Agenda Item: 10

Meeting: Oxfordshire Health and Well Being Board

Date of Meeting	16 December 2021
Title of Paper	Agreement of final Principles of Community Strategy
Lead Directors	Ben Riley, OHFT
Author(s)	Diane Hedges, Deputy Chief Executive, OCCG Ben Riley, OHFT
Paper Type	• **Decision**
Action Required	The Board is asked to: a) agree the proposed final principles for the community services strategy based on; feedback from the engagement exercise b) note the update on the strategy work.

Executive Summary

The community strategy work continues to progress, clinical workshops have been held and members will recall the engagement process on case for change and principles to inform decision making has concluded. The document published can be found here

Improving Community Health and Care Services - Oxfordshire Clinical Commissioning Group (oxfordshireccg.nhs.uk)

The feedback from the engagement process is attached as Appendix 1. Reflecting on this feedback we have made some proposals for adjustment clarifying some wording and reducing the principles down from 12 to 11.

This paper proposes some amendments to the principles in response to feedback from our public engagement exercise and asks the Health and Well-being Board for final sign off. These can then be used to inform the direction of travel and evaluate approaches for delivering community services. Should any changes to services be

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proposed, these would also form the basis of this process and for developing criteria for options appraisal.

The table attached to this paper identifies the original principle described in the public engagement. It then lays next to it the summary of the comments that we have received and the column on the right hand side describes the proposed revisions to the principles. The final recommended set of principles are then repeated for clarity at the end of the paper.

Health and Well Being Board is asked to confirm that the engagement feedback has been considered in the revised principles and agree to support these as the final principles.

Programme update
Overall, the system community services strategy work continues to progress as planned. Risks have been identified around resourcing and allowing sufficient time to complete effective engagement and these are currently being worked through. An update on the community strategy was provided to HOSC on Thursday 25th November and the committee supported the work that had been done to date including the development of the principles.

Key next steps for the project between now and January are:
- Finalise and sign off the principles
- Development of the clinical model

Project workstreams updates
In order to develop the clinical model, two workshops have been completed. Against the backdrop of patient feedback to date and the emerging principles, these explored the role of community hospital beds, when a bed is the best place for a patient and current challenges to address to ensure patients are treated in the optimum setting. Both sessions were well attended by a range of clinicians from Oxford Health, Oxford University Hospital, primary care and social care.

The first of the two workshops focused on national benchmarking and exploring data around the current use of our community beds. It was noted that there is comparatively little national best practice evidence however the work by John Bolton which looks at discharge pathways supports the system ambition to focus on supporting patients to return home as the first consideration at the point of discharge. Work is now underway to develop a clinical model that describes the pathways that should be supported by our beds and how we can ensure we are meeting patient needs effectively.

There are also active workstreams on care pathways and estates. A system estates group has also been initiated to explore opportunities to optimise our community sites. This work is focused on delivering the principles around improving equality of opportunity, using resources effectively (developing our buildings to achieve the best outcomes for the people of Oxfordshire) and joining up services. This working group also includes representatives from across community services and social care including both operational leads and estate leads. The aims of this group will be to link in with work being completed under the one public estates initiative and to develop an improved understanding of the operational requirements for our community estate, ensuring this aligns with wider proposals to strengthen public estate such as redevelopment plans for central Abingdon and improving sustainability.

As a next step this group has agreed to look at developing a blueprint that will identify the level at which services should be provided (county-wide, by region or locality level). The ambition is then to work with partners across the system to map current services to this blueprint to identify where there is a need to strengthen or develop our estate to meet the local population need. As part of this each community hospital will be reviewed to understand current constraints on the estate and identify opportunities to strengthen our offer for the local community.

Financial and resource implications	No costs directly arising from this paper however these principles will be used to determine future decisions, informing our approach to option appraisal, so do need to drive sound financial decision making
Risk and Assurance	Principles will support the delivery of our public engagement duties
Legal implications/regulatory requirements	As above.
Consultation, public engagement & partnership working implications/impact	The engagement with the public on the principles for this work has been concluded and the outcomes from this engagement are attached. Depending on the clinical model and approaches for delivering this, there may be changes identified that would require formal public consultation. This work, and any changes we take on board, will constitute an important part of the engagement process prior to any consultation.
Public Sector Equality/Equity Duty	This will be undertaken once the clinical model has been developed.

