Better Mental Health in Oxfordshire 2012-2015

The Joint Mental Health Commissioning Strategy for Oxfordshire
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Executive Summary
This commissioning strategy continues the work of the original Better Mental Health in Oxfordshire [BMHO] which covered the period 2009-12. It is a joint commissioning strategy between health and social care in Oxfordshire that aims to:

- Keep people well
- Help people get better, quicker
- Improve access to effective and responsive services

There are two key differences to the scope of BMHO going forward from 2012-15:

- This strategy includes specialist and targeted services for children and young people, as part of an all age approach to mental health and wellbeing
- This strategy includes the mental wellbeing of the wider population as a core objective rather than as an appendix to the strategy

There has been broad agreement both to the continuation of the BMHO strategy and to these changes in scope. The objectives of this strategy are as follows:

1. **Quality.** The services that we commission will be high quality, support recovery, and will ensure that the people they care for receive the highest possible standards of care.
2. **Accountability.** The services we commission will be integrated into the communities they serve and will be accountable to those communities for the quality of outcomes they deliver.
3. **Well-being and stigma in the wider community.** More people will be well and it will be easier for people living with mental health problems to participate in mainstream society.
4. **Transition.** People in transition between services will be supported in a way that identifies their needs and promotes well-being and recovery during times when they experience change in their lives.
5. **Efficient use of resources, and value for money.** We will make best use of resources to deliver our commissioning objectives.

These objectives, and how we will demonstrate progress towards them are set out in more detail below.

This strategy will function differently to its predecessor. There are a number of system wide changes in the strategic, commissioning and operational (including financial) environment that will impact on the implementation of this strategy (see Section 4).

The approach in this strategy is to set out the required outcomes of the strategy. Commissioners will publish their commissioning intentions annually setting out the services that will be designed and/or procured to deliver these objectives, and the investment to support these intentions.
1. Introduction

1.1. Better Mental Health in Oxfordshire 2009-12 [BMHO], the joint mental health commissioning strategy, was developed with the participation of service users, carers, clinicians and provider organizations. It was a joint mental health commissioning strategy designed to
- Keep people well
- Help people get better, quicker
- Improve access to effective and responsive services

1.2. Oxfordshire Primary Care Trust and Oxfordshire County Council agreed in April 2009 to put together health and social care funds together within a s75 NHS Act 2006 pooled budget. This budget was to be used to support the delivery of the joint commissioning strategy. The lead commissioner was Oxfordshire Primary Care Trust reporting to a Joint Management Group responsible for the pooled budget. A Better Mental Health in Oxfordshire Programme Board, made up of service users, carers, clinicians, commissioners and providers was set up to provide assurance to the Joint Management Group for the delivery of the strategy.

1.3. The original BMHO expired in March 2012. The Government's new national strategy *No Health without Mental Health* was published in 2011. After a review of the impact of BMHO, and the objectives set out in the new national strategy, it was proposed that
- The joint commissioning strategy BMHO should be extended to 2012-15
- That the scope of the strategy should be extended to include specialist and targeted services for Children and Young People, and the mental well-being of the whole adult population (including older people)
- That the s75 NHS Act 2006 pooled budget agreement be extended to March 2013, and be extended in scope to include investment to support Children and Young People’s specialist and targeted services

1.4. These proposals were put to stakeholders in an engagement exercise (see Appendix 7) and the strategic objectives were agreed. The revised draft strategy was approved by Oxfordshire Clinical Commissioning Group and Oxfordshire County Council as set out in Section 8 below. Oxfordshire Clinical Commissioning Group is the body that will in future commission health services in line with the Health and Social Care Act 2012. From April 2012 the Clinical Commissioning Group takes shadow responsibility for this activity from Oxfordshire Primary Care Trust. Formal legal transfer of responsibility will take place in April 2013.

1.5. This strategy has been developed at a time of considerable change to the commissioning and operational environment. These changes could present significant risks to the delivery of this strategy. The context to this strategy how these risks can be mitigated is considered in Section 7, below.

1.6. Implementation of this strategy will sit with the lead commissioners in the Joint Commissioning and Partnerships team at Oxfordshire Clinical Commissioning Group. Assurance for the delivery of the strategic objectives will continue to be provided by the BMHO Programme Board.

2. Outcomes: the impact of this strategy by 2015

2.1. This strategy will use national indicators so that the people of Oxfordshire will be able to compare the service that they receive with people in other parts of the country. The measures that we use will deliver those outcomes identified in the developing Oxford Health and Wellbeing Strategy.

2.2. How will success in meeting these outcomes be measured? There are national and local targets that the strategy needs to deliver through the new Health & Wellbeing structures arising out of the Health and Social Care Act. The Adult Health and Social Care Partnership Board for Oxfordshire plans to
increase the proportion of people who use services or who care for them who find it easy to find information about support
increase proportion of people feeling supported to manage their own condition
increase proportion of adults in contact with acute mental health services who live independently with or without support
increase employment of people in contact with secondary mental health services
increase the proportion of people receiving talking therapies
reduce unplanned hospitalisation for chronic conditions
increase the number of acute mental health inpatient admissions that have been gate kept by the Crisis team
increase proportion of people using social care who receive self directed support and those receiving direct payments
increase the proportion of people who use services who feel safe
increase carer reported quality of life
increase the proportion of people with severe mental illness receiving annual health checks

2.3. For children and younger people receiving specialist and targeted services, by 2015 we will see
- Access to mental health assessment 24 hours a day, seven days a week.
- Fewer children young people with severe and enduring mental illness will die prematurely
- More children and young people will feel supported to manage their condition.
- A better experience of transition to adult life for young people
- More young people, who are or have been, in contact with targeted or specialist services will achieve 5 GCSE A*-G.
- More young people, who are or have been, in contact with targeted or specialist services will be in education, employment or training.
- A reduced impact of parental mental illness on children and young people.

2.4 These measures will be subject to consultation as part of the development of the Oxfordshire Health & Well-Being strategy during 2012 and this strategy will need to be revised in the light of this.

