly when someone is being supported by community health teams using the Care Plan Approach. We would expect referrals from health services to be backed by involvement of the Keeping People Well service in planning, in joint reviews of needs and in assessing progress towards goals. Service users do not need to be under the care of secondary health services to use the Keeping People Well services, but where they are planning and support needs to be integrated. As someone disengages from health support they may continue to be supported under Keeping People Well, but there should be a clear move on plan owned by all parties.

Currently people who use the services set out at (1b) can do so on a self-referral basis and are not known to commissioners. We believe that self-referral remains an important part of Keeping People Well. However, it is likely that under the new contracts commissioners will expect that reporting arrangements will include details of who uses services. This will enable us to track people through care pathways and thereby have a better understanding of how people use services which in turn will help future planning to support recovery. This reporting requirement would not apply to one-off contacts with services.

2d) Resources

The current budget in 2009/10 for the services listed in (1b) is £2,056,509 net of those services that are not in scope. In thinking about the redesigned services we have to consider that the in the current financial climate is likely to mean that there will be a reduced amount of money available to Keeping People Well.
The Project Group expressed concern about the implications of any reduction in funding particularly when there is a move to invest in preventative services to reduce reliance on specialist and acute services.

2e) Choice and Self Directed Support

Keeping People Well seeks to promote choice and personalised care and support. Part of this is an opportunity for people who qualify to hold a personal budget which they can choose to spend under Self Directed Support (SDS). Under this system some people who meet the Fair Access to Care criteria and also are financially eligible may qualify to receive a sum of money to spend on their care. They then can decide whether or not to spend this money on existing services.

We believe that elements of the Personal Well Being, Structured Support and Employment services may represent the sort of services that might be purchased under SDS. There are challenges for *Keeping People Well*:

- If people obtain a personal budget they do not have to spend it on a service commissioned under *Keeping People Well*. So the amount available to *Keeping People Well* may be reduced.

- Not all people who might need to use these services will qualify for SDS. We have to try and understand and quantify the risk in a situation where we are trying to help some people to exercise choice and have a personal budget but services for other people might be undermined if personal budgets take too much money out of the *Keeping People Well*.

This is a complicated area which will require further analysis before the detailed service specifications are drawn up after the consultation period.

*Keeping People Well* will also seek to encourage choice by helping people living with mental health problems identify things that they can do alongside the wider population in mainstream settings. The Personal Well-Being service will support people into these activities and also seek to support the organisation offering the service to sustain the relationship.

2f) Dedicated support for specific groups

*Keeping People Well* has considered the particular needs of the following groups who have been under-represented in commissioned day services. Our question in all cases has been

- Can the needs of these groups be met by better access into wider services or is there a need for a dedicated service?

*People from Black and Minority Ethnic (BME) Communities*

The advice we have received is that the aim of *Keeping People Well* should be to encourage use of the standard commissioned services, particularly in the case of younger people. This may involve dedicated workers within the service improving access and developing in-reach for these groups. However, there is the suggestion that the needs of older people may be best addressed by offering outreach to existing community groups attended by these people.

One issue that needs to be considered in this context is that a lot of organisations working with BME communities are quite small—it is unlikely that they could bid for contracts from *Keeping People Well*. We need to understand whether there is a need for dedicated services for particular community groups and if so, how those services might be delivered. A suggestion is that a “grants pot” be ring-fenced within Keeping People Well which might be used to address these and other needs arising under *Keeping People Well*.
Young People under age of 25

<table>
<thead>
<tr>
<th>OBMH Oxfordshire service users by age May 2009 (community and in-patient, non-forensic) compared with voluntary organisation service users (2008-09 quarterly snapshot)</th>
<th>OBMH no</th>
<th>as %</th>
<th>Vol org no</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE &lt;18</td>
<td>27</td>
<td>0.53</td>
<td>3</td>
<td>0.47</td>
</tr>
<tr>
<td>AGE 18-24</td>
<td>623</td>
<td>12.20</td>
<td>32</td>
<td>5.04</td>
</tr>
<tr>
<td>AGE 25-29</td>
<td>583</td>
<td>11.42</td>
<td>57</td>
<td>8.89</td>
</tr>
<tr>
<td>AGE 30-39</td>
<td>1231</td>
<td>24.10</td>
<td>119</td>
<td>18.73</td>
</tr>
<tr>
<td>AGE 40-49</td>
<td>1248</td>
<td>24.44</td>
<td>171</td>
<td>26.83</td>
</tr>
<tr>
<td>AGE 50-59</td>
<td>806</td>
<td>15.78</td>
<td>159</td>
<td>24.94</td>
</tr>
<tr>
<td>AGE 60-64</td>
<td>252</td>
<td>4.93</td>
<td>86</td>
<td>13.45</td>
</tr>
<tr>
<td>AGE &gt;64</td>
<td>337</td>
<td>6.60</td>
<td>11</td>
<td>1.65</td>
</tr>
</tbody>
</table>