Oxfordshire Community Services Strategy
Proposed amendments to Principles based on public engagement meetings and feedback

Original principle	Feedback comments / observations	Suggestions for new wording from public	Development group recommendation	Updated principle for HWBB review
Provide a better experience for people who are seeking or receiving care in their community. We will include patient feedback in decision making as well as information about outcomes. We will recognise the significant role of carers. We will provide support to carers to help them maintain their own health and wellbeing, and balance their role as a carer with life, work and family commitments. We will do more to reach those from under-represented groups where we anticipate people have needs but don't currently present to services in the numbers we would expect. This includes helping those who have difficulties accessing services.	Provide a better experience for people who are seeking or receiving care in their community we believe is correct and the foundation of integrating these services.	We strongly recommend that you add, in second place, the following Principle: "During the design and development of integrated Health and Care services, we will involve users throughout the process."	Agreed – will add as second bullet point to the document.	**Principle 1: Provide a better experience for people who are seeking or receiving care in their community.** We will include patient feedback in decision making as well as information about outcomes. We will involve service users throughout the design and development of integrated Health and Care services. We will recognise the significant role of carers. We will provide support to carers to help them maintain their own health and wellbeing, and balance their role as a carer with life, work and family commitments. We will do more to reach those from under-represented groups where we anticipate people have needs but don't currently present to services in the numbers we would expect. This includes helping those who have difficulties accessing services.
Principle 1 – further feedback	This principle should include providing upstream planning ahead for care opportunities and for the process of moving from active/invasive/life sustaining treatment		Agreed – added to principle 3 and will be included in service planning in due course	

	to end of life care. It should also include services to address the mild cognitive changes, pre changes to any dementia pathology, such as how to manage changes in cognitive processing and decision making for everyday life and living.			
Principle 2: Ensure equality of opportunities to improve health and wellbeing are consistent across the county. We will work together to tackle the differences experienced in health outcomes (health inequalities). We will adopt approaches that support people to achieve consistently good health outcomes wherever they live in the county, tailored to individual and local circumstances. We will provide consistent opening hours for services. We will look to put resources in areas with the greatest need.	This is a vague, poorly worded, sweeping statement. Whilst supporting the underlying message interpreted as 'fair distribution of services;' as stated there is no sign of how it will be achieved and is currently undermined by the inequitable distribution of resources and services across the county. As such it is not very convincing. We know that many of the services that our patients need are not available locally. It is so frustrating to be repeating the same complaints about so	Suggestion of Would something like setting a minimum common standard of service across the county be a better principle?	Agreed - amended text added to subpoints	**Principle 2: Ensure opportunities to improve health and wellbeing are consistent and equitable across the county.** We will work together to tackle the differences experienced in health outcomes ('health inequalities') and put more resources in areas with the greatest need. We will adopt approaches that support people to achieve consistently good health outcomes wherever they live in the county, tailored to individual and local circumstances. We will develop minimum common standards to ensure access to services is equitable across Oxfordshire. This will include providing consistent, resilient and reliable opening hours for services matched to need.