3. Scope of this strategy
3.1. Better Mental Health in Oxfordshire 2012-15 covers the mental health and well-being of the whole population of the county as follows:
- The mental wellbeing of the whole adult population aged 16 and above
- Specialist and targeted health and social care interventions to meet the mental health needs of children and young people under the age of 18, including people with autism
- Health and social care interventions to meet the mental health needs of adults aged 16 and above, including people with autism and people in transition from children and young people’s services, or from prison or forensic services

3.2. A list of those services within scope is set out as Appendix 1.

3.3. This commissioning strategy does not cover:
- The whole population well-being of children and young people. This will be delivered by Children’s Services at Oxfordshire County Council. Implementation of BMHO 2012-15 will need to be mapped onto the strategies within Children’s Services
Specialist in-patient and community health and social care services for Older People. Most of this population are living with dementia. In the development of this strategy engagement suggested strongly that mental health services for Older People should be aligned with general health and social care services for this group. An older people’s commissioning strategy is being developed within the Older People and Physical Disability JMG.

- Forensic services, and mental health services for people in prison.
- Drug and alcohol services. This strategy will however, support the implementation of the Oxfordshire Dual Diagnosis Strategy.

3.4. In all of these exclusions, it should be noted that transition is a key issue and BMHO will be implemented in such a way that supports people through these life changes.

4. Strategic Objectives 2012-15

The Oxfordshire Joint Mental Health Strategy 2012-15 will retain those aims set out in Better Mental Health in Oxfordshire to ensure that:

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

The impact of these changes and how we are going to meet them is considered in meeting future challenges below. The significant degree of uncertainty about the future structures and the financial challenges has governed the approach to the development of this strategy.

The main strategic objectives to deliver these aims are developed from BMHO and are as follows:

1. **Quality**. The services that we commission will be high quality, support recovery, and will ensure that the people they care for receive the highest possible standards of care.

   We will work with providers and monitor contracts to ensure that the services that people receive represent best practice and offer dignity, safety and positive recovery-focussed outcomes to the people under their care.

   We will talk to service users and those who care for them about their experience of care, and ensure that there are mechanisms to learn what goes well and alert us when things go wrong. We will use specific health and social care outcome measures in line with those being developed to support No Health without Mental Health.

   The services we commission:
   - will be personalized to the needs of the people who use them. Where possible people will have the chance to plan their own care and recovery and exercise choice using personal budgets. Care planning will cover the whole person, including their mental and physical health, as well as their social, emotional and domestic needs. It will also include carers, parents and the wider family as appropriate to deliver this outcome.
   - will involve the people who use services and the people who care for them in their design, procurement and where possible their delivery.
   - will support recovery by ensuring that more people can manage their own care as independently as possible in the wider community and live productive lives that reflect their hopes and ambitions.
Better Mental Health in Oxfordshire 2012-15

• will be culturally competent and deliver equality of access, experience and outcome to all the people who use them
• will reflect the needs of carers to be supported in their caring role

2. **Accountability.** The services we commission will be integrated into the communities they serve and will be accountable to those communities for the quality of outcomes they deliver.

We will work in partnership with service users, carers, clinicians, communities and providers to design and deliver mental well-being and recovery.

We will use partnership approaches to deliver equality of access, experience and outcomes for everyone with protected characteristics as defined by the Equality Act.

We will build on the success of BMHO 2009-12 in using engagement as a means of developing and procuring services, and identify ways of involving users, carers and communities in the monitoring and review of the outcomes services deliver.

We will report on progress through the Health & Wellbeing Board structures.

3. **Well-being and stigma in the wider community.** More people will be well and it will be easier for people living with mental health problems to participate in mainstream society.

We will develop whole population approaches to commissioning that ensure people of all ages and backgrounds will have better mental well-being and that stigma and discrimination will be reduced.

We will develop relationships within the Health and Wellbeing Board to ensure that the approach to the wellbeing of children and young people and the approach to the wellbeing of adults map onto each other. We will seek to use the scope of the Health and Wellbeing Board to support wellbeing approaches.

4. **Transition.** People in transition between services will be supported in a way that identifies their needs and ensures that the experience supports their well-being and recovery.

We will look to bring together funding, learning and existing partnerships for children and young people, adults and older adults to deliver better outcomes for all age groups and to better manage the transitions between them.

We will bring the funding for specialist and targeted services for children and young people into the s75 Mental Health Pooled Commissioning Budget and will coordinate the commissioning to improve outcomes in relation to mental well-being and recovery for children and young people.

We will deliver Objective 3 of the [Older People Mental Strategy for Oxfordshire 2010-15](#) to implement programmes to improve mental well-being and prevent mental ill health among Oxfordshire’s older people and ensure that services for adults, and whole population wellbeing approaches support self-care and planning for people moving into older age. Details re Objective 3 are set out at Appendix 4.

We will improve transitions for veterans discharged from the armed forces, for people coming out of prison (including those being discharged from forensic services), and for homeless people with mental health problems who are moving through dedicated services. We will identify ways of measuring the effectiveness of transition and build these into our Commissioning Intentions.
5. **Efficient use of resources, and value for money.** We will make best use of resources to deliver our commissioning objectives.

We will work in partnership to ensure that our pathways identify the most efficient ways of working. We will develop our understanding of Payment by Results to govern our future investment strategy from 2013-14. We will develop a capital strategy to ensure that we make the best possible use of accommodation and premises to support our strategic objectives. We will develop a Market Position Statement for 2013.

5. **Resources**

The funding that will deliver the strategy is managed through a s75 NHS Act 2006 pooled commissioning budget. The budget for 2011/12 was £41.588m. The breakdown of funding and current investment and efficiency plans are set out at Appendix 2.

6. **Implementation Plan and Commissioning Intentions**

An outline implementation plan is attached as Appendix 4.

Responsibility for the implementation of this strategy will sit with the Joint Management Group for the s75 NHS Act Pooled Budget. The strategy will be delivered by lead commissioners in the Joint Commissioning and Partnerships Team at Oxfordshire Clinical Commissioning Group.

The Joint Management Group will use the objectives in this Strategy to develop the annual commissioning intentions. This document will set out our plans for variations to existing contracts, plans for new services and plans to decommission services as necessary. The intentions for 2012-13 are set out in Appendix 6.

Assurance for the delivery of the strategy and the annual commissioning intentions will be provided by the Better Mental Health in Oxfordshire Programme Board. The Terms of Reference for the Board are set out in Appendix 8.

Progress against our Commissioning Intentions will be reviewed annually by BMHO as part of a review of the impact of this Commissioning Strategy who will make recommendations to the Joint Management Group.

7. **Risks to this strategy: Meeting the future challenges**

There are a number of significant changes in the national and local commissioning and operational environment that might have a substantial impact on the development and implementation of the strategy between now and 2015.