The above table illustrates our findings in the earlier review. We know that the current services are relatively under used by younger people and that the population that uses current services is older than the population of people under the care of OBMH.

There are a number of issues we are anxious to understand.

- There is a considerable amount of work being done around the transition of young people from Children and Young People’s services to Adult services in the statutory sector. Does there need to be a parallel transition process within voluntary and community services? If so what services might be needed under Keeping People Well? Would the planned services with improved or dedicated access be sufficient?
- Many people begin to have mental health problems in early adulthood. What support can we offer under Keeping People Well that can help prevent the deterioration of these people’s health?
- Do young people in fact receive support from other agencies? Could their mental health needs be met by outreach into those organisations? If so is there a role for Keeping People Well?

Parents living with mental health problems

There are 2 issues here: access to the services planned under Keeping People Well and the question of assessing need for dedicated support. Where services provide crèche facilities take up by parents is increased. We do not currently monitor how many people are parents, and anecdotally there is a sense that access would be improved if services could be offered in a more child-friendly way. This issue may disproportionately affect women. On-site crèche facilities may not however be appropriate in all cases for a variety of reasons.

The County Council has a programme to support vulnerable families including those where parents have mental health problems. We need to understand whether there is a need for such dedicated services within Keeping People Well.

Older People

The current services mostly have a contractual requirement that they work with people aged 18-64. That upper limit will be removed in Keeping People Well in line with age discrimination legislation and the Aging Successfully.
Initial feedback has suggested that the kinds of services proposed under *Keeping People Well* would also meet the needs of older people living with mental illness. The project group identified a number of questions:

- There is a concern that the removal of an upper age limit might increase access without necessarily increasing the amount of investment in *Keeping People Well*.
- There would be a concern about the implications of supporting move on for anyone who becomes frail whilst using services.
### 3a) A service that facilitates public well-being

<table>
<thead>
<tr>
<th>Specific Aims for this project</th>
<th>This service will support the delivery of the strategy Improving Well Being in Oxfordshire and</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Help people gain the emotional resilience to cope with stress and manage life-changing situations. Help people feel content and that they fulfil a meaningful place within society.</td>
</tr>
<tr>
<td></td>
<td>• Help develop strong communities where protective factors are understood and put into place</td>
</tr>
<tr>
<td></td>
<td>• Support workplaces that enable their staff to be happy, healthy and productive.</td>
</tr>
<tr>
<td></td>
<td>• Reduced stigma and discrimination towards people with mental health problems so they can work, participate in communities, enjoy family life and seek help like anyone else.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target population</th>
<th>Whole population with particular focus on those priorities identified in the Mental Well Being Needs Assessment: younger people; old people; people living in areas of deprivation and rural communities</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pathway for people using service</th>
<th>Not applicable: target populations to be agreed with Public Health within service specification.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Service Features</th>
<th>Supporting Public Health campaigns to promote the five ways to improve mental health and wellbeing and to change public attitudes towards people with mental health problems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Education and support to improve understanding of mental health issues and give people in the wider population the information and tools to promote good mental health and wellbeing. For example:</td>
</tr>
<tr>
<td></td>
<td>• Interventions to increase self awareness and promote personnel wellbeing</td>
</tr>
<tr>
<td></td>
<td>• Training to tackle stigma &amp; discrimination in the workplace &amp; community</td>
</tr>
<tr>
<td></td>
<td>• Early intervention training in workplaces and vulnerable communities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measurable outcomes to assess impact of service</th>
<th>Increased knowledge and awareness around protective factors for individuals and communities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Changed behaviour around stigma in workplaces and communities</td>
</tr>
</tbody>
</table>

**Notes:**

- The strategy Improving Mental Well-being in Oxfordshire will not be delivered by this service alone. What we are proposing here is one aspect of the strategy, focusing on training and some aspects of public awareness.
### 3b) An Information Service