	many people being unable to access services only available in Abingdon, Wallingford and Oxford. Also It would also be good it there was a standard which stated that certain services should be available within a certain distance (or travel time on public transport) from home.			
Principle 3: Enable people to stay well for longer in their own homes. We will work with our residents to lengthen the time that people remain in good health and delay the point in their life when they become dependent on services or need to move to a care home. We will make sure that people of all backgrounds can access our services rapidly when they need them, before their health deteriorates.	Whilst recognising that this is a principle that should be applied to people of any age (not just older people) we are not convinced that it can be achieved in practice, given the lack of staffing in Primary Care and Social Services as well as the shortage of care workers. Not achieving an objective is worse than not having the objective at all if it means that the back-up services required when health deteriorates do not exist.	A statement that "we will make sure that people can access our services rapidly" is a very definite statement but "rapidly" needs further definition.	Amendments made in line with feedback above. We will expect these Principles to apply to all ages	Principle 3: Enable people to stay well for longer in their own homes. We will work with our residents to lengthen the time that people remain in good health and delay the point in their life when they become dependent on services or need to move to a care home. We will develop services that plan ahead and respond earlier in the course of an illness, maximising the opportunities to prevent a long-term deterioration in health or wellbeing. We will make sure that people of all backgrounds can access our services rapidly when they need them (e.g. to offer alternative appropriate support before a hospital admission is required). We support the process of moving from active treatment to palliative care and enable more people to experience the best possible end of life.

Principle 4: Use digital approaches to improve health and independence We will harness the potential of digital technology to enable people to strengthen their social connections and maintain their independence and wellbeing. We will offer more options and support for how people use digital services including online; at home; and within the community. We will support people to develop their digital literacy and minimise inequalities.	There needs to be clarity as between what digital means for patients/people and services. There needs to be acknowledgement that 'digital' is not always an option for people		See comments – add overcome barriers to access….and minimise equalities. Add – in a sentence about geographical boundaries etc See amendments.	**Principle 4: Use digital approaches to improve health and independence** We will harness the potential of digital technology to enable people to strengthen their social connections, reduce geographical barriers to access and maintain their independence and wellbeing. We will offer more options and support for how people use digital services including online; at home; and within the community. We will support people to develop their digital literacy, overcome barriers to access and minimise inequalities.
Principle 5: Offer more joined up services to improve their effectiveness and quality. We will support effective working between teams and services. We will reduce duplication and poor communication between services, especially when patients move from one service to another. We will make sure all services have access to the support they need to deliver to their best ability. For example, access to community-based diagnostic tests.	This statement falls within the overall objective of the exercise; so really is not a principle. Unsure what 'offer more joined up services' means. Is this more in quantity or is it about ensuring that existing and new services work in a joined-up way?		Merge with Principle 8 Feedback noted – reworded to clarify meaning. ~~No further amendment~~	Principle 5 has been merged.
Principle 6: Ensure our use of beds in the community maximises people's long-term health. We will focus on what people can do and make sure we're not prematurely putting them into a hospital bed or institutional setting.	These are all things which the community beds in Wantage hospital used to do. We believe that re-enablement or reablement can often	Too vague a statement and use of language excludes people's understanding	Given the comments about jargon, this principle has been reworded to	**Principle 5: Ensure our use of beds in the community maximises improvements in people's long-term health.** We will only use a hospital bed if this is in the patient's best interests and their treatment can't

We will only use a hospital bed to offer treatment if it can't be provided in another setting, especially the person's own home. When a patient needs a community hospital bed, we will ensure they are able to access the clinical expertise, environment and staffing they need to get the best long-term health benefit. We will reduce the time spent in a hospital bed by more efficient bed management, improving our ability to get people home when ready with timely therapy input. When people are in beds, we will ensure they have access to other community services such as testing and consultant expertise.	best be provided in a community setting where patients (of any age) who have recently spent time in acute settings are encouraged to get out of bed and join in simple communal activities such as preparing meals or making hot drinks. This enables people to regain confidence in their abilities in a safe environment throughout the day not just in the 15 minutes that a care worker or physiotherapist is spending in their home. We have yet to see evidence of outcomes from home care services which match those of community hospital re-enablement. Better co-ordination of care at home is required. We have heard of instances where patients have been sent home without support (or even checking if heating has been turned on or there is food in the house) and other	of the statement. No talk here of working with patients. Words in paragraph 3 "when a patient needs a community bed " what does this actually mean"? Plain English please. Can be interpreted to mean you won't get a community hospital bed and to ensure I don't understand what is being said it is put in jargon!	clarify meaning and definitions	be provided safely and effectively in another setting, especially the person's own home. When a person uses a community hospital bed, we will ensure this provides the professional expertise, environment and staffing they need to get the best long-term health benefit. This includes enabling people to build on their strengths and take part in communal activities when able to do so. When people are in community beds, we will ensure they have access to good clinical care, including tests, investigations and consultant expertise. We will reduce the time spent in a hospital bed by providing sufficiently resourced therapy and other timely care and by improving our ability to support people to transfer home when they are ready.