These developments carry risks as set out below. The strategy has been developed in such a way to mitigate these risks.

The new national mental health strategy, *No Health without Mental Health*, published in 2011 stipulates that commissioners should develop an *all-age and whole population* approach to mental health commissioning.

- Payment by Results for mental health will be introduced in shadow form from April 2012 and form the basis of contracting for all secondary mental health services from April 2013.
- Personal budgets for social care are in the process of being implemented for mental health in Oxfordshire. The Government intends to roll out Personal Health Budgets within the lifetime of this strategy.
• Future health and social care quality improvement and financial efficiency targets

In line with the Health and Social Care Act Oxfordshire Clinical Commissioning Group is the body that will in future commission mental health services for Oxfordshire.

Unlike the original BMHO, this strategy has not been informed by a dedicated Joint Strategic Needs Assessment [JSNA]. The development of the JSNA is a priority for the Health & Wellbeing Board and BMHO will need to feed into that.

There are significant challenges in the financial operating environment. Both the national and local contexts set out above represent a significant level of risk to the implementation of this strategy. We have developed this strategy to mitigate these risks:

<table>
<thead>
<tr>
<th>Development</th>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The new national mental health strategy, <em>No Health without Mental Health</em>, published in 2011 stipulates that commissioners should develop an <em>all-age and whole population</em> approach to mental health commissioning</td>
<td>That this strategy did not address national priorities.</td>
<td>Addressed through the extension of the strategy and pooled budget agreement.</td>
</tr>
<tr>
<td>From April 2012 the Oxfordshire Clinical Commissioning Group takes shadow responsibility for this activity from Oxfordshire Primary Care Trust. Formal legal transfer of responsibility will take place in April 2013.</td>
<td>That the strategic aims and objectives in this strategy are not shared by OCCG, leading to a change of direction in 2013.</td>
<td>The strategy has been shared with and endorsed by OCCG. The lead commissioner for mental health has sat the within OCCG Transition Team. OCCG have appointed a mental health lead who will sit on the BMHO programme board and attend JMG from 2013 acting as a link to the OCCG localities</td>
</tr>
</tbody>
</table>
| The development of the Oxfordshire Health and Wellbeing Board and Strategy | (1) That this commissioning strategy does not align with the Health and Wellbeing strategy. 
(2) That the governance for the strategy does not map into the future Health & Wellbeing Board | (1) The outcomes for this strategy have been drawn directly from those adopted developed by the Health & wellbeing Board. 
(2) The JMG will report into the Adult Health & Social Care Programme Board. |
| Future Joint Strategic Needs Assessment should be developed to support local commissioning. | That this strategy might have failed to identify developing priorities. | The development of this strategy has been subject to engagement that has supported its objectives. BMHO will be reviewed during 2012/13 in the light of the JSNA. |
| Payment by Results for mental health will be                               | That the future financial risks are not properly                     | PbR is being introduced in shadow form. The results                        |
8. Governance and Development and Review of this strategy

This commissioning strategy builds on the learning from BMHO 2009-12, the requirements of *No Health without Mental Health*, and has been subject to engagement both with adults, carers, providers and clinicians who are currently in scope of BMHO and of the equivalent group for Children and Young People. This is reported in Appendix 7.

The joint commissioning strategy and the proposals to extend the s75 NHS Act 2006 Pooled Budget agreement have been approved by

- The Mental Health Joint Management Group at its meetings in November 2011 and March 2012
- Oxfordshire Clinical Commissioning Group at its Transition Board meeting in January 2012
- Oxfordshire County Council Cabinet at its meeting in January 2012
- Oxfordshire and Buckinghamshire NHS Cluster Board at its meeting in January 2012

Key Performance Indicators arising out of this strategy will be reported into the Joint Management Group and then onto the Adult Health & Social Care Partnership Board to support delivery of the Oxfordshire Health & Wellbeing Strategy.

The BMHO Programme Board has identified its priorities for action as set out in Appendix 6 and will provide assurance re progress with implementation to the Joint Management Group

BMHO Programme Board will lead on an annual review of the strategy and recommend commissioning priorities to the Joint Management Group for future years. A formal review of the strategy will take place during 2014-15.
Appendix 1: services currently commissioned by the Pool and specialist and targeted services commissioned for children and young people

**Services commissioned through the Pooled Budget**

**Access and Crisis Services**
- Information services for users of services and their carers
- Oxfordshire General Hospital Consultation and Liaison Service
- Assertive Outreach and Rehabilitation Service
- Crisis Resolution Home Treatment Team
- Early Intervention in Psychosis Service
- Services further to the provisions of the Mental Health Act 1983

**Services in the Community to prevent relapse and support recovery**
- Assessment and Care Planning
- Complex Needs Service
- Accommodation, housing and social support
- Vocational and employment services
- Carers support services

**24 hour Healthcare Services**
- Acute in patient services
- Psychiatric Intensive Care Unit (PICU)
- Rehabilitation services
- Oxfordshire General Hospital Consultation and Liaison Service

**Psychological Therapy Services and Special Services**
- A stepped care model for psychological services
- Chronic fatigue
- Eating disorders services

**Specialist and Targeted Services commissioned for Children and Young People which are proposed to come into the Pool**
- CAMHS Community Teams, Neuropsychiatry, social workers. Oxfordshire Tier 3 CAMHS provides assessment and treatment of serious mental illness for 0–18 year olds in Oxfordshire.
- Family Assessment and Safeguarding Service contributes to a reduction in the frequency and negative consequences of child maltreatment and neglect
- Highfield Inpatient Unit provides a specialist assessment & treatment service for young people with mental health problems and who cannot be safely managed in the community.
- Infant Parent Perinatal Service aims to prevent and minimise the risk of future infant mental illness in children born to women experiencing mental health difficulties.
- The PCAMHS Service. This is an early intervention children's mental health service that delivers: direct work for children (4-18) experiencing early indications of mental health, behavioural or emotional concerns
- Specialist Learning Disability Service For Children And Young People
- Child & Adolescent Harmful Behaviours: a specialist function whose main tasks are: specialist assessment, decision & support on appropriate case management; quality assurance of assessments undertaken in other agencies; specialist interventions for high risk cases
- Tier 4 team provides multi agency support to enhance mental health provision for young people with complex emotional & behavioural difficulties & mental health needs to prevent the need for children to be placed 'out-of-county'.
- Mental Health in-reach to schools to improve the mental health wellbeing of children & young people within designated special schools
Appendix 2: funding 2012-15

In 2011/12 the contributions to the Pool were

Oxfordshire PCT: £35.111m
Oxfordshire CC: £6.477m
Total: £41.588m

The Pool is also aligned with Supporting People (SP) Funding in respect of the Supported to Independent Living pathway. SP contributes £1.8m pa to these contracts but the money is not within the Pool: it is governed jointly by the Pool through its Joint Management Group and by the Supporting People Commissioning Body.

