Oxfordshire Joint Health Overview & Scrutiny Committee

26th November 2020

Oxford Health NHS Foundation Trust

Community Services - Strategic Development and Quality Improvement Plan

Progress Report

Purpose of this paper

At the Oxfordshire JHOSC meeting in September, Dr Nick Broughton and Dr Ben Riley explained to the committee how Oxford Health Foundation Trust (OHFT) would be commencing the development of a Strategic Development and Quality Improvement Plan for the Community Services the Trust provides in Oxfordshire, in partnership with Oxfordshire Clinical Commissioning Group (OCCG) and other stakeholders. This paper provides a short update to the joint committee on the progress of this work.

Although COVID-19 has presented many challenges and limited the resources available to deploy to this work, good progress has been made over the past two months.

Since JHOSC met in September, we have:

- Established a strategy development team and secured funding for a new strategy development officer role to oversee the strategy work and its subsequent implementation (now recruited)
- Developed a new strategy framework for the Trust, which has now received Executive Team and Board approval
- Progressed the collation and review of a large volume of population health and public engagement data and reports produced over the past 5 years by a range of stakeholders in Oxfordshire
- Started an asset mapping and data collection exercise for all our existing community services and facilities
- Set out a proposed structure for the organisation of services based on population scale
- Identified key themes and priorities for inclusion in the strategy outcomes
- Progressed plans for a number of service pilots we believe will be suitable for development in OX12, for discussion with Wantage Town Council health subcommittee and the OX12 Task and Finish group in the coming weeks (meetings arranged)

More detail on each of the above points is given in the following report.

To inform the planning process, we are currently in the process of synthesing the information we have gathered to populate our newly adopted strategic framework with proposed outcomes for community services by the end of December 2020, with the intention of sharing it with partners for review in the new year.

In parallel, we are developing proposals to pilot new services in OX12 and will share these with the Town Council Health Sub-committee and OX12 Task & Finish group shortly. We remain committed to developing services that will ensure a sustainable future for Wantage Community Hospital and this work will also inform the development of services more widely.

It is possible that a formal public consultation process may need to be undertaken if substantial service changes are proposed in the strategic development plan, once these are available for public discussion early next year. This work will clarify the Trust's view on the long-term future of the inpatient unit at Wantage Community Hospital in the context of a new service delivery model, which will be informed by the data analysis work now underway and by discussions with Wantage Town Council and other stakeholders in the forthcoming weeks.

We also recognise that JHOSC has been requesting a resolution of the status of the inpatient unit at Wantage for an unacceptably long time on behalf of local residents, for which we apologise, and that the matter must be brought to a conclusion as soon as possible.

Balancing these two requirements, we would recommend that JHOSC considers reviewing the matter at its February 2021 meeting, on the understanding that OHFT's proposed strategic framework for county-wide community services will be provided in this timeframe, so that decisions on next steps can be taken as appropriate within this wider context.

We support the committee's suggestion that a future public consultation on the inpatient beds, should it be required, should not delay the piloting of other services in the hospital and surrounding areas, to enable local residents to benefit at the earliest opportunity from improved care.

