



ANNUAL REVIEW
2009-10

Chair's Report

It is with a heavy heart that I write this, the final Chairman's Annual Report for Oxfordshire Mental Health Matters before its imminent dissolution, and yet also with immense feelings of pride at having for some years been in the privileged position of being involved at Board level in an organization which has for many years delivered services of the highest quality in the fields of advocacy, information and training and which has built up for itself a reputation second to none within the mental health voluntary sector in Oxfordshire. Having failed to secure a key tender for the provision of advocacy services in the county, the Board has been faced with no other option but to wind the organization down, and yet this has come at the end of a year which was, from the point of view of service delivery, perhaps the finest in its existence. This has not been a failing organization.

The year opened (April 2009) with the launch of the new Independent Mental Health Advocacy Service (IMHA), and by the May Board meeting it was already being reported that there had been 35 referrals. Staff and volunteers rose to the challenge and for this the Board is immensely grateful. In May 2009 Katrina Horne was offered the permanent post of Team Leader; she performed this role throughout the year with dedication and skill, including supervising staff at Oxford Advocacy and taking the lead in developing, with Age Concern, brokerage services for mental health clients in the north of the county, and for all this work I thank her unreservedly. At the same time Juseff Smith moved into development and training work, and I thank her for her commitment to this role.

In terms of service delivery the other major development was the launch, in November 2009, of the Childrens' IMHA service. This had been preceded by extensive training as well as all staff undergoing enhanced CRB checks.

From an organizational point of view it had been decided by the Board early in the year to pursue the idea of moving towards OMHM becoming a Charitable Company Limited by Guarantee. By the early summer of 2009 new charitable objectives had been agreed with the Charity Commission. Considerable

work then went into writing a Draft Memorandum and Articles of Association, though much of this work then had to be redone in the late autumn following changes to government guidance in October 2009. It had been planned to set up the new Company, gain charitable status and transfer OMHM's assets to it at an EGM in the Spring of 2010, but we were then overtaken by events in relation to the awarding of the new contract.

In August 2009 we heard that the Primary Care Trust had decided to terminate our Service Level Agreement and tender for Advocacy Services in the county (excluding Information and Brokerage services) with the cost of the contract being reduced from £190K to a maximum of £167K. The tender document was published on 21 December 2009 with a four-week deadline for submission of the tender (which included the Christmas and New Year holidays). Jon Hyslop worked extraordinarily hard on this, ably supported by Katrina Horne and the team, and with active input from the Board. Sadly, in spite of our best efforts, the contract was awarded to the South of England Advocacy Project (SEAP), a major disappointment. We congratulate SEAP and wish them success in delivering services. The formal announcement of the outcome left less than a month for a formal handover of the service. It says a great deal for our staff that two staff members, Katrina Horne and Susan Weavers, were offered posts with Restore and MIND respectively, and that with two exceptions the others transferred across to SEAP. Jon Hyslop, Manager, and Dan George, Finance Worker, kindly agreed to remain with OMHM during the winding-down process. The Board extends its thanks to all staff who cooperated so fully with this process.

It remains for me to thank Jon Hyslop for all that he has done to develop OMHM into the first rate organization that it has been over so many years, and to all members of the Board who have supported me and the organization through what has been a stressful and ultimately disappointing year.

Harry Dickinson June 2010.

Organisational Developments

The year began promisingly with the commencement of IMHA. As previously agreed, the work was split between our organisation and Oxfordshire Advocacy (formerly OADG). Our strategy for 2009-12 had identified Oxfordshire Advocacy as a potential strategic partner, and at a service delivery level this worked well. However at an organisational level, progress towards formal partnership or integration was slower than we had hoped. The Oxfordshire tender for Mental Health Advocacy Services, ran over Christmas and New Year, evaluated all subcontracting arrangements as 'pass or fail'. As there was insufficient time to draw up a legally binding sub-contract, OMHM tendered as sole provider. An 'in principle' agreement to seek the PCT's permission to sub-contract this work as before proved irrelevant in the light of the bid's eventual failure.