Prior to April 2012 the pooled budget did not include funding for Older People's Mental Health services, nor for Child and Adolescent Mental Health Services (CAMHS).

Funding in 2011/12 for targeted CAMHS which will come into the pooled budget from April 2012 is:

Oxfordshire PCT: £6.315m
Oxfordshire CC: £832k
Total: £7.148m
**Appendix 3**

**No Health without Mental Health**

The Coalition Government’s mental health strategy *No Health without Mental Health* sets out a series of objectives to support the delivery of mental health and well-being for all.

<table>
<thead>
<tr>
<th>Objectives of <em>No Health without Mental Health</em></th>
<th>Maps onto BMHO Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1: More people will have good mental health.</strong> More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.</td>
<td>• <strong>Well-being and stigma in the wider community.</strong> More people will be well and it will be easier for people living with mental health problems to participate in mainstream society.</td>
</tr>
<tr>
<td><strong>Objective 2: More people with mental health problems will recover</strong> More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.</td>
<td>• <strong>Quality.</strong> The services that we commission will be high quality, support recovery, and will ensure that the people they care for receive the highest possible standards of care.</td>
</tr>
<tr>
<td><strong>Objective 3: More people with mental health problems will have good physical health</strong> Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.</td>
<td>• <strong>Quality.</strong> The services that we commission will be high quality, support recovery, and will ensure that the people they care for receive the highest possible standards of care.</td>
</tr>
<tr>
<td><strong>Objective 4: More people will have a positive experience of care and support</strong> Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people’s human rights are protected.</td>
<td>• <strong>Quality.</strong> The services that we commission will be high quality, support recovery, and will ensure that the people they care for receive the highest possible standards of care.</td>
</tr>
<tr>
<td><strong>Objective 5: Fewer people will suffer avoidable harm</strong> People receiving care and support</td>
<td>• <strong>Quality.</strong> The services that we commission will be high quality, support recovery, and will ensure</td>
</tr>
</tbody>
</table>
should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

**Objective 6: Fewer people will experience stigma and discrimination**
Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

that the people they care for receive the highest possible standards of care.

- **Well-being and stigma in the wider community.** More people will be well and it will be easier for people living with mental health problems to participate in mainstream society.

*No Health without Mental Health* also identifies

- The need for greater choice, control and personalization
- The needs and role of families and carers
- The importance and value of employment, education and training
- Scope for improved use of technology
- The need for a reduction in drug use and action on alcohol misuse
- The need for action on homelessness, the mental health of veterans, the mental health of offenders
- The requirement to address the specific mental health needs of people with protected characteristics under the Equality Act.
Appendix 4: Objective 3 from the Oxfordshire Older People Mental Health Strategy 2010-15

Implement programmes to improve mental well-being and prevent mental ill health among Oxfordshire’s older people

Currently, there is no specific older peoples mental health and well-being improvement programme in Oxfordshire. A cross sector older peoples prevention programme addressing a wide range of physical and health issues has been identified as needed. Improving mental health and well-being should be included within this.

Many older people live with depression without help or support. In order to increase the number of older people receiving timely support from their GP, the use of depression screening tools by universal and voluntary sector services could be explored.

Social isolation is a significant risk factor for mental health problems. Older people are more at risk from social exclusion due to wide ranging factors such as transport and mobility difficulties. Older people in a variety of settings may experience different risk factors for isolation; a multi-sector approach to promoting “active ageing” and reducing social isolation should therefore be encouraged. This could include: better and early identification of socially isolated older people; improved communication between agencies; and referral to services and projects which facilitate social interaction, such as group exercise and adult learning. Development of work to tackle social isolation could be informed by the results of the Oxfordshire County Council Turnaround trial.

Outcomes:

- Social isolation among older people will be reduced. This will be achieved through a joined up approach across public, voluntary and community organisations including improved care co-ordination and proactive outreach to seldom heard communities, which services have traditionally struggled to engage
- There will be improved mental well being for older people, through dedicated well being and prevention programmes linked to wider well being strategies within Oxfordshire
- There will be improved early diagnosis of depression in older people, including the use of appropriate screening tools and proactive outreach.
### Appendix 5: Implementation Plan for this strategy

<table>
<thead>
<tr>
<th>Item</th>
<th>Deadline</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consult on draft strategy and revise in the light of stakeholder feedback</td>
<td>Nov 2011</td>
<td></td>
</tr>
<tr>
<td>Obtain authorisation for revised strategy 2012-15 within governance structures</td>
<td>Jan 2012</td>
<td></td>
</tr>
<tr>
<td>Develop commissioning intentions to support implementation of the strategy for 2012-13</td>
<td>Feb 2012</td>
<td></td>
</tr>
<tr>
<td>Identify priorities for action 2012-13 (BMHO programme board)</td>
<td>Feb 2012</td>
<td></td>
</tr>
<tr>
<td>Agree outcome measures for strategy</td>
<td>Mar 2012</td>
<td></td>
</tr>
<tr>
<td>Redraft s75 to reflect change in governance structures to support implementation of the strategy</td>
<td>Mar 2012</td>
<td></td>
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<tr>
<td>Sign off revised s75</td>
<td>Mar 2012</td>
<td></td>
</tr>
<tr>
<td>Agree OCCG Joint Commissioning and Partnerships team work plan and forward plan for BMHO programme board 2012-13</td>
<td>April 2012</td>
<td></td>
</tr>
<tr>
<td>Report against key performance indicators into Health &amp; Wellbeing Board</td>
<td>From June 2012</td>
<td></td>
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<tr>
<td>Review strategy and progress against commissioning intentions through BMHO programme board and stakeholder engagement</td>
<td>December 2012</td>
<td></td>
</tr>
<tr>
<td>Draw up commissioning intentions for 2013-14: BMHO programme board make recommendations to Joint Management Group</td>
<td>Jan 2013</td>
<td></td>
</tr>
<tr>
<td>Joint Management Group adopt commissioning intentions 2013-14</td>
<td>Feb 2013</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 6: Commissioning Intentions 2011-12
NHS Oxfordshire Partnerships Team-Commissioning Intentions 2012-13 to deliver Better Mental Health in Oxfordshire

This document sets out the intentions of NHS Oxfordshire (and, in the case of pooled budget and other partnership arrangements, Oxfordshire County Council) in respect of current and planned commissioned services during 2012-13. These intentions will apply particularly to all standard NHS contracts.

