

# Oxfordshire Community Services Strategy Update for Joint Health Overview and Scrutiny Committee

Presenters: Dr James Kent and Dr Nick Broughton  
June 2021



1. Programme timeline and structure
  - Further details to deliver a whole system community services strategy and approach to evaluating success
2. Engagement process
  - Set out the extensive engagement planned in strategy development
3. Fail-safes/checkpoints
  - Checkpoint created to offer confidence in resolving Wantage Community Hospital inpatient future

We have:

- Reviewed project scope, timelines, resourcing and governance
- Developed an approach to be taken to evaluating success within the programme
- Developed an engagement proposal detailing start of the engagement process
  - Underpinning Strategy Principles to be developed by September
- Identified key fail-safes/checkpoints to ensure progress on agreeing long term future for Wantage Community Hospital

- Plan to have 2 hour crisis response community response service in place by October 2021
  - 8am to 8pm, 7 days a week
  - 2 day reablement offer identified within the NHS Long term plan
- Currently re-procuring a 'home first' reablement model to support rapid discharge from acute hospital and at home
- Plan to recruit additional roles to primary care to support care closer to home agenda expecting 61 this year and a further 55 new roles over the following two years
- Improving digital capacity to run clinics closer to home

- How does Oxfordshire organise to enable our residents to enjoy optimal independence?
- What does Oxfordshire need to ensure to meet Population growth, demographics and need for services?
- What is the capacity of key services?
  - Enablement based
  - Bed based
- How should we maximise the use of our resources – estate, technology and workforce?
- How should we deliver care pathways and offer the integrated services to meet the needs of the population?
- What is the best way of delivering community bed based care?
  - Nature, number and location of Beds
  - Does this require Wantage in-patient beds to reopen?

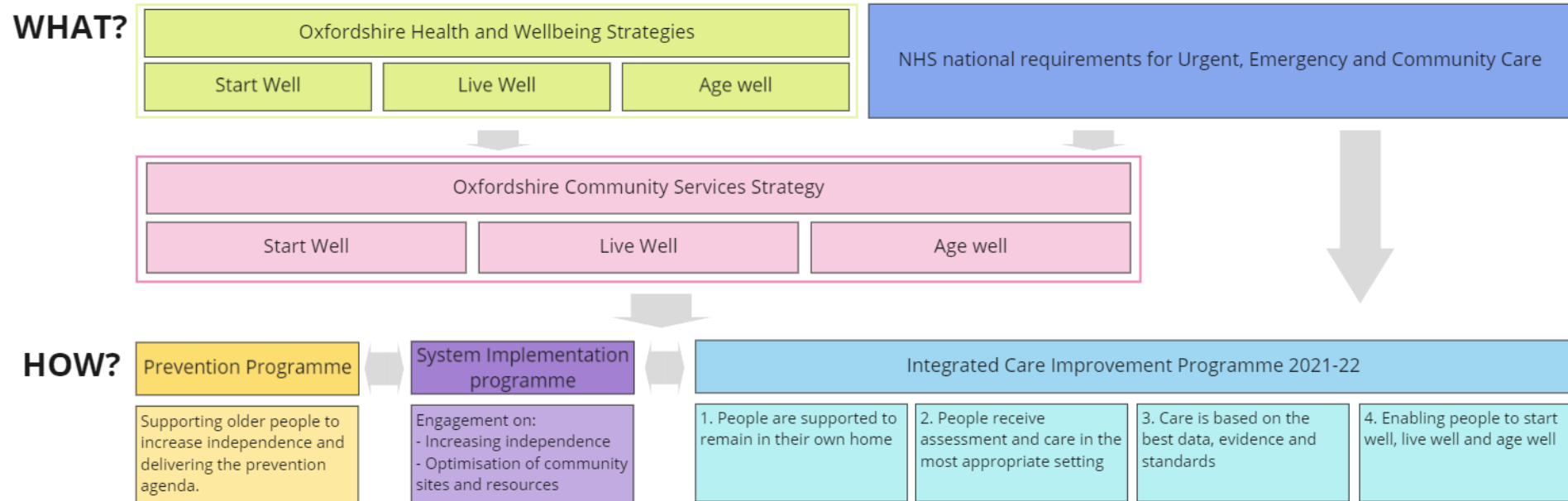
To ensure that the system programme continues to deliver the necessary progress, it is proposed that checkpoints be included at: June 21, September 21, January 22 and June 22