<table>
<thead>
<tr>
<th>Specific Aims of this service</th>
<th>This service will:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Give people timely information to support the self-management of mental health problems</td>
</tr>
<tr>
<td></td>
<td>• Help people identify options that will help them within and external to mental health services</td>
</tr>
<tr>
<td></td>
<td>• Offer information on other services locally and nationally that will support well-being and recovery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target population</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Whole population (including people with mental health problems)</td>
</tr>
<tr>
<td></td>
<td>• People living with mental health problems and having support needs</td>
</tr>
<tr>
<td></td>
<td>• Non-specialist agencies working with people living with mental health problems</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pathway for people using service</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Referral into service by:</td>
</tr>
<tr>
<td></td>
<td>• Self</td>
</tr>
<tr>
<td></td>
<td>• Non-mental health agencies</td>
</tr>
<tr>
<td></td>
<td>• GP and TalkingSpace</td>
</tr>
<tr>
<td></td>
<td>• Community Mental Health Teams</td>
</tr>
<tr>
<td></td>
<td>• Other specialist teams</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Features</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Up to date and quality assured information for service users, carers, other agencies and the general population to support understanding of mental health issues</td>
</tr>
<tr>
<td></td>
<td>• Information about options to help people manage their own health and well-being and prevent a deterioration in their mental health</td>
</tr>
<tr>
<td></td>
<td>• Information provided on-line, by telephone and face to face to help people understand and evaluate the options available to them depending on their level of need</td>
</tr>
<tr>
<td></td>
<td>• Links to other forms and sources of information</td>
</tr>
<tr>
<td></td>
<td>• Information for non-specialist agencies needing help in understanding mental health issues and the options available to service users</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measurable outcomes to assess impact of service</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Service user feedback</td>
</tr>
</tbody>
</table>

**Notes:**

- All services under *Keeping People Well* and provided by other organisations are expected to provide sufficient information for service users to support their activity. This service is designed to offer an independent resource for anyone needing information around mental illness and the services available to support people affected by it.

- NHS Oxfordshire is presently commissioning an Independent Advocacy Service which has as part of its remit some requirements around information. This contract will be awarded before the close of the consultation period and this part of the service model will be reviewed in the light of this process.
### 3c) A Personal Well Being Service

| Specific Aims for this service | This service will  
|-------------------------------|------------------  
|                               | • Help manage the effects and prevent the further deterioration of mental illness  
|                               | • Help people living with mental health problems self-manage their care and progress along a path of recovery  
|                               | • Help people living with mental health problems have a sense of identity beyond mental or physical illness and approach life with increased self-esteem, motivation, hope, and ambition  

| Target population | • People over the age of 18 living with mental health problems and having support needs  

| Pathway for people using services | Referral into service by  
|----------------------------------|------------------  
|                                  | • Self  
|                                  | • Non-mental health agencies  
|                                  | • GP and TalkingSpace  
|                                  | • Community Mental Health Teams  
|                                  | • Other specialist teams  

| Service Features | • Information to help people manage their own health and well-being and prevent a deterioration in their mental health  
|                  | • Support for people living with mental health problems tailored to their needs and including  
|                  | o Help drawing up a personal action plan  
|                  | o 1:1 personalised planning and regular review to support recovery by identifying and overcoming barriers to recovery  
|                  | o Co-ordinated planning with other agencies where these are involved in care  
|                  | o Activities to build up and retain skills, confidence, resilience and a sense of achievement  
|                  | o Help in developing sustaining relationships  
|                  | o Enabling social involvement through facilitated use of mainstream resources  
|                  | o Support to exercise choice in relation to care and other life choices  
|                  | o Enabling planned rather than reactive use of specialist services-including at times of crisis  
|                  | o Building and sustaining emotional, physical and psychological resilience to reduce dependence on specialist services  
|                  | • Education and support for mainstream services to enable and improve access for users of this service  
|                  | • Encouragement and facilitation of self and mutual support amongst people living with mental health problems  

| Measurable outcomes to assess impact of service | • Service user feedback in satisfaction and other surveys  
|                                                | • Individual and service wide monitoring of impact of action planning including  
|                                                | o Increase in number of people accessing mainstream services  
|                                                | o Increase in number of people managing their health with reduced reliance on specialist services  
|                                                | o Increase in number of people in work (paid and voluntary), training or education  
|                                                | o Increase in number of people moving from supported to independent housing  

Notes:

- We see this service as being available to anyone affected by mental health issues. Therefore the client group might be people seeking advice around managing mild depression and also people living with more severe problems.