Certain areas still need to be worked up and resource identified to deliver the work programme. In column 4 (Impacted contracts) and column 5 (nature of project) entries in **bold** indicate relative priority.

The intentions were reviewed by the Better Mental Health in Oxfordshire programme board at its meeting in February 2012 and 6 priorities for action were identified: these are highlighted in the table

- Needs of Carers
- Physical Health of people with mental health problems
- Transition of Children and Young People into adult services
- Integration of mental health and physical health
- SIL+
- Developing clusters that help people move into primary care
<table>
<thead>
<tr>
<th>Domain</th>
<th>Intention—what is the intended outcome</th>
<th>Output—what activity needs to take place to deliver the intended outcome.</th>
<th>Impacted contracts</th>
<th>Nature of project</th>
<th>Lead</th>
</tr>
</thead>
</table>
| **NHS Op FW 2012** | We will have an agreed policy and implementation plan to support carers, where possible using direct payments or personal budgets in line with the Carers Strategy | • Review provision for carers against other health and social care initiatives  
• Clarify relationship of dedicated MH carers funding  
• Commission carers support service from April 2013  
• Clarify KPI re carers in provider contracts  
• Identify how much money is spent on carers breaks and the number of breaks to be available within that funding  
• Publish the plan for carers by 30/9/2012 | Rethink carers service OHFT All | Review/scoping Procurement | BC (JL) |
| **NHS Op FW 2012** | We will ensure improvement in mental health services for veterans | • We will map local services against planned SHA provision  
• We will support roll out and integration of Mind service if Covenant bid is successful  
• We will set up and support a project group to manage and plan local responses to the needs of veterans  
• We will support the local and regional Armed Forces Network  
• We will develop veteran screening | All | Mapping and delivery | IB (BC) |
<table>
<thead>
<tr>
<th>Domain</th>
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<th>Impacted contracts</th>
<th>Nature of project</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS Op FW 2012</strong></td>
<td>We will improve the physical healthcare of those with mental illness to reduce their excess mortality</td>
<td>This work stream is a national priority. Local implementation is still in development. PbR will address aspects of this, and physical exercise is a key part of Supported into Independent Living and Keeping People Well delivery.</td>
<td>OHFT ALL</td>
<td>Review/scoping Future commissioning TBC</td>
<td>TC</td>
</tr>
<tr>
<td><strong>NHS Op FW 2012</strong></td>
<td>We will improve outcomes for the mental health of offenders working with National Offender Management Service</td>
<td>This work stream is a national priority with the development of the Divert scheme. Local implementation is still in development.</td>
<td>OHFT ALL</td>
<td>Review/scoping Future commissioning TBC</td>
<td>TC</td>
</tr>
</tbody>
</table>
| **NHS Op FW 2012** | We will improve targeted support for Children and Young People at particular risk of developing mental health problems, such as looked after children | • Review of therapeutic support services for children who have been sexually abused.  
• 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 YP with ADHD, on the ASD spectrum or with conduct disorders | OHFT (CAMHS) | Review/scoping | SB |
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</table>
|        |                                       | · Development of mental health support in community settings such as schools, clubs, hubs  
|        |                                       | · Review needs of looked after children  
|        |                                       | · Develop whole-family approach in delivery of mental health services; including parental mental health and issues of information sharing across professional divides. | OHFT               | Contract management | TC   |
| NHS Op | We will improve performance against   | · We will increase the number of new cases of psychosis served by Early Intervention  
| FW 2012| indicators within the Mental Health Performance Framework | · We will increase the number of inpatient admissions that have been gate kept by the Crisis team  
|        |                                       | · We will increase the proportion of people on CPA followed up within 7 days of a psychiatric admission |                   |                  |      |
| NHS Op | We will actively seek out, respond    | · We will ensure contracts allow require providers to complete central returns on mistakes, never events, incidents and complaints and use sanctions if they are not compliant.  
<p>| FW 2012| positively and improve services in    | · We will review national patient surveys and develop local actions | All                | Contract management | TC   |
|        | line with patient feedback.           |                                                                     | IB, JL             |                  |      |</p>
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<td></td>
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<td>in response to these</td>
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<td></td>
<td></td>
<td>• We shall expect providers to carry out local patient surveys, including using “real time” data techniques and publish the results and to respond appropriately where improvements need to be made</td>
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<tr>
<td>NHS Op FW 2012</td>
<td>We will ensure that there are robust safeguarding arrangements locally</td>
<td>• We will monitor safeguarding through the KPI for the MH JMG</td>
<td>All-esp OHFT SIL spots</td>
<td>Contract management</td>
<td>TC AF OCC/ PCT</td>
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<tr>
<td></td>
<td></td>
<td>• We will liaise with the Oxfordshire Safeguarding Children and Adult Safeguarding Boards</td>
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<tr>
<td>NHS Op FW 2012</td>
<td>We will ensure that patients can exercise choice including Choose &amp; Book</td>
<td>This is a national priority. Local implementation needs to be agreed with OH</td>
<td>OHFT</td>
<td>Contract management</td>
<td>IB</td>
</tr>
<tr>
<td>QIPP</td>
<td>From Support to independent living (SIL) plus . We will commission accommodation services for people coming out of acute mental health services and being settled in the community. We will reduce the length of stay of people with mental health issues in specialist provision where this is not required, and</td>
<td>• We will evaluate the needs of people in the target group</td>
<td>SIL OHFT spots</td>
<td>Review/scoping Mapping and delivery Contract management Procurement</td>
<td>AF TC</td>
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<td>enable disinvestment in in-patient beds and high cost placements.</td>
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</table>
| QIPP   | Enhanced Primary Care Mental health Provision to patients with LTCs or MUS and Evolving Psychiatric Liaison Services We will achieve a significant change in the care pathways for frail older people (and people with dementia and MUS) to ensure that all patients be supported to manage their condition and achieve the earliest possible discharge. | • Screening in respect of psychological needs for all relevant patients  
• Integrated care plans to include mental health needs  
• Education for hospital and community staff in relation to mental health awareness  
• Clinical leadership across OUH and OH community services  
• Supporting more robust data through training for staff and better analysis  
• The service will be expanded to include a multi-disciplinary team and education role in supporting clinical staff within the acute sector; the model will be a local version of the Birmingham Rapid Assessment Interface and Discharge (RAID) service. | OHFT-CHO OUHFT | Review/scoping Mapping and delivery Contract management | JL   |
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</table>
| QIPP (and NHS Op FW 2012) | IAPT Phase 3 and LTC. We will improve outcomes for all groups including those with long-term conditions including stroke services as part of the platform of services to be developed for the Collaborative Care services described in the LTC QIPPs. We will ensure that we remain on track to meet 15% of disorder prevalence and achieve at least a 50% recovery rate. | • We will increase access for black and minority ethnic groups and older people  
• We will increase availability of psychological therapies for people with severe mental illness and long term health problems. | OHFT-IAPT | Contract management | JL |
