

Meeting: Oxfordshire Community Services Strategy

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Title of Paper	Community Services Strategy –programme update
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Paper Type	<ul style="list-style-type: none"> • To NOTE
Action Required	<p>The Joint Health Overview and Scrutiny committee is asked to note</p> <ul style="list-style-type: none"> • The feedback from the engagement exercise on the proposed principles for the community services strategy and how this will be taken into account. • The work undertaken to progress the key focus areas • The additional detail provided about the process for developing options and timings

Executive Summary

The community services strategy work has been progressing and this paper provides information on:

- Engagement and feedback on the draft principles
- Progress on the key focus areas of the strategy
 - increasing independence and health and wellbeing outcomes for our population
 - Working to make the best use of our people, systems and assets
- Approach to option development

1. Engagement and feedback on the strategy principles

The engagement with the public on the principles for decision making has been held and concluded. We are most grateful for the input we received in both written form and for those who attended the three public events, asked questions and gave their views. A copy of the engagement document shared is available at

[Improving Community Health and Care Services - Oxfordshire Clinical Commissioning Group \(oxfordshireccg.nhs.uk\)](https://www.oxfordshireccg.nhs.uk/Improving-Community-Health-and-Care-Services-Oxfordshire-Clinical-Commissioning-Group)

The report on this engagement exercise is linked at Appendix 1 and includes an overview of the process and key themes, as well as an analysis of the responses.

We are currently reviewing the feedback to identify where we need to make changes to clarify or refine the principles, if there are any new principles that should be added or any that should be removed. Recommendations for any amendments will be taken to the Health and Well-being Board in December.

2. Progress on key focus areas

The Committee will recall there are two key areas of focus for the community services strategy:

- Increasing independence and health and wellbeing outcomes for our population
- Working to make the best use of our people, systems and assets

2a. Increasing independence and health and wellbeing outcomes

Work is being led by the Deputy Director, Joint Commissioning for Oxfordshire Health, Education and Social Care with support from health and care partners, including local voluntary sector organisations. We are aiming to build on the community response, which we mobilised to support people during the pandemic lockdown. There is much underway as illustrated below:

- Oxfordshire has developed a new Home First Multi-Disciplinary Team (MDT) to support discharge home from hospital and management of people at risk in the community. The new team went live on 1 October 2021
- The Home First MDT is working in partnership with new strategic providers of reablement and domiciliary care commissioned by the County Council and CCG under Live Well at Home contracts. Live Well at Home also went live on 1 October 2021
- The Live Well at Home model also includes a new approach to supporting people in Extra Care Housing with a zonal domiciliary care model where contracts will expand over time to pick up new schemes that open in the geography
- Oxfordshire has begun delivery of the Ageing Well Urgent Community Response from 1 October 2021. This programme is funded through the national Ageing Well allocations and we are working to align the interface between Home First and other urgent care pathways. We already have a direct join up to support people home if they are presenting in the emergency department.
- Oxfordshire has commissioned new integrated Dementia and Carers services from April 2021. Delivered by partnerships in the voluntary and community sector

these services extend advice, information and personalised support to our population

- Adult Social Care has introduced a Transformation Programme called *The Oxfordshire Way* in 2021 to develop strengths-based approaches to assessing and planning support for people in the community within adult social care teams. This template is being used to develop the prevention approach within the Community Services Strategy
- Oxfordshire is refreshing our relationships with the independent provider market to reflect the challenges that they have experienced during the pandemic. We are seeking to move to a more strategic relationship with key providers (evidenced in our new Live Well at Home contracts) and to support them through an improved Trusted Assessor and other initiatives, such as support to Care Homes at an Enhanced level beyond the national Ageing Well Direct Enhanced Service

2b. Working to make the best use of our people, systems and assets

Supporting people at home

We are continuing to progress planning and delivery of work to secure this outcome, including:

- Exploring the needs of the older population and considering how additional resource could be allocated to increase our capacity to support people at home. This is being undertaken by the Care Integration Board and A&E Delivery Board
- Developing plans for an expanded provision of the urgent community response care pathway, supported by the transfer of existing staff into new roles. An integrated and expanded development of the community medical and operational staffing model is being developed under the Ageing Well programme to support this.
- Enhancing the community pathway for people at the End of Life through the Rapid Intervention for Palliative and End of Life Care (RIPEL) project and associated integration work. This would enable the substantial expansion of admission avoidance and end of life home based pathway across the county, greatly enhancing the experience of 7-day care for patients and improving health and service outcomes to benefit the population.
- Maximising the ability of our same day emergency care units to offer ambulatory alternatives to admission. These units operate in Oxford (John Radcliffe), Banbury (Horton), Abingdon, Witney and Henley. We need to ensure they are used to maximum effect and develop them in line with the principles we have been engaging on. This includes ensuring the services are responsive to patients and clinicians needing to real time decisions about best location of care, that the staffing is resilient given COVID challenges, they offer consistent response and that opening hours are matched to presenting demand.

Community hospital beds

Although the risk of decompensation, infection and falls from prolonged periods of hospitalisation are well known, there will be times when a period of rehabilitation or nursing care in a community bed will be needed and absolutely be the right solution.