Task	Months:																					
	Apr	May	Jun	Jul	1 Aug	2 Sep	3 Oct	4 Nov	5 Dec	6 Jan	7 Feb	8 Mar	9 Apr	10 May	11 Jun	12 Jul	13 Aug	14 Sep	15 Oct	16 Nov	17	
<b>CHECKPOINTS</b>			x			x				x					x							
Develop programme structure and governance	█																					
Develop knowledge base & needs analysis including beds			█																			
Develop and engage on strategy principles and approach			█																			
Co-production of evaluation approach																						
Targeted engagement to support proposals																						
Develop plans to support implementation enablers																						
Develop options appraisal																						
Publish options appraisal and supporting information																						
Complete options analysis and pre-consultation business case																						
NHS assurance process																						
Formal public consultation																						
Consultation review and write up																						
Final business case to CCG/ICS Board for decision																						

Further details of the timeline and programme phases can be found in the supporting paper

- Regular reporting on checkpoints to every HWB & HOSC to provide assurance
- Sept 21: Early engagement on principles and aims of the strategy
  - Fail-safe: If unable to publish report on the early engagement work on the principles and aims of the strategy by this time, Chief Executives to report to HWB & HOSC to confirm actions to be taken to address delay
- Jan 22: Progress to countywide strategy options appraisal
  - Fail-safe: If unable to complete the work required to progress to the development of the options analysis and pre-consultation business case, then Chief Executives to report to HWB & HOSC to confirm actions to be taken to address delay and discuss alternative plan

A programme structure that will cover all partners for prevention, include primary care and community and through an Integrated care improvement programme deliver essential workstreams across both community and urgent care services





- Effective implementation of the strategy will require the following resource; Programme manager, Data lead, Engagement lead, Finance, Estates, Digital, HR/Organisational development
- Costs (prudent)
  - Additional staff costs 145k
  - Engagement and Consultation 150k

# Engagement approach



Task	Months			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Development and engagement approach developed	█																				
Public engagement on principles and approach				█																	
Develop criteria for evaluation of options						█															
Targeted engagement to co-produce proposals						█															
Formal public consultation															█						
Engagement on implementation																			█		

Engagement is central to the delivery of the community services system strategy and will be broken down into a number of phases over the course of the strategy;

- Development and engagement approach developed; working with a range of stakeholders to develop the approach which will be taken to delivering the strategy
- Public engagement on principles and approach; developing the principles which will shape the strategy
- Development of the criteria for evaluation of options; co-production of the criteria to evaluate options
- Targeted engagement to co-produce proposals; working with members of the public, staff, carers and patients to shape the options
- Formal public consultation; Formal process to consult on and substantial service changes
- Engagement on implementation; Feedback of outcome of decision and implementation plan to deliver proposals

Additional information on the engagement process can be found in the supporting paper

Wantage Community Hospital is central to the plans for community services in Wantage, Grove and the surrounding villages.

Services currently being delivered from the community hospital include: Speech and Language Therapy (children's and adults), Podiatry, School health nurses, Oxford University Hospital maternity services and birthing unit, Healthshare musculoskeletal services (MSK).

Since the beds were temporarily closed in 2016, significant expansion of new care pathways has enabled more care to be provided to older people directly in the home, which is generally their preferred option. This includes the accelerated roll-out of the 'Home First' and 'Ageing Well' pathways in the OX12 area, which has contributed to a further drop in the need for bed-based hospital care.

Over the past year we have seen a significant average reduction in length of stay and a reducing trend in bed occupancy levels, suggesting that there is no current need for greater numbers of general community beds.

In the short term, in order to test plans for more accessible services to a greater number of people in the community, we propose to run 'test and learn' pilots of outpatient services at the Hospital, starting by the end of quarter 2. These will focus on addressing identified local population needs – current plans include Audiology, Ophthalmology, Ear Nose and Throat as well as Mental Health services (all ages).