| QIPP | Enhancing primary care based mental health service provision. We will use the process of ‘clustering’ patients to identify those who would benefit from having their care based in primary care. | This will be developed as part of the PbR development. This is a new project and needs further development. | OHFT All | Review/scoping | TC |
| Adult Social Care Plan | We will help people living in supported accommodation move through the SIL pathway, and deliver savings to the residential spot purchased budgets. | • Throughput within the SIL pathway  
• This applies to SIL contracts | SIL | Mapping and delivery Contract management | AF |
<table>
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</table>
| Adult Social Care Plan         | We will redesign services commissioned to support employment of people with mental health problems and deliver savings to the pooled budget | • Review of Individual Placement Service  
• Negotiated variation to current contract within permitted extension or redesign and procurement of service | Restore-IPS  
OHFT-IAPT | Review/scoping Mapping and delivery Procurement-TBC | IB   |
| Adult Social Care Plan         | Oxford Health will redesign the integrated health and social care teams to achieve a more efficient response to the needs of people with mental health problems and deliver savings to the pooled budget | This forms part of the OCC business plan adopted by MHJMG and is developed through the provider JMG. We need to agree how efficiencies can be achieved whilst maintaining quality. | OHFT | Mapping and delivery | TC   |
| Personalization                | We will ensure that all people who use commissioned services are in control of and direct their care, and that that care is responsive to their needs. | • Everyone using services will have all their needs assessed, and will develop a care plan that is owned by the individual and is designed to meet their needs  
• Everyone assessed by the integrated health and social care teams who meet the FACS criteria will be offered a personal budget  
• Where ever possible, people in receipt of a personal budget will receive it as a direct payment  
• We will develop the market to support the extension of personal budgets | OHFT  
SIL and Recovery Age UK | Mapping and delivery Contract management Review/scoping (brokerage) | IB   |
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<tr>
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| Autism                  | To implement the national statutory guidelines on autism                                                | • We will develop the current pilots and evaluate their effectiveness  
• We will develop the Autism Board and agree future priorities for action, including support for diagnosis | TBC               | Review/scoping Mapping and delivery     | JL   |
| Dual Diagnosis          | We will ensure that the needs of people with a mental health problem as well as drug and/or alcohol problems | • We will ensure that assessment of need and care planning within the PbR cluster pathways will reflect the needs of dual diagnosis  
• We will implement the Dual Diagnosis strategy                                                                                                         | OHFT, ALL         | Review/scoping Mapping and delivery  
Contract management                                                                                                                                   | TC   |
| Personality Disorder    | We will ensure that there is an appropriate local response to the needs of people living with personality disorder. | There may be changes to the pattern of funding for complex needs services. We will monitor this and review the impact as necessary.             | OHFT, ALL         | Review/scoping Mapping and delivery     | TC   |
| Contracts               | There will be coherent, outcomes focussed support for the mental health and wellbeing of people who are homeless in Oxfordshire | • We will support the reviews of homelessness funding planned by Supporting People and Oxford City Council and map services commissioned from the pool | OHFT (MHP post), OXHOP | Review/scoping Mapping and delivery  
Contract management                                                                                                                                    | IB   |
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</table>
| Contracts    | We will ensure that people detained under the legislation have access to Independent Advocacy through into 2013 | • We will review our provision against the proposed changes to legislation  
• We will review the scope of the current service and identify the future design/procurement options by Jun 2012 to support decisions re the service from April 2013  
• We will explore the options for user involvement within the MHA 83 and IMHA processes | SEAP               | Review/scoping 
Mapping and delivery  
Contract management  
Procurement          | IB               |
| Contracts    | We will ensure that the PbR model delivers recovery and best value for people with mental health problems in Oxfordshire | • We will monitor the impact of care clustering during the shadow phase 2012-13  
• We will agree pricing structure for 2013-14 in line with national requirements  
• We will explore the scope of using CoBICS as a commissioning model | OHFT Other contracts in pathways | Mapping and delivery  
Contract management          | TC               |
<table>
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</table>
| Future investment strategy   | We will develop the local market place in respect of mental health provision to ensure that service users with individual budgets and commissioners can achieve best value to support prevention and recovery                                           | • We will develop and publish a market position statement to support BMHO 2012-15  
• We will develop and publish a capital strategy  
• We will work with the planned OCC review of brokerage to increase the options for people with personal budgets                                                                                               | All               | Review/scoping                   | TBC   |
| Strategy                     | We will ensure that the BMHO strategy and pooled budget are aligned with future strategic intentions                                                                                                                                   | • We will develop the outcome measures for the pooled budget to reflect the development of the Commissioning Outcomes Framework  
• We will adopt KPI that support the Oxfordshire H&WB strategy                                                                                                                                            | All               | Mapping and delivery Contract management | IB    |
| Equality                     | We will improve access, experience and outcomes for people with protected characteristics with mental health problems in Oxfordshire                                                                                                        | • We shall review performance of our contracts against the protected characteristics  
• We will ensure that all providers use a cultural assessment toolkit that supports assessment, planning and interventions with people with protected characteristics  
• We will ensure that individuals and communities of people with                                                                                                                                       | All               | Review/scoping                   | IB    |
<table>
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<td></td>
<td>protected characteristics are engaged and taken into account in involvement activity (below)</td>
<td>• We will ensure that communities of people with protected characteristics are supported to develop appropriate self-help approaches to support mental wellbeing</td>
<td></td>
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<tr>
<td></td>
<td>Involvement</td>
<td>• We will improve the engagement of service users and carers particularly within the strategic delivery of Better Mental Health in Oxfordshire</td>
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<tr>
<td></td>
<td>• We will reshape BMHO to support engagement of service users and carers</td>
<td>• We will explore and clarify the relationship of MH to the Oxfordshire Wheel</td>
<td>All</td>
<td>Review/scoping Mapping and delivery</td>
<td>IB</td>
</tr>
<tr>
<td></td>
<td>• We will review the case to commission a user led MH organization</td>
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Appendix 7: Engagement, Consultation and Development of this Strategy