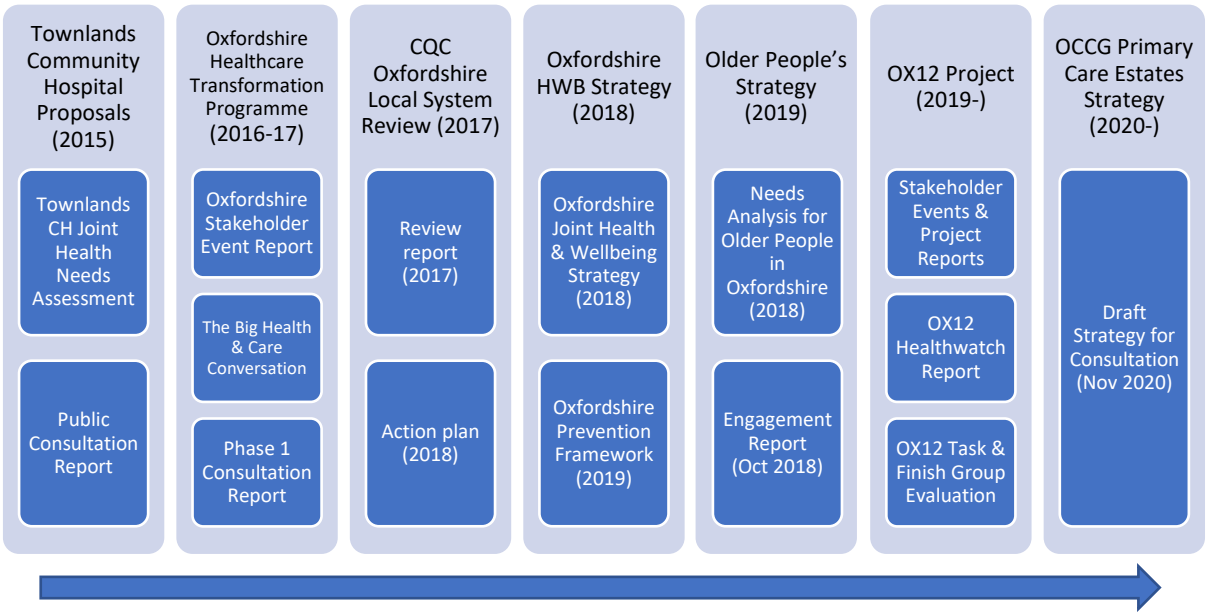
What do we already know about the health needs and views of residents?

The Trust has taken on board the joint committee's comments that much work has been done in recent years to identify the health needs and views of Oxfordshire residents and much is already known about the main improvements to services that are required, leading many members to take the view that it was time to move to action.

A significant number of detailed public engagement reports, health needs analyses and strategies developed in Oxfordshire over the past few years provide an evidence-base on which the Trust can progress its community services plan.

Important examples are set out in the timeline below.

Recent health strategies, data analyses and engagement reports in Oxfordshire:



What are the information gaps we need to fill?

Although there is a large amount of information available to inform the strategy, it is inevitable that some important issues and gaps will need to be addressed. Issues we have currently identified in our plan include the need to:

- Meet with stakeholders in OX12, including the Wantage Town Council Health Sub-committee, to explore the issues they have raised with respect to some of the information presented in the OX12 Project report published in Jan 2020
- Check with partners whether any key reports, evidence packs or other sources of information relevant to community services have been missed from our review
- Review recent changes in activity data following changes introduced during the COVID-19 pandemic and identify which are temporary and which are likely to persist

Mapping the Community Services and Assets

Because these services are often provided in people's homes, community clinics, schools and GP surgeries, the value of Community Services can be overlooked compared to other more visible NHS services – although they are often highly valued by patients, carers and families.

With this in mind, OHFT is developing a 'data map' that will enable a clearer, county-wide understanding of the accessibility, purpose, usage and activity of these services. This will help to shape their development based on need and best use of local assets over the coming years. Although most Community Services are universally accessible, either directly or through primary care, they are mostly used by people living with frailty or chronic conditions, young children, adults with urgent needs, older people with long-term conditions and people near the end of their lives.

Community Services comprise a wide range of services provided to residents of all ages in Oxfordshire. Community Hospitals are a vital resource and their development will be a key feature of the Trust's strategy.

