

Oxford Health and OCCG – headlines of agreement following the mediation process commencing on 27 February 2020 regarding OCCG investment into mental health services in Oxfordshire.

- OHFT and OCCG both reaffirm their commitment to the joint public briefing statement issued in February 2019 (attachment 1) recognising that benchmarking comparisons may change in the light of LTP investment and MHIS audit processes.
- OHFT and OCCG both commit to a system-wide approach to meeting the mental health needs of the people of Oxfordshire, based on the principles of Population Health Management and addressing health inequalities, building on the work already done to establish the Oxfordshire Integrated Care Partnership.
- OHFT and OCCG both commit to the principle of full transparency over allocation and use of resources so that both parties have full disclosure of the allocation of CCG funding to mental health care irrespective of where it is spent, and both have full sight of how resources are used within OHFT and associated partnerships involved in the delivery of mental healthcare in Oxfordshire.
- The application of new funding for development and additional capacity will be determined jointly, subject to the agreement of appropriate governance, within the Place based mental health partnership arrangements, and in line with national guidance, and directed by recommendations from the Oxfordshire Mental Health, Learning Disabilities and Autism Delivery Board.
- OCCG recognises the considerable workforce pressures being experienced by staff providing mental health services in Oxfordshire and will engage in established improvement mechanisms (for example the NHSI retention collaborative) to ensure it is fully briefed and can effectively support NHS and third sector staff delivering care.
- The responsibility for delivery of mental health services will be through the Oxfordshire Mental Health, Learning Disabilities and Autism Delivery Board at Place reporting to the Oxfordshire Chief Executive's Group in line with the overall arrangements agreed and appropriate governance
- In 2020/21 there is an expectation that through improved processes with an agreement on pace of change we use the learning from the demand and capacity work undertaken by the Trust, agree system pathways to most effectively manage demand and have shared understanding of the Trust AMHT redesign plan. This will offer an improvement in services for the people in Oxfordshire, and be delivered through the Trust recognising the OMHP partners deficit, resulting in improved routine and urgent care access times and further reduction in OAPs
- We agree to underwrite the residential care risk within the OBC contract to the value of £2.5m, on the condition that the results of the transformation efficiency programme expected during 2020/21 will be enacted at pace and for future financial planning determine appropriate levels of need is and optimise care in the most appropriate setting.
- OCCG is extremely concerned about the workforce situation in the Trust. The Trust is one of the highest users of agency staffing in the Region. We heard from the Trusts Clinical Director about the impact this has on the quality and sustainability of the services. This needs to be addressed as a matter of urgency; we will be seeking assurance on a quarterly basis that this is being addressed through the existing

mechanisms outlined above. There is a shared objective that the Trust will reduce agency usage and increase substantive staffing, including flexible working, which will in turn reduce associated costs.

- Given the significance of the above work streams to quality of care and system resources this work will be part of the same overall system recovery programme management supported by the Oxfordshire ICP Delivery & Finance Group – with appropriate levels of supporting information.
- In 2020/21 work is concluded on a DQIP to ensure data completeness within MHSDS submissions, data is aligned between MHSDS and Carenotes and there is an active working relationship and plan between OH, OCCG and CSU in order for all parties to understand system activity reporting going forward.
- Therefore funding for FY22 contract agreements will move to service improvement and Oxfordshire CCG will resource and agree with OHFT a plan for the jointly agreed priority of delivery of a fully established adult CRHT and crisis pathway model within 2021/22 and the start of mobilising an agreed model for the primary care/community framework, which will include IAPT expansion.
- OHFT and OCCG agree the funding proposal outlined in the OCCG updated offer on Monday 9 March at 15.45 hours as the basis for conclusion of the matters brought for mediation relating to OCCG investment in mental health services in 2020/21, subject to the following amendments:
 - We agree that the offer still leaves an outstanding 2018/19 OHFT contract deficit of £0.3m.
 - This leaves a balance of the £12m identified of £5.9m at the beginning of 21/22 of which £0.3m would close the OHFT deficit leaving 5.6m for service development.
- **OHFT and OCCG both agree to adopt the principles set out below in taking forward mental healthcare for Oxfordshire:**

1. Financial Transparency: System assurance that Mental Health Investment Standard & Long Term Plan investments are made and full transparency on the overall relative mental health spend and pace of change proportionate to other services in the county.