What we have learnt from Better Mental Health in Oxfordshire

BMHO was derived from a needs assessment and extensive engagement exercise which brought together service users, carers and other stakeholders around the main aims to

- Prevent people becoming ill
- Help people get better, quicker
- Provide timely and responsive services

It also identified the commissioning priorities for Oxfordshire for 2009-12. Most of these have been delivered:

- We have rolled out Improved Access to Psychological Therapies for Oxfordshire through TalkingSpace and commissioned a county wide counselling service
- We have commissioned community-based prevention and recovery pathways within the Keeping People Well programme
- We have brought together health, social care and Supporting People funding to commission a housing and support pathway that promotes recovery through Supported into Independent Living
- We have developed a social care pathway with Oxford Health that supports personalisation and feeds into Supported into Independent Living
- We have commissioned a dedicated service for Carers, and improved access to direct support for carers of people under the care of Oxford Health
- We have commissioned Independent Mental Health Act Advocacy
- We have increased access to employment for people living with mental health problems through an Individualised Placement Support service embedded within community mental health teams
- We have completed the Delivering Race Equality programme in Oxfordshire, and achieved a significant level of community engagement around mental health and well-being, as well as achieving a central emphasis on equality within the design and intended outcomes of newly commissioned pathways

This activity has been characterised by

- High levels of involvement from service users, their carers, clinicians and other providers in the statutory and voluntary and community sector in the planning, development and implementation of services
- Strong partnerships between health, social care and Supporting People commissioners
- Significant changes in approach amongst service users and providers, particularly around the concepts of prevention and recovery.
- Personalised approaches based on the needs of the individual
- Pathways designed to eliminate the risk of “hand-offs” where service users' recovery is put at risk by the lack of join up between services.

However, there remain gaps in the delivery of BMHO, and there have also been new developments in the period 2009-12:

- The development of clinical pathways that support recovery and map onto the introduction of Payment by Results (PbR) for mental health are not yet complete. Oxford Health is scheduled to complete the “clustering” of patients within PbR by December 2011, but the financial impact of the new mechanism and how it supports recovery will not be fully understood until the end of 2012-13. This
means we cannot at this point make informed, long-term decisions about the size and shape of investment across the mental health system.

- BMHO was informed by a needs assessment, but we have been unable to repeat the exercise to inform the development of the new strategy. This is because the shape of the Joint Strategic Needs Assessment (JSNA) going forward has yet to be clarified with the NHS reforms. The JSNA is important as the Government has indicated that it should be the main tool to support Clinical Commissioning from 2013.

- There remain gaps around transitions within age groups. BMHO was designed to support the needs of people aged 18-64, and the question of how children and young people transition into adult services and how/when adults transition into older adult services has been outside the strategy. This has created uncertainty and blocks where there should be plans and pathways and undermines the recovery and well-being of people at times of transition. There needs to be more work to understand how the needs of children and younger people are translated and supported within services to adults.

- BMHO incorporated a Mental Well-being strategy, and we have invested in this area in the Oxfordshire Well-being service (part of Keeping People Well). The delivery of a whole population strategy would improve outcomes, but requires a greater level of partnership working to address some of those determinants of poor mental health and well-being that sit outside the scope of a mental health commissioning strategy.

Additionally, we have made good progress in a number of areas but there remains work to do: equalities; recovery; personalisation of care; involvement and participation at a strategic level; work supporting people with autism spectrum disorder; work to support the mental health of veterans; and work to support the mental health of homeless people.

For the most part we believe that we will best meet the challenges facing Oxfordshire by continuing with what has worked within Better Mental Health in Oxfordshire.

- An emphasis on quality: making sure that the services are safe and tailored to the needs of the individual in terms not just of their mental health diagnosis, but also their physical, social, spiritual and cultural needs
- An emphasis on recovery: meeting the hopes and ambitions of people living with mental health problems, and enabling them to live productive and fulfilled lives, managing their health as independently as possible in the wider community
- An emphasis on “co-production”, “nothing about me without me”: seeking to ensure that care is based on the choice and control of the individual; that strategic and service design decisions are informed by people who use those services; and that local and other communities have the opportunity to be involved in decisions that effect their communities, and can play a full part in delivering mental health and well-being
- An emphasis on value for money: making the best use of resources, and seeking imaginative and cost-effective solutions at times of increasing financial pressure

Report on Engagement September 2011
See https://consult.oxfordshirepct.nhs.uk/consult.ti/MHStrategy/consultationHome

Report on Children and Young People Sounding Board September 2011
See http://boombox.oxme.info/cms/content/children-and-young-peoples-sounding-board
APPENDIX 8: TERMS OF REFERENCE FOR THE BMHO PROGRAMME BOARD

1. Context

These Terms of Reference (TOR) have been amended in light of the changes to the BMHO Joint commissioning strategy summarised below:

**Better Mental Health in Oxfordshire 2012-15**

The BMHO 2009-12 joint commissioning strategy was reviewed during 2011 and formed the basis of the development of the extended s75 pooled budget agreement, which includes targeted and specialist mental health services for children and young people, the commissioning intentions that have been agreed as part of Schedule 1 to the agreement, and the outcome measures that will form part of the Key Performance Indicators for the Pooled Budget which will be monitored by the JMG and in turn will be reported on to the Adult Health and Social Care Partnership Board to support delivery of the Oxfordshire Health & Wellbeing Strategy.