Services in scope of OHFT's strategic development plan include:

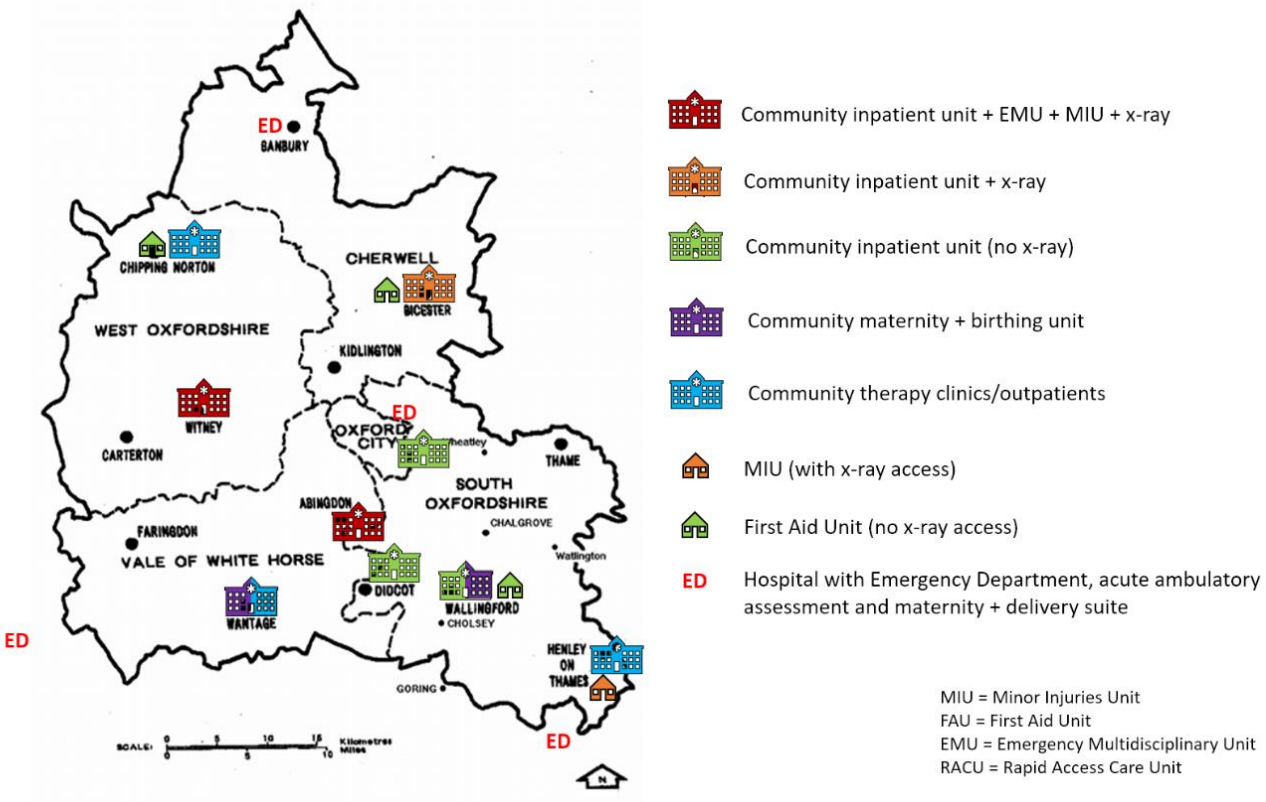
Area of activity	**Service**
Primary Care	Urgent out-of-hours GP clinics and home visiting services
	Homeless GP services (Luther Street Medical Centre)
Urgent Ambulatory Care	Emergency Multidisciplinary Units (EMU) Abingdon & Witney
	First Aid Units (FAU) Bicester and Chipping Norton CHs (Wallingford FAU is provided by the GP surgery)
	Minor Injuries Units (MIU), Abingdon & Witney Hospitals
	Rapid Access Care Unit (RACU), Townlands Hospital, Henley
	Rapid Assessment Unit (RAU), Horton, Banbury
Urgent Care at Home	Hospital @ Home (South Oxfordshire)
	EMU outreach
	Ageing Well 2-hr urgent community response
Reablement and Rehabilitation	Discharge-to-assess pathway 2
	Complex Care Community Service (CH discharges)
	Home First pilot
EMU short-stay beds ('step-up')	Abingdon (Abbey)
	Witney (Wenrisc and Linfoot)
General community beds ('step-down')	Abingdon (Abbey)
	Bicester
	Oxford City
	Wallingford
	[Wantage - temporarily closed]
	Witney (Wenrisc and Linfoot)
Specialist rehabilitation	Oxfordshire Stroke Rehabilitation Unit (OSRU), Abingdon
Care Home support	Care Home Support Service (residential, nursing, LD, MH)
	Enhanced Health in Care Homes (weekly MDT)
Community – generalist nursing and therapy	Community & PCN MDTs
	District Nursing
	Community Therapy Services
	End of Life Care
	Falls Prevention (and post-covid rehab)
	Nutrition & Dietetics
	Safeguarding (adults)
Community – specialist nursing and therapy	Adult Speech & Language
	Bladder & Bowel
	Chronic Fatigue & ME service (and post-covid rehab)
	Dementia and Memory
	Diabetes Community Service
	Eating Disorders
	Heart Failure
	Physical Disability Physio
	Podiatry