	examples where patients are sent home when the only support is an elderly partner incapable of providing care. We're also not sure about the consistent opening hours for services when combined with putting resources in areas with the greatest need. We know that when there is a shortage of Midwives, our maternity services are closed and resources moved to Wallingford, Witney or Oxford thus opening hours are definitely not consistent across the county so how will this principle will be applied?			
Principle 7: Base service design on best practice and clinical evidence We will work with research teams to identify best practice both nationally and internationally. We will seek advice from expert clinicians on how we can apply this best practice evidence to our services.	Phrases like "we will consider" and "clinical evidence" are not sufficient for principles. What about service design based on listening to patients and carers as well? This is best practice, needs more clearly	This should be rephrased to "We will ensure that the services we provide meet clinical, social and environmental best practice for all of our communities."	User experience added. The development group considered that the rest of the original wording was more balanced and reflected the need to take an evidence-based	**Principle 6: Base service design on best practice, clinical evidence and user experience** We will work with research teams to identify best practice both nationally and internationally. We will seek advice from experts on how we can apply this best practice evidence to our services. We will work with service users and communities to ensure that their experience is heard and reflected in service design and implementation.

We will ensure that the services we provide meet quality and regulatory standards. When thinking about how we use our resources, we will consider things that are not traditionally reflected in financial statements. This includes thinking about how social, economic and environmental factors can create value for communities.	stating what best practice is e.g. evidence, patient centred design, what has worked well elsewhere etc. Inclusion of listening to patients and carers in service design needs to be stated.		approach while also incorporating local considerations, resources and service user priorities for how funding is allocated to services	We will ensure that the services we provide meet quality and regulatory standards. When thinking about how we use our resources, we will consider things that are not traditionally reflected in financial statements. This includes thinking about how social, economic and environmental factors can create value for communities.
Principle 8: Organise services so staff operate in effective teams, with appropriate skills, that use resources effectively We will develop our community hospitals into vibrant centres of excellence that provide the greatest benefit for residents, taking into account local need and the amount of service use. We will share and develop our buildings to achieve the best outcomes for the people of Oxfordshire. We will design services to be flexible so they can respond to changing needs. For example, additional pressure in winter or infection control changes. We will ensure our services are resilient so people can rely on them always being there and not risk service gaps due to staffing issues.	Only mentions staff, but should be expanded to include buildings as described in the supporting statements. This principle should be expanded to not just share and develop assets within the Trust but also to utilise other buildings (or other assets) available in the community.	This is not a separate principle and better sits within Principle 5.	Merge with Principle 5 Feedback noted – clarified and points about use of buildings added. Agree that supporting statements do not reflect the main principle re: staff teams, so added. The development group agree it is important to have a principle reflecting the importance of well-led, team-based	**Principle 7: Organise services so staff operate in teams with appropriate skills and in buildings that enable them to work more effectively** We will develop well-led teams with the skills, leadership and experience to deliver effective multi-disciplinary care, reducing duplication and poor communication between services, especially when patients move from one service to another. We will develop our community hospitals into vibrant centres of excellence that provide the greatest benefit for residents, taking into account local need and the amount of service use. We will share and develop our buildings to achieve the best outcomes for the people of Oxfordshire. We will design services to be flexible so they can respond to changing needs. For example, additional pressure in winter or infection control changes. Also to have access to the support they need to deliver to their best ability. For example, access to community-based diagnostic tests.