- The focus in part is on helping people use mainstream services to support recovery and manage their own care. This would be supported by help for the service user and for the organisation that they will be using.
### 3d) A Structured Recovery Service

<table>
<thead>
<tr>
<th>Specific Aims for this service</th>
<th>This service will:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Help people living with mental health problems develop their capacity to work and/or achieve social inclusion through meaningful occupation.</td>
</tr>
<tr>
<td></td>
<td>• Help people living with mental health problems self-manage their care and progress along a path of recovery.</td>
</tr>
<tr>
<td></td>
<td>• Help people living with mental health problems have a sense of identity beyond mental or physical illness and approach life with increased self-esteem, motivation, hope, and ambition.</td>
</tr>
</tbody>
</table>

| Target population | • People living with mental health problems and support needs |

<table>
<thead>
<tr>
<th>Pathway for people using services</th>
<th>Referral into service by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Self</td>
</tr>
<tr>
<td></td>
<td>• Non-mental health agencies</td>
</tr>
<tr>
<td></td>
<td>• GP and TalkingSpace</td>
</tr>
<tr>
<td></td>
<td>• Community Mental Health Teams</td>
</tr>
<tr>
<td></td>
<td>• Other specialist teams</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Features</th>
<th>• Support for people living with mental health problems tailored to their needs comprising:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o Help drawing up a personal action plan</td>
</tr>
<tr>
<td></td>
<td>o A model of structured activity that helps people build up confidence and resilience, gain practical skills and supports independence and recovery through a focus on achievement.</td>
</tr>
<tr>
<td></td>
<td>o 1:1 personalised planning and regular review to identify and overcome barriers to recovery.</td>
</tr>
<tr>
<td></td>
<td>o Co-ordinated planning with other agencies where these are involved in care.</td>
</tr>
<tr>
<td></td>
<td>o Building emotional, physical and psychological resilience to reduce dependence on specialist services.</td>
</tr>
<tr>
<td></td>
<td>o Development of social skills through planning and undertaking work in a group setting.</td>
</tr>
<tr>
<td></td>
<td>o Enabling social involvement by working in a public environment and/or towards accredited qualifications.</td>
</tr>
<tr>
<td></td>
<td>o Encouragement and facilitation of self and mutual support amongst people living with mental health problems.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measurable outcomes to assess impact of service</th>
<th>• Service user feedback in satisfaction and other surveys.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Individual and service wide monitoring of impact of action planning including:</td>
</tr>
<tr>
<td></td>
<td>o Increase in number of people accessing mainstream services.</td>
</tr>
<tr>
<td></td>
<td>o Increase in number of people managing their health with reduced reliance on specialist services.</td>
</tr>
<tr>
<td></td>
<td>o Increase in number of people in work, training or education.</td>
</tr>
<tr>
<td></td>
<td>o Number of people achieving accredited qualifications.</td>
</tr>
<tr>
<td></td>
<td>o Increase in number of people moving from supported to independent housing.</td>
</tr>
</tbody>
</table>
**3e) An Individualised Placement and Support Employment Service**

<table>
<thead>
<tr>
<th>Specific Aims for this service</th>
<th>This service will</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Help people living with mental health problems obtain work</td>
</tr>
<tr>
<td></td>
<td>• Help people living with mental health problems self-manage their care and progress along a path of recovery</td>
</tr>
<tr>
<td></td>
<td>• Help people living with mental health problems have a sense of identity beyond mental or physical illness and approach life with increased self-esteem, motivation, hope, and ambition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target population</th>
<th>People living with mental health problems and support needs</th>
</tr>
</thead>
</table>

Pathway for people using services

<table>
<thead>
<tr>
<th>Referral into service by</th>
<th>Self</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-mental health agencies</td>
</tr>
<tr>
<td></td>
<td>GP and TalkingSpace</td>
</tr>
<tr>
<td></td>
<td>Community Mental Health Teams</td>
</tr>
<tr>
<td></td>
<td>Other specialist teams</td>
</tr>
</tbody>
</table>