	Respiratory (and post-covid rehab)
	Tissue Viability Service
Children's services	Children's Community Nursing
	Children's Therapy Services
	Family Nurse Partnership
	Health Visiting Service
	Phoenix Team (Looked After Children)
	Safeguarding (children)
	School Health Nursing Service
Other services	Continuing Healthcare (Oxfordshire)
	Community Health Promotion
	Outpatient nursing and admin support at Community Hospitals
	Single Point of Access

A small number of services in Community Hospitals are provided by other providers (e.g. Healthshare provides musculoskeletal (MSK) physiotherapy and Oxford University Hospitals (OUHFT) provides the maternity/midwife units and the consultants who work in the outpatient clinics). We will work with these providers to ensure good strategic alignment.

Community Services are provided at a wide range of sites, including many GP surgeries, clinic bases and nine Community Hospitals. The Community Hospitals providing ambulatory, inpatient and outpatient services are identified on the map below, as well as the first aid and minor injuries units:

Community Hospitals in November 2020 – Current Ambulatory & Inpatient Services



Balancing local needs with county-wide health outcomes

In recent years, the value of living independently for longer at home and having strong networks in the community has become better understood and a range of national programmes have been introduced to support this (e.g. Ageing Well and Home First). In this context, the role played by Community Hospitals needs to evolve to ensure that they play a greater role in improving disease prevention, increasing accessibility and personalisation of care, enabling independence and reducing health inequalities.

This objective will need to be effectively viewed from both local and countywide perspectives – there will inevitably be a requirement to balance the preferences of local populations with the requirement to deliver improved health outcomes agreed as county-wide priorities and this will be reflected in the role of specific sites in the provision of community services across Oxfordshire. As a community provider, we believe that the most effective services that best meet local needs are built in partnership with the local communities who use those services. Our services will need to be organised and managed, therefore, in a way that enables appropriate tailoring of services at community-level within a county-wide framework that provides consistency and quality.

As part of our strategic delivery plan, we propose to the use the population-based units of scale previously set out by Oxfordshire CCG and the Oxfordshire Health and Wellbeing Board as a framework to organise and inform the ongoing service user engagement, development and operational management of services that fall within the scope of the strategy.

Unit of scale	Supports	Best for services that…
Primary Care Networks (PCN) – Groups of GP practices working with their local community teams and partners	c.30,000-50,000 people	Support people with relatively common health conditions or multiple care needs, who will especially benefit from local access and continuity of care from their GP practice and community services in a joined-up 'neighbourhood team'
Community Hospital Hubs – Thriving local hospitals with outreach services that serve their nearby towns and rural communities	c.100,000-200,000 people	Require specialised equipment or facilities (such as therapy equipment, birthing units, gyms and rehabilitation centres); use diagnostic facilities (e.g. x-ray or blood gas analysis); need outpatient or urgent care facilities; provide inpatient facilities designed to support rehabilitation, reablement and supportive end-of-life care