			approaches to care provision	We will ensure our services are resilient so people can rely on them always being there and not risk service gaps due to staffing issues.
Principle 9: Be a great place to work for the health and social care workforce. We will improve the career and skills development opportunities for all our health and social care staff. We will work collaboratively to support the recruitment, retention and development of staff. We will promote equality, diversity, teamwork and empowerment to provide the best possible staff experience and working environment.		Change to talk about Management empowering the community staff to help them provide improved joined-up services	Feedback noted and discussed – no amendments made as many healthcare staff strongly support inclusion of this principle and were involved in developing it through staff workshops.	**Principle 8: Be a great place to work for the health and social care workforce.** We will improve the career and skills development opportunities for all our health and social care staff. We will work collaboratively to support the recruitment, retention and development of staff. We will promote equality, diversity, teamwork and empowerment to provide the best possible staff experience and working environment.
Principle 9: Be a great place to work for the health and social care workforce.	Only mentions the Health and Social Care workforce, but should be expanded to include supporting voluntary and community sector groups working with the Health and Care organisations.	Suggest either: a) change to talk about Management empowering the community staff to help them provide improved joined-up services, or b) or fits better under Principle		

		5 and merge with Principle 8		
Principle 10: Deliver the locally and nationally agreed priorities for our health and care system We will ensure our locally agreed priorities drive all service changes and national 'must-dos' are delivered.	This is not a principle; it is a given as this is the way policy works. Deliver the locally and nationally agreed priorities for our health and care system. What are the locally agreed priorities?		The decision-making principles will determine which solutions deliver the greatest benefit for residents. We need to know actions will deliver our national must do's and local priorities as an essential part of any decision-making process. We will work to describe the local and national local priorities more clearly in future communications with the public	**Principle 9: Deliver the locally and nationally agreed priorities for our health and care system** We will ensure our locally agreed priorities drive all service changes and national 'must-dos' are delivered.
Principle 11: Contribute to sustainability and the environment. We will make sure services are sustainable both financially and for the environment.	This should be embedded in all services, therefore not a standalone principle		Add in 2050 plan/Oxfordshire Infrastructure - see amended wording	**Principle 10: Contribute to sustainability and the environment.** We will make sure services are sustainable both financially and for the environment.

We will reduce the unnecessary use of limited resources and consider the impact on the environment. We will minimise unnecessary travel. For example, by providing more outpatient services locally.				We will reduce the unnecessary use of limited resources and consider the impact on the environment. We will minimise unnecessary travel. For example, by providing more outpatient services locally. We will work with partners to maximise the use of available and planned infrastructure capacity to improve health, as detailed in the Oxfordshire Infrastructure Strategy, and support the Oxfordshire Plan 2050.
Principle 12: Maximise the positive impact on health and wellbeing for our population, within the limitations of our resources We will develop services that have the maximum positive impact on the health and wellbeing of the population within the resources we have available.	This sounds nice but is not measurable and therefore should not be included. and as a result, conveys little meaning.		Feedback noted but believe we have not conveyed the significance of this The meaning is that we need to deliver health services within our fixed budget allocation, available capital or assets. We cannot plan to use resources we cannot credibly access. So in making choices we take those that will give the greatest benefit	**Principle 11: Maximise the positive impact on health and wellbeing for our population, within the limitations of our resources** We will develop services that have the maximum positive impact on the health and wellbeing of the population within the resources we have available.

Revised Principles

Updated principle for HWBB review
Principle 1: Provide a better experience for people who are seeking or receiving care in their community. We will include patient feedback in decision making as well as information about outcomes. We will involve service users throughout the design and development of integrated Health and Care services. We will recognise the significant role of carers. We will provide support to carers to help them maintain their own health and wellbeing, and balance their role as a carer with life, work and family commitments. We will do more to reach those from under-represented groups where we anticipate people have needs but don't currently present to services in the numbers we would expect. This includes helping those who have difficulties accessing services.
Principle 2: Ensure opportunities to improve health and wellbeing are consistent and equitable across the county. We will work together to tackle the differences experienced in health outcomes ('health inequalities') and put more resources in areas with the greatest need. We will adopt approaches that support people to achieve consistently good health outcomes wherever they live in the county, tailored to individual and local circumstances. We will develop minimum common standards to ensure access to services is equitable across Oxfordshire. This will include providing consistent, resilient and reliable opening hours for services matched to need.
Principle 3: Enable people to stay well for longer in their own homes. We will work with our residents to lengthen the time that people remain in good health and delay the point in their life when they become dependent on services or need to move to a care home. We will develop services that plan ahead and respond earlier in the course of an illness, maximising the opportunities to prevent a long-term deterioration in health or wellbeing. We will make sure that people of all backgrounds can access our services rapidly when they need them (e.g. to offer alternative appropriate support before a hospital admission is required). We support the process of moving from active treatment to palliative care and enable more people to experience the best possible end of life.