Service Features

<table>
<thead>
<tr>
<th>Support for people living with mental health problems tailored to their needs comprising</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Help drawing up a personal action plan</td>
</tr>
<tr>
<td>• 1:1 personalised planning and regular review to identify and overcome barriers to recovery</td>
</tr>
<tr>
<td>• Co-ordinated planning with other agencies where these are involved in care</td>
</tr>
<tr>
<td>• Access to employment support:</td>
</tr>
<tr>
<td>• Training for work</td>
</tr>
<tr>
<td>• Support with applications</td>
</tr>
<tr>
<td>• Work placement</td>
</tr>
<tr>
<td>• Identifying and supporting employers</td>
</tr>
<tr>
<td>• In job support</td>
</tr>
<tr>
<td>• Help with self-employment</td>
</tr>
<tr>
<td>• Encouragement and facilitation of self and mutual support amongst people living with mental health problems</td>
</tr>
<tr>
<td>• The service should be embedded within other services (including those provided under Keeping People Well)</td>
</tr>
<tr>
<td>• The service should support employment retention in line with the Black Report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measurable outcomes to assess impact of service</th>
<th>Service user feedback in satisfaction and other surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number of people in paid employment</td>
</tr>
<tr>
<td></td>
<td>number of people retaining employment</td>
</tr>
<tr>
<td></td>
<td>Increase in numbers of employers willing to employ people with mental health problems</td>
</tr>
</tbody>
</table>

**Notes:**

This service will in effect extend the current Individualised Placement and Support Employment Service embedded in community mental health care teams to people who are not under the care of those teams. This type of service has a strong evidence base and is distinct from the structured recovery service in that working towards employment carries a separate set of criteria and approaches.
4. Next steps and conclusions

We are interested in all comments regarding this document and particularly to the questions we have highlighted. Responses can also be made by post to

Ian Bottomley
Service Development Manager - Mental Health
NHS Oxfordshire
Jubilee House
5510 John Smith Drive
Oxford
OX4 2LH

Or by e-mail to info.bmh@oxfordshirepct.nhs.uk

In addition we will be holding a number of public events to discuss the proposed service model during January as follows:

   Tuesday 19th January - Corn Exchange, Witney
   Friday 22nd January - The People's Church, Banbury
   Tuesday 26th January - Civic Centre, Didcot
   Thursday 28th January - Town Hall, Oxford

If you would like to attend one of these events, please contact public.involvement@oxfordshirepct.nhs.uk for further details and or call 01865 334644.

In addition to the above events, we will be seeking views of current service users in sessions hosted by the organisations that they use. If you would like a member of NHS Oxfordshire to visit your organisation please contact public.involvement@oxfordshirepct.nhs.uk

The consultation will close on 1st February 2010. Responses to this report will be collated and a report will be published on the PCT website at www.oxfordshirepct.nhs.uk The report will be considered by the Project group in February and a report made to the Better Mental Health Programme Board at its meeting on 23rd February. The recommendations to that Board will form the basis of the procurement exercise which will commence in March 2010.
Appendix 1

Keeping People Well: the prevention and recovery diagram
Appendix 2 - Services under review in ‘Keeping People Well’

Archway Foundation
http://www.archwayfoundation.org.uk/

Archway helps relieve some of the distress caused by loneliness. It does this through a variety of supportive activities and by recruiting an essential team of volunteers.

Bridewell Organic Gardens
http://www.bridewellorganicgardens.co.uk/

Bridewell Organic Gardens is an award-winning charity based in a walled garden and five-acre vineyard at Wilcote, near Witney in West Oxfordshire. Our objective is to improve the emotional well-being of adults who have suffered from a range of mental illnesses.

Oxfordshire Chinese and Community Advice Centre

Provides a range of advice and support services to the Chinese Community from its base at 44b Princes Street Oxford OX4.

Mental Health Matters

Provides advocacy, advice, information and training around mental health. Together with Mind hosts the OMHI information website (www.omhi.org.uk/) and also provides information and advice by phone and drop-in.

Oxfordshire Mind
http://www.oxfordshire-mind.org.uk/

Oxfordshire Mind provides a network of mental health community resource projects across Oxfordshire, including women-only services, groups for young people, black and minority ethnic outreach services, and evening and weekend services that can be accessed by people who work during the day.

A programme of therapeutic groups, using techniques based on cognitive behavioural therapy (CBT) to teach strategies for coping with depression and anxiety, building self-esteem and developing assertiveness.