District Area Networks – Linking clusters of Primary Care Networks with District Authorities, community services and other partners	c.250,000 people	Need to share resources and coordinate teams across health, social and voluntary sectors; serve people with less common conditions or less frequently encountered needs; require a larger scale to sustain quality, solve delivery challenges or develop the workforce while supporting locally-tailored delivery
County-level Services	c.680,000+ people	Require a centralised infrastructure to operate effectively; manage local peaks and troughs in demand; are specialised in nature or require special facilities and staff (e.g. stroke rehabilitation)

Next steps and timelines

The following section sets-out work starting and proposed for the coming months in the development of the Oxfordshire strategy for Community Services. The synthesis of this work will develop a picture of the future needs and options for Community Services, including the role and coordination of Community Hospital sites. Potential future requirements may be beyond the current capacity of some sites (e.g. age/condition of buildings in relation to local need or housing development, and practicalities around delivery or geography) meaning that redesign and redeployment of services, or physical development of the sites themselves may be required.

Due to the wide range of people they support and treat, Community Services need to work with a wide range of other NHS services (e.g. GPs, pharmacies, care homes and acute hospitals) as well as other public and voluntary sector health and care services (social care, housing, social prescribing, etc.) – and most importantly with patients, families and communities themselves. Because of all these interfaces, it will be particularly important to ensure a high level of local engagement with future plans.

Where we are now:

What	Detail	Progress
Recruitment	Establishing a team with skills and capacity to undertake the work	Complete
Scoping	Clarifying the scope of services and key stages of the process	Complete
Data gathering process	Data gathering and review to understand previous engagement work and to analyse recent demand and performance data and workforce details relating to provision of Community Services	In process – due end of 2020
Service and asset mapping	Service mapping description – countywide model overview built up from geographic information	In process – due end of 2020

Synthesis and gap analysis	Bringing together the wide range of available data, public and patient experience to formulate a new understanding and generate a set of effective solutions, identifying any gaps that might require additional research or targeted public engagement.	In process – due end of 2020
Agreeing engagement and initial pilot proposals	Making contact with key stakeholder groups (for example Healthwatch, OX12 and other local representatives, commissioners and key service providers) to design a fuller process for stakeholder engagement across the county to ensure that all views can be considered.	In process – contact by end Nov, meetings Dec-Jan
Developing strategic framework and outcomes	Developing a strategic development framework and populating this with proposed outcomes for community service development by the end of Dec 2020, to share at OHFT Board before partner review and discussion in early 2020	In process – due for sharing in Jan 2020

Work planned for 2021 (timelines to be confirmed with system partners)

What	**Detail**
Service re-modelling and pilots	Development and testing of the new models of care and operational delivery in OX12 and other areas (initial pilots to start by Jan 2021)
Stakeholder engagement	Engaging with partners and stakeholders (including patients and staff) to finalise asset mapping, resident and community engagement via established groups (e.g. Healthwatch) and new ones where required. Could be done via District Network Area footprints. North (2 Districts), Centre (City) and South (2 Districts), aligning with PCN/CCG geography model.
Options appraisals	Agreeing options for the future placement of services and specific use of sites, for assessment against a set of shared criteria by key stakeholders. Such a process would enable the required county-wide overview of the future provision of services and input the specific views of key local stakeholders (e.g. resident groups, commissioners, and partners services) and be viewed alongside population health data to rapidly generate a set of recommendations.
Consultation on recommendations	Consultation on recommendations for future provision of Community Services in Oxfordshire and specific significant service change proposals that required formal consultation / overview
System governance	Securing system agreement for the changes following public consultation from the relevant authorities
Implementation plan	Agreeing financial and contractual arrangements, timelines and milestones for full roll-out of the new model

Addendum - Wantage Community