Principle 4: Use digital approaches to improve health and independence

We will harness the potential of digital technology to enable people to strengthen their social connections, reduce geographical barriers to access and maintain their independence and wellbeing.

We will offer more options and support for how people use digital services including online; at home; and within the community.

We will support people to develop their digital literacy, overcome barriers to access and minimise inequalities.

Principle 5: Ensure our use of beds in the community maximises improvements in people's long-term health.

We will only use a hospital bed if this is in the patient's best interests and their treatment can't be provided safely and effectively in another setting, especially the person's own home.

When a person uses a community hospital bed, we will ensure this provides the professional expertise, environment and staffing they need to get the best long-term health benefit. This includes enabling people to build on their strengths and take part in communal activities when able to do so.

When people are in community beds, we will ensure they have access to good clinical care, including tests, investigations and consultant expertise.

We will reduce the time spent in a hospital bed by providing sufficiently resourced therapy and other timely care and by improving our ability to support people to transfer home when they are ready.

Principle 6: Base service design on best practice, clinical evidence and user experience

We will work with research teams to identify best practice both nationally and internationally. We will seek advice from experts on how we can apply this best practice evidence to our services.

We will work with service users and communities to ensure that their experience is heard and reflected in service design and implementation.

We will ensure that the services we provide meet quality and regulatory standards.

When thinking about how we use our resources, we will consider things that are not traditionally reflected in financial statements. This includes thinking about how social, economic and environmental factors can create value for communities.

Principle 7: Organise services so staff operate in teams with appropriate skills and in buildings that enable them to work more effectively

We will develop well-led teams with the skills, leadership and experience to deliver effective multi-disciplinary care, reducing duplication and poor communication between services, especially when patients move from one service to another.

We will develop our community hospitals into vibrant centres of excellence that provide the greatest benefit for residents, taking into account local need and the amount of service use.

We will share and develop our buildings to achieve the best outcomes for the people of Oxfordshire.

We will design services to be flexible so they can respond to changing needs. For example, additional pressure in winter or infection control changes. Also to have access to the support they need to deliver to their best ability. For example, access to community-based diagnostic tests

We will ensure our services are resilient so people can rely on them always being there and not risk service gaps due to staffing issues.

Principle 8: Be a great place to work for the health and social care workforce.

We will improve the career and skills development opportunities for all our health and social care staff.

We will work collaboratively to support the recruitment, retention, and development of staff.

We will promote equality, diversity, teamwork and empowerment to provide the best possible staff experience and working environment.

Principle 9: Deliver the locally and nationally agreed priorities for our health and care system

We will ensure our locally agreed priorities drive all service changes and national 'must-dos' are delivered.

Principle 10: Contribute to sustainability and the environment.

We will make sure services are sustainable both financially and for the environment.

We will reduce the unnecessary use of limited resources and consider the impact on the environment.

We will minimise unnecessary travel. For example, by providing more outpatient services locally.

We will work with partners to maximise the use of available and planned infrastructure capacity to improve health, as detailed in the Oxfordshire Infrastructure Strategy, and support the Oxfordshire Plan 2050.

Principle 11: Maximise the positive impact on health and wellbeing for our population, within the limitations of our resources, including the delivery of local and national priorities.

We will develop services that have the maximum positive impact on the health and wellbeing of the population within the resources we have available.