Restore
http://www.restore.org.uk/

Provides training, encouragement, a supportive environment, the chance to achieve, and one to one support in a number of projects. These cover a range of opportunities. Three of these services are therapeutic work rehabilitation services. They are Elder Stubbs Garden Group (based in Oxford), the Beehive (based in Oxford), and RESTORE at Fleet Meadow (based in Didcot). These are land and craft based groups which provide a safe, supportive and work like environment that encourages positive change.

Rethink Gemini
http://www.rethink.org/how_we_can_help/our_services/south_east/the_gemini.html

The Gemini is a partnership project between Rethink and Oxfordshire and Buckinghamshire Mental Health NHS Trust. Activities include daily living skills, self management, creative, recreational work based, and Voices group. Information and support available, active user-led works committee, community sports group and healthy living groups. The service provides community one-to-one support towards goals and Recovery.
Root and Branch
http://www.rootandbranch.info/

Therapeutic gardening and rural crafts for people in Oxfordshire who experience mental health difficulties, offering a welcoming, friendly and non-judgmental environment to explore abilities and improve wellbeing.

Springboard Family Project
Closed December 2009.

Oxfordshire Survivors
Is a service user led support group that meets at the Blackbird Leys Community Centre on Fridays, Saturdays and Bank Holiday Mondays.
Appendix 3

Who currently uses the services commissioned from the voluntary sector?

The current services that are currently commissioned are monitored in line with their contracts. However, we do not exactly who uses these services, whether they use more than one and whether they are using services whilst under the care of Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust.

To try and get a sense of these issues we carried out a snapshot survey of services users of funded services in the period 16-30 November. Service users were asked to sign in giving their name, date of birth and postcode. They were given the option not to sign in.

The information we obtained from this exercise is set out below. It should be treated with caution: such a 2 week period may not be representative, and in many cases we had to interpret handwriting and collate paper returns and transfer them onto computer with some scope for misinterpretation. Nevertheless this information may help people responding to this consultation understand the scope of the services that are being redesigned in this exercise.

16-30 November 2009

In this period we asked service users to sign in when they used projects funded from the Pooled Budget. This exercise gave us the following information:

Numbers of people using services

A total of 824 people (399 female, 425 male) used funded services during this period. The exact figure will be higher than this: there were 102 instances of people choosing not to sign in, but we don't know how many people this represents (i.e. the same person may have chosen not to sign in on several occasions, and possibly at several different locations).

Patterns of usage

The total number of people recorded by the different services was 924. The discrepancy of 100 reflects the fact that some people used more than one service and were recorded separately by each one. In fact we have identified 44 people who used more than one service, with several using more than 2. There are some indications of patterns within these multiple usages:

- 24 people used a drop in service (such as a Mind community resource project or Archway) and a therapeutic activity project (such as Restore or Bridewell). The latter generally are structured projects where people have an allocated place, whereas the former can be accessed on a more ad hoc basis
- 19 people were using the Restore IPS employment service alongside another service (often another Restore service but also from other services such as Mind, the Oxfordshire Chinese Community and Advice Centre and Bridewell Organic Gardens)
- Some people use different services from the same supplier (mainly Mind-at least 15 people)
- Several people use a number of services within a geographical area whether a number of Mind projects (e.g. Thame/ Wallingford/ Henley) or some other combination (e.g. Mind in Witney and Bridewell Organic Gardens)
Are the people who use the services funded by the Pooled Budget the same people who are under the care of statutory mental health services?

We asked for the information gathered when people signed in to help us understand this question.

Of the 824 people recorded during the snapshot survey we were able to identify sufficient information for 692 of them to cross reference with the OBMH database:

- 1.6% were also recorded as having some contact with OBMH services during 2008/09
- 245 (35.4%) were also recorded as being on the Care Programme Approach during 2008/09
- 50 (7.2%) were also recorded as being admitted to in-patient care during 2008/09

The people on CPA and those admitted to in-patient care are included within the 288 who had some contact with OBMH. In other words over 50% of the people using the services in November 2009 were not in contact with OBMH during 2008-09. The time lag may mean that some of these people have been in contact with OBMH after April 2009.

Postcode analysis

This told us that

- The people using the services commissioned from the voluntary sector have broadly the same geographical origin as those under the care of the Mental Health Trust with the following exceptions:
  - There appear to be proportionately fewer people using the voluntary sector services than are in the care of the Mental Health Trust in Banbury, Chipping Norton and Henley
  - There are proportionately more people using these services within Oxford City.

Age analysis

These figures were consistent with the points raised in the main report under section 2f.