2. Parity of physical health & mental health: The Oxfordshire system mechanisms for addressing financial support for increase in clinical risk, acuity or demand are applied equitably across physical & mental health/

3. Delegated commissioning & delivery: To develop appropriate governance to secure an approach to delegated delivery and planning with commissioner focus on assurance on delivery of high level clinical outcomes & quality within an agreed financial framework rather than monitoring of inputs. The direction of travel for this is to develop the capability & capacity of the Oxfordshire Integrated Care Partnership Mental Health, Learning Disabilities & Autism Delivery Board to become self-assuring at place level in terms of LTP outcomes/performance, delivering greater value from all partners and using Population Health Management to inform future service plans, recognising the wider accountability to the ICS.

4. Management of LTP investment:

Agreed as in the attached presentation from NHSE (Attachment 2)

OHFT and OCCG commit to a piece of work to reconcile the difference between CCG allocations and the indicative funding from the LTP tool to inform longer term planning by the end of Q1. 2020/21

OCCG and OHFT acknowledge Oxfordshire County Council will be a significant partner in this work.

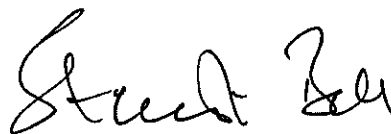


Lou Patten

Chief Executive

Oxfordshire CCG

10th March 2020



Stuart Bell

Chief Executive

Oxford Health NHS FT

10th March 2020

Attachment 1

Briefing on behalf of Oxfordshire Clinical Commissioning Group and Oxford Health NHS Foundation Trust: Mental Health Funding – February 2019

Oxfordshire Clinical Commissioning Group (OCCG) and Oxford Health NHS Foundation Trust (Oxford Health) are committed to seeing the best services to support and care for patients' and service users' mental health needs now and in future. That is why we have jointly commissioned an independent review into the funding of mental health services in the county. The review found that investment in mental health services in Oxfordshire is considerably lower than comparator areas.

Relative to other similar clinical commissioning group (CCG) areas, the county spends less on mental health – 70 per cent of the average - with the potential funding gap ranging from £16 to £28 million (but only if the CCG were to receive its full allocation).

The Oxfordshire CCG has the lowest funding allocation per person of any CCG in the country, meaning the county spends around 80 per cent of the average on all other services for the Oxfordshire population. The allocation is worked out centrally on a formula based on the expected needs of our population, and while reviewed periodically it is unlikely to result in OCCG being funded close to national or regional averages in the near future.

Oxfordshire CCG and Oxford Health recognise that the proportion of spend on mental health services should increase, at least to the 80 per cent level of other services within the county and we are working together to manage and address this along with partners in the wider system locally and nationally.

The position on mental health investment in Oxfordshire also sits within the context of a national view that mental health services overall are relatively underfunded and a recognition of the need to invest more proportionately in them for 'parity of esteem' with physical healthcare and to meet national targets to address population needs. For example, the Mental Health Five Year Forward View sets specific targets for improved access to Child and Adolescent Mental Health services, but even when these are achieved they will only have increased access to treatment from 25 per cent to 30 per cent of those who would benefit from it.

The independent review, also looked at how well current resources are spent and concluded that mental health resources in Oxfordshire are used efficiently, eight per cent more efficiently than the national average according to NHS Improvement reference costs data. That efficiency is helping to somewhat offset the effects of relative underinvestment in mental health services, but current funding levels have implications for the sustainability of services, patient access, experience and outcomes as highlighted in the recent Care Quality Commission inspection of Oxford Health. At the same time these services were overall rated 'good' for now, which is a testimony to the commitment and dedication of staff.

Both local organisations recognise that if Oxfordshire is to spend a proper and significant share of its resources on mental health, it will need to spend proportionately less on something else. The overall allocation of resources to OCCG is a factor, as is the county's relative gap in funding of mental health services specifically.

Oxfordshire CCG and Oxford Health have written to Oxfordshire's Health and Wellbeing Board (HWB) to highlight this and to begin discussions about examining the relative prioritisation of resources in relation to need. This has implications for reducing health

inequalities and for other parts of the public sector, for example housing, policing and the criminal justice system.

Both organisations want this issue to be a major area of focus for our county's health and care system over the next year.

We are working together to address this and by the end of March we will have developed the first phase of a plan to get mental health services in Oxfordshire on a sounder more sustainable footing. The things we're looking at include: the development of crisis resolution teams, strengthening community mental health services and reducing the numbers of patients being treated outside their local areas, in recognition of the ambitions of the NHS long term plan.

It is important to note that latest figures from NHS England rate the performance of health services in Oxfordshire for people with dementia, mental health problems and learning disabilities as 'outstanding' or 'good'.

Attachment 2



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