Partnership with Age Concern and other local providers participating in the 'learning exercise' for brokerage services also got off to a good start. This was strengthened by a small grant for legal advice from *Capacity Builders*. An in-principle agreement to pursue a bid in partnership proved to be irrelevant, as Oxfordshire County Council extended the original brokerage contracts with a view to a formal tender in March/April 2010. In the end, mental health brokerage was excluded from the tender, as it was felt that demand for the service had not yet been established with sufficient certainty to justify investment (see page 7., below).

Our partnership with Oxfordshire Mind in delivering the Oxfordshire Mental Health Information (OMHI) Service continued to work well throughout the year. Oxfordshire PCT took the decision to split the contracts for information and advocacy services in September, but it was unclear exactly how much information provision would be included in the tender until the service specification was published late in December. This was immediately followed

by a consultation on *Keeping People Well* (the PCT's commissioning plan for mental health services from the voluntary sector). At the time of writing, the PCT has agreed interim funding for Oxfordshire Mind to carry OMHI forwards until final service specifications are agreed.

Early in the year the PCT approached us to see if we would deliver mental health advocacy for children and young people. We reconsidered our strategic objections to working with children in the absence of another suitable local provider, and commenced with a capacity-building programme prior to beginning work in November. However, this work also hit a dead end when the result of the tender for mental health advocacy services was announced in mid February 2010.

In the end, the results of the tender were very close; OMHM and the eventual winner (South of England Advocacy Projects) were separated by only one or two percentage points, explained by the PCT as stemming mainly from their larger size and greater 'economies of scale'. The closeness of the result led OMHM to consider a formal appeal; however, this idea was soon discarded as it was felt that extending the uncertainty for service users and staff could not be justified.

The implication of the result was that the organisation would lack the central financial and management capacity to move forward with any of its strategic objectives, and with this in mind the Board took the difficult decision to proceed towards winding the charity up at their meeting in March. Proactive negotiations with Age Concern, Oxfordshire Mind, Oxfordshire County Council, Oxfordshire PCT and SEAP ensured that all ongoing services were handed over successfully by the end of March, leaving only the Manager and Finance Worker in post to complete the administrative processes for winding the organisation up.

Information & Advocacy Service

Oxfordshire Mental Health Information

Our partnership in delivering the OMHI service with Oxfordshire Mind continued to develop over the course of the year in terms of the three main areas of activity

Database, printed guide and web site

The OMHI database collates information about hundreds of mental health and related services. It provides the information for the printed Mind Guide to Mental Health Services in Oxfordshire, and the fully searchable online guide at www.omhi.org.uk. Over the first half of the year, existing entries to the database were updated. With support from Sue Taylor at OCC, an updated directory of services in Banbury was drafted in July, checked against current entries in the database and printed and distributed in November.

Telephone service

The telephone service continued to be delivered between 9:30 and 4:30 on weekdays, on 01865 247788. Over the year, additional hardware was installed to allow free (VOIP) calls between our bases in Manzil Way and The Old Music Hall, and Mind's Osney offices. The same facility also allows calls belonging to either organisation to be transferred 'seamlessly' from one base to another.

Drop-in (face-to-face support)

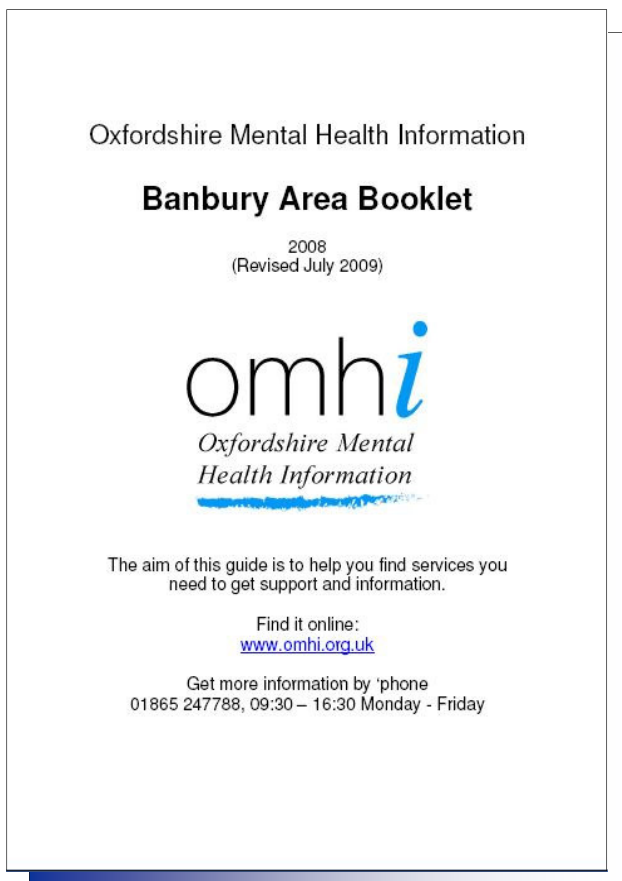
A drop-in service continued to be available from Manzil Way and at bases throughout the county provided by the NHS, Restore, Mind and others.