The strategy differs from its predecessor in that:

1. It is not backed by a Joint Strategic Needs Assessment (JSNA): it will need to be reviewed in the light of the JSNA during 2012-13
2. It focuses on the broad outcomes and objectives and leaves the detail of implementation to the annual commissioning intentions
3. It will need to be kept under review to reflect the still developing commissioning & operational environment (e.g. impact of payment by results)

In Schedule 5 to the s75 Pooled Budget agreement the role of BMHO is described as follows:

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Notes</th>
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<tr>
<td>1.0</td>
<td>7 March 2011</td>
<td>First draft – JL/DP</td>
</tr>
<tr>
<td>1.1</td>
<td>14 March 2011</td>
<td>Second draft JL</td>
</tr>
<tr>
<td>1.2</td>
<td>17 March</td>
<td>Third Draft FT</td>
</tr>
<tr>
<td>1.3</td>
<td>25 March</td>
<td>Forth draft DP</td>
</tr>
<tr>
<td>1.4</td>
<td>1 Nov 2011</td>
<td>Amendments to organisation names JL</td>
</tr>
<tr>
<td>1.5</td>
<td>17 April 2012</td>
<td>Change of TOR – see context.</td>
</tr>
<tr>
<td>1.6</td>
<td>30 May 2012</td>
<td>Change TOR post BMHO PB April meeting</td>
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</tbody>
</table>
The JMG will set the commissioning strategy and annual commissioning
intentions for mental health and well-being in Oxfordshire. JMG is
responsible for delivering the strategy. Assurance of progress against
Commissioning Intentions will be provided by the Programme Board
which will report to JMG bimonthly.

JMG has accepted those priorities within the Commissioning Intentions identified
by the BMHO Programme Board at its meeting on 23 February 2012. BMHO will
report on progress to JMG, and will lead a review of the strategy, and make
recommendations regarding future years commissioning intentions during Q3
and Q4 of 2012-13.

2. BMHO Programme Board - Purpose

2.1. To provide assurance, and make recommendations regarding delivery of the
BMHO Joint Commissioning Strategy 2012-15 and its commissioning intentions,
see attached as Appendix A.

2.2. To lead a review of the strategy, and make recommendations regarding
future years commissioning intentions during Q3 and Q4 of 2012-13.

2.3. To be pro-active in engaging internal and external stakeholders to ensure
transparent and consistent communication, which will include 2 engagement
events per year on the delivery progress of the commissioning priorities.

3. BMHO Priorities

Six priority workstreams have been identified from the commissioning intentions
- Transitions for children and young people into adult services
- Carers needs
- Physical health needs of people with MH problems
- Integrating Physical and MH services
- Enhancing MH provision in primary care
- Supported to Independent Living (SIL) Plus

4. BMHO Programme Board - Key Objectives

- Monitor the progress of delivery of the priority commissioning intentions,
including oversight of all the workstreams identified in the annual work plan
- Report progress to the MH JMG and escalate any delays, increased risks or
unresolved problems to the MH JMG.

5. STRUCTURE

5.1 STANDING ITEMS

- At the start of each meeting, those present, will be asked to declare any
conflict of interest with any of the items on the agenda.
- At each meeting the dashboard/work plan will be circulated

5.2 Meeting format - Order of agenda

1 - Discussion topic - from commissioning intentions priorities
2 - Other relevant project papers
3 - Performance report - Dashboard/work plan - by exception
4 - Actions from previous meeting
5 - AOB and news (horizon scanning)

5.3 Board Members
Members attend as representatives of organisations who feedback issues to and from the Programme Board or as members who are experts by experience and can give their perspective on issues.

Members come from the following:
- OCCG - GP Clinical lead
- OCCG – GP Primary Care Locality leads
- OCCG Partnerships team - Lead commissioner
- OCCG – Quality and clinical governance lead
- OCC Adult and Children and Young people - Lead commissioners
- OCC Public Health improvement - Senior manager
- Service Users
- Carers – leads for the Oxfordshire MH Carers Reference Group
- Statutory and non-Statutory Service Providers - Senior manager or Director
- OCCG Partnerships team – Commissioning manager as meeting coordinator

Appendix A lists current members.

5.4 ATTENDANCE
- Regular attendance of members is expected, with an agreed deputy
- For relevant items other associates or stakeholders can attend
- Observers may attend at the discretion of the Chair.

6. Governance
6.1 Reporting
- The BMHO Programme Board will report to the MH JMG after each meeting.
- The Chair will attend the MH JMG if there is a substantive item to report on, or at least on a quarterly basis.

6.2 Minutes
- Minutes will be written up as action notes.
- Minutes will be published on website. Any commercially sensitive items will be excluded.

6.3 Frequency of Meetings
Meetings will be held bi-monthly, which will be hosted and supported by OCCG.

6.4 Review
- The status of the Programme Board will be reviewed, in the light of the still changing commissioning and operational environment, by December 2012.
- The position of Chair will be reviewed annually.

GLOSSARY OF TERMS
BMHO | Better Mental Health in Oxfordshire
MH JMG | Mental Health Joint Management Group
SDM | Service Development Manager
OHFT | Oxford Health Foundation Trust
OCC | Oxfordshire County Council
OCCG | Oxfordshire Clinical Commissioning Group
CEO | Chief Executive Officer
MH | Mental Health
GP | General Practitioner
SIL | Supported to Independent Living
KPW | Keeping People Well
CYP | Children and Young People
CYP&F | Children Young People & Families
CAMHS  Children and Adolescent Mental Health Services
JSNA  Joint Strategic Needs Assessment

Current members by name:
Chris Rothero  Chair, Carer
Angela Nightingale  Deputy Chair, Service User
Simon Allen  Service User
CYP member  TBC
Mike Wyatt  Chair of the MH Oxfordshire Carers Reference Group
Dr John Walton  Outgoing GP Clinical Lead, OCCG
Dr Joe Santos  GP Clinical Lead, OCCG (from Sept 2012)
Dr David Grimshaw  NE Locality GP, OCCG
Dr Rob Bale  Consultant OHFT - Clinical Lead
Sula Wiltshire  OCCG Quality and Clinical Governance lead
Benedict Leigh  CEO - Restore
John McLaughlin  CEO - Response
Patrick Taylor  Director of Oxfordshire Mind
Mark Thompson  CEO - Connections
Jackie Thomas  Deputy Director - OHFT
John Pearce  MH Lead - Oxfordshire County Council
Fenella Trevillion  Head of Partnerships - OCCG
Sarah Breton  Children and Young People Joint Commissioning Lead
Juliet Long  Service Development Manager - Partnerships Team, OCCG
Janet Pring  CYP, OCC
Monique Audifferen  Public Health Prisons Lead