Oxfordshire needs to be clear when this is the best pathway choice and how we ensure patients only spend the appropriate length of time in a community bed. To progress

our understanding of the current use of community hospital and short stay hub beds in care homes we have been undertaking the following:

- Collating the clinical evidence base drawing on relevant research
- Creation of a data pack on patterns of use of services
- Census of patients currently residing to understand
 - their presenting needs
 - inputs that are being offered
 - outcomes being achieved
 - discharge destination
 - whether originally placed optimally
 - whether being managed optimally at point of census
 - patient experience

This information is being drawn together and taken through two clinical workshops in November. These workshops are being facilitated by the Emergency Care Improvement Support Team (ECIST) which is a clinically led national NHS team that has been designed by clinicians to help health and care systems deliver high quality emergency care. Using the ECIST team will enable Oxfordshire to benefit from known best practice nationally and internationally.

These workshops will define the clinical model we need to deliver optimum care – with particular emphasis on why people are currently receiving bed-based care in our community hospitals. It is intended to determine a shared understanding of the clinical purpose of inpatient care so we are clear what we need this to deliver for patients and families and what support staff need to deliver optimum care. Clearly the workforce to deliver alternative solutions will be an essential determining factor.

Outputs from this work will include

- Outcomes to be achieved through bed-based care
- Key patient cohorts who require inpatient care and rehabilitation in the community as part of their integrated care pathway
- Thresholds for admission to and discharge from step down beds
- Inputs (care planning approach, equipment, environment, staff, skill mix etc) to deliver best outcomes for people in step-down beds
- Recommended/target length of stay to deliver the inputs in the beds
- Predicted onward destination and onward step-down requirements (reablement at home, community therapy etc)

Most importantly we will need to gain full understanding of what would be needed in the community to deliver this model in terms of diverting people from bed base care when alternative approaches are more suitable for their needs and in delivering outcomes for people discharged from bed base care i.e volumes at home of domiciliary, reablement, advice, skills, equipment available to people in their own homes and alternate preventative pathways.

Key model recommendations from these clinical workshops will be provided to the Health and Well-being Board in December and shared with the HOSC.

National bed optimisation programme

We are also participating in a national programme looking at optimal use of beds and are also expecting to receive comparative data for the Community Hospitals across BOB ICS from the national NHS Benchmarking service.

Oxfordshire CCG have attended an initial meeting as did Berkshire Healthcare NHS Foundation Trust, a partner in the system, and we will be looking to see how we can spread the learning across the ICS. There were very informative discussions on how we could progress towards identifying “what good looks like” for community rehabilitation bedded care and we will participate in this work as it develops. The outcomes of this work will be considered as part of the strategy work programme and development of the options locally.

Optimising the use of estate

As part of the strategy, we are looking at how we make best use of our community hospitals across the county. As part of this, and in keeping with the plans previously discussed with the Committee, several new health services for adults and children are being piloted at Wantage Community Hospital this winter. This will provide more local care and easier access to clinical expertise for the community. Significant progress has been made despite the considerable workforce challenges facing the NHS, including:

- launching new mental health services in October and expanding the local provision to include a wider range of child, adult and older adult mental health services. The plans include an eating disorders clinic, perinatal mental health, and a neuro-development clinic that will provide assessments of young people to diagnose ADHD and autism and develop appropriate support. In addition, the award-winning Talking Space Plus therapies service will provide cognitive behavioural therapy and counselling service at Wantage to people with moderate anxiety and depression.
- setting up new NHS ophthalmology clinics at the hospital, which are due to launch this month.
- planning for ENT clinics to start next year, subject to the successful recruitment of staff.
- holding discussions with local GPs about the potential for using rooms at the hospital to support primary care services while the plans to extend the health centre are progressed.

The new outpatient services add to the existing provision based at the Hospital, which includes speech and language therapy for children and adults, podiatry, musculoskeletal services and school health nurses. Oxford University Hospitals is continuing to provide maternity services. Regrettably, due to staffing shortages, it is not currently possible to support births at the unit, although local home births are being offered to local residents where clinically suitable.

It is important to note the roll-out of these new services does not represent the long-term decision on the future operation of the inpatient beds at the hospital, which will be determined over the coming months through the process set out in this paper. Any changes to provide space for these services have all been made on a temporary basis.

3. Approach to option development

If the new service models to deliver the strategy would involve substantial changes then a public consultation would be required. As previously stated, substantial change would include changes to community hospital beds (such as not reopening the beds at Wantage Community Hospital) or to the locations that services are provided from.

We are committed to ensuring service users and the public are involved in all aspects of developing the strategy, including developing options for how this is delivered. As the feedback on the principles showed, people are keen to be involved in this and are seeking assurance that patient views will be taken into account. We have therefore set out more detail regarding the process for developing options and timings to make this as clear as possible.

Once we have an evidence-based recommendation for a clinical model of care to offer optimum outcomes, we will look at how these models of care might work and the options for delivering them. This will comprise the following stages:

December/ January	Identifying possible options for delivering the clinical model
January	Agreeing evaluation criteria for options appraisal (based on the principles identified for the strategy)
February	Long-listing options
March	Evaluating and short-listing options, taking into account the learning from pilots

Detailed engagement plans are currently being developed for ensuring the patient voice is an integral part of all these stages and this will be shared with the Committee as soon as possible.

The programme timeline has been updated to include this detail and is attached at Appendix 2.

Appendix 1

Please see here for a link to the [Improving Health & Care Services Engagement Report](#)

It is also available as a separate document with the HOSC papers.