Keeping People Well

In January 2010 Oxfordshire PCT consulted on proposals to redesign mental health services provided by the voluntary sector. OMHM responded to the consultation, which ran concurrently with our tender to provide advocacy services. For the last 7 years we have been committed to an integrated information and advocacy service. In our response to the consultation about Information Services, we continued to press for:

- Integration with or support for other services involved in advice giving roles, such as brokers and advocates.
- A specialist mental health information service, where staff and volunteers have the necessary communication skills as well as the knowledge to help people in mental distress.
- An open-access service that provides information in a range of formats, through a number of media.

We believe it is also important for people in extreme mental distress to have a number they can call, irrespective of whether they are using statutory services. Though numbers of people using OMHI in this way have been small, our support has often been critical in saving lives.



Hospital and Community Services

The big news for advocacy services in 2009-10 was the implementation of Independent Mental Health Advocacy (IMHA). This was supposed to be a new type of advocacy which would be available for all 'qualifying patients' (usually people compulsorily detained or treated under the Mental Health Act 1983). We were told we would be awarded the contract in 2009-10, which would be dealt with as a 'variation' in our service agreement with an additional payment of £25K. The challenge was to build the service efficiently but in a way that could respond flexibly to unpredictable surges in demand. We planned to spend the extra money, in unequal thirds, on:

- Extending the two 20 hour posts funded by Comic Relief from December 2009 until the end of March 2010.
- Payments for locum staff who would 'back fill' regular ward visits and drop-in sessions, releasing salaried staff to respond to referrals.
- Sub-contracting work with older adults and people with learning disabilities to Oxfordshire Advocacy.

Assessment criteria were modified in line with Department of Health guidance for the IMHA service, and new procedures designed to record and track the progress of referrals. There were also ethical challenges stemming from the legislation, in the sense that advocates were no longer completely free to negotiate the nature of their relationship with their clients. Previously we had limited experience of 'uninstructed advocacy'. Although we had carried out this type of work with some people, we had not worked extensively with older adults. Advocates were initially uncomfortable about having access to information about the patient without their consent, and also about talking in meetings without clear instructions about how to proceed. There were related concerns about responding to referrals where professionals felt that clients 'needed' an advocate, but where the advocate could not

determine whether the client wanted them to be involved or not. Overall, staff and volunteers rose magnificently to the greater challenge and opportunity of the more formal advocacy role. The consensus by the end of the year was that IMHA represented a significant boost to the effectiveness of advocacy.

New legislation always presents some uncertainty. Despite the long run-up to the implementation of IMHA, it was clear that there were still significant ambiguities in the proposed roles for advocates. Over the course of the year the Team Leader and Manager continued to develop guidance and systems to support front-line staff to provide the best service possible. Issues and risks were reported to Oxfordshire PCT and other stakeholders both verbally and in writing at regular review meetings over the course of the year. Contacts with clients rose steadily in hospital settings, reflecting the greater demand for support in meetings stemming from the IMHA role. However, the team also sustained the number of contacts in community settings, which could only have been achieved by harder and more efficient work. There were some changes in the type of work, though. IMHA work tended to focus on the statutory elements of the treatment process, such as Hospital Managers' Meetings and Tribunals. The volume of this work eventually ate into our capacity to support people at clinical meetings, such as CPA reviews and Clinical Team Meetings.

From the beginning of November we incorporated an advocacy service for children and young people, and began to deliver this on a timetabled basis in hospitals and on a referral basis to children and young people in community settings. Within this, we set up and begun to deliver IMHA for children and young people. To support this activity staff members received extensive training and Board members with experience of Child and Adolescent Mental Health services were co-opted. The service for young people had only really started to get going by the time we found our tender had been declined.

Brokerage

The momentum to increase people's choice over mental health services continued to grow over the course of the year, though the impact on front-line services remained slight. At a local level, the County Council's learning exercise in the north of the County began to take referrals for mental health service users. At a policy level the Department of Health issued new guidelines for Direct Payments in September, ending long-running discrimination against people in mental distress. Previously, many people with mental disorders who were subject to compulsory measures under the Mental Health Act 1983) were excluded from receiving direct payments. The new regulations allowed local authorities "... to make direct payments to people who are subject to such mental health legislation, therefore enabling people previously excluded to benefit from greater choice and control over their support. It is expected that, in most cases, people subject to mental health legislation will now enjoy exactly the same rights to direct payments as anyone else."

Oxfordshire and Buckinghamshire County Councils together with Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust successfully applied to become a demonstration site for the NHS. Partly as a result of this, they began conducting their own 'learning exercise' which will eventually include all clients in both counties, focusing initially on those already in receipt of Direct Payments.

The *Keeping People Well* consultation described on Page 4 also contained proposals for making voluntary sector services available to people in receipt of personal budgets. Commissioners face a dilemma in terms of whether to put money into personal budgets. If they do, the cost of services will have to rise to cover the additional administrative processes, leaving less money in the pot for service users' personal budgets and less 'core funding' for the organisations that support them. If they don't, they risk breaching Department of Health guidance which states that any-

one entitled to publicly funded adult social care should be able to access a personal budget by April 2011. A compromise option seems inevitable, although at the time of writing it is not clear what this will be.

Along with the other organisations participating in the County Council's learning exercise, we were offered an extension on our contract to provide brokers on a 'spot purchase' basis, effectively presenting us with a similar dilemma; either we could continue to absorb the overheads of training and retaining brokers, or disadvantage ourselves in the event of any future tender by losing the opportunity to gain experience. In the end, the situation was resolved by the advocacy tender, which resulted in all our trained brokers moving across to other employers. In order to continue to make some specialist mental health brokerage available to clients, some former staff generously agreed to take up 'zero hours' contracts with Age Concern, who had in any case been providing mentoring and support through their Development Manager, Christine Witcher.

Over the course of 2009-10, OMHM had been developing increasingly close links with Age Concern and a loose coalition of local voluntary organisations, all of which shared the following values:

- Locally constituted organisations are more accountable to service users and other important stakeholders than regional or national providers.
- There is a need for 'specialist' brokers (with, for example, mental-health specific knowledge) as well as 'generic' brokers (who provide support to everyone).
- Good information is key to providing good brokerage.
- There should be clear boundaries between brokers and service providers.

We were hoping to move towards a partnership, possibly based on a local bid for brokerage services. However, the County Council decided to exclude mental health from the main brokerage tender, partly as a result of the uncertainty around commissioning plans described above.



Interestingly, the dilemmas and difficulties we are experiencing at a local level seem to be broadly similar to those experienced elsewhere in the country. Already available for social care funding, the next stage of implementing self-directed support is likely to be the implementation of personal budgets in the NHS. In December 2009, the National Mental Health Development Unit published the report above. Based on interviews with senior managers in health and social services, it concluded that there were still grave misgivings about the practicalities of implementing personalisation.

“Three areas of concern were consistently raised:

- *the cost and complexity of implementing and sustaining a significant number of patients on personal health budgets could be prohibitive*
- *the organisational culture of the NHS and the attitudes of its staff could resist devolving choice and control to users*
- *patients’ safety and the quality assurance of the services they receive could be compromised as a result.”*

Training

After over a decade of providing low-cost training in mental health, we were forced to discontinue our BASICS training programme in 2009 because of lack of demand. Consultation with stakeholders had identified the need for a short course as well as stand-alone workshops, and highlighted the importance of offering trainees a recognised qualification. Juseff Smith led a project to integrate the best of the BASICS with our Volunteer Training Project. By December the new course, titled InSight, was ready to launch. Demand was very low and we took the difficult decision to cancel the course. Discussions with local voluntary sector providers highlighted the uncertainty around commissioning and the recession as the main reasons for not wanting to pay for staff or volunteers to complete the course.

Because of the the cancellation of InSight, we continued to deliver our 2 volunteer training courses in slightly amended form. After pilot testing in March 2009, we used SafeTalk as a replacement for the old session on suicide and self-harm. Volunteers continued to make a vital contribution to the work of the organisation, both on the wards and in the community. We were also delighted to be able to appoint 3 former volunteers as paid workers over the course of the year, illustrating the importance of volunteering as a pathway back into work.



safeTALK

suicide alertness for everyone

Help is available for people who are at risk of suicide. A suicide-safer community needs many people who are suicide alert.

SafeTALK is a new suicide alertness training to complement ASIST. Whereas ASIST is a 2-day intensive course aimed at suicide intervention, SafeTALK takes about 3 hours and is for everyone who comes into contact with people who have suicidal thoughts or feelings.

Finance Report

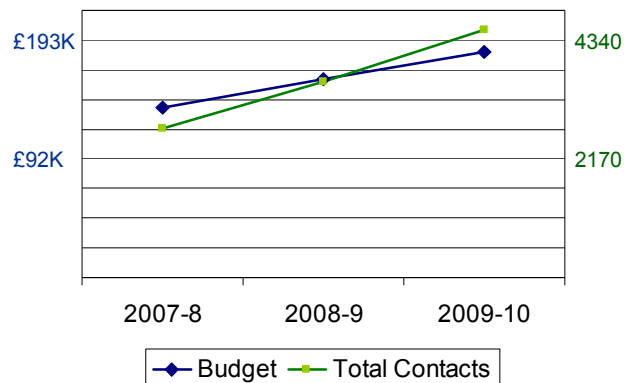
Summary of Statement of Financial Activities*

	For the year ended 31st March 2010			2008-9
	Unrestricted Funds (£)	Restricted Funds (£)	Total Funds (£)	Total Funds (£)
Incoming resources				
Incoming resources from charitable activities	211,235	27,377	238,612	236,978
Investment income	120	-	120	2,374
Total incoming resources	211,356	27,377	238,732	239,352
Resources expended				
Charitable activities	212,987	38,451	251,438	222,959
Governance costs	1,551	-	1,551	1,449
Total resources expended	214,538	38,451	252,989	224,408
Net outgoing/incoming resources				
Transfer between funds	(7,349)	7,349	-	-
TOTAL FUNDS brought forward	133,876	6,937	126,939	111,995
TOTAL FUNDS carried forward	123,344	(10,662)	112,682	126,939

With the end of the organisation's 3-year service agreement with Oxfordshire County Council and Oxfordshire PCT, the year began with considerable uncertainty. The approach required a balance between investing in the future and retaining a safe level of reserves. The additional investment can be divided between technology and people. Investment in additional information technology allowed callers to be 'put through' from one office to another, while extra investment in staffing and staff training ensured that the organisation was well placed to bid for and deliver services from April 2010.

The last year of the organisation's existence also represents the 'high water' mark in terms of the expenditure on front-line services. The additional £25K for the delivery of IMHA services and another £9K for developing and delivering advocacy to children and young people more than compensated for the end of the 3-year

grant for community advocacy from Comic Relief (the final payment is not included in the above). Financial and service use data has validated our theory that integrating the Information and Advocacy Services would deliver economies of scale, and that additional investment in front-line staffing would increase efficiencies, which grew by 25% over the 3 years of the SLA.



We remain grateful to all our funders, commissioners and partners, past and present.

* A full copy of our audited accounts for 2009-10 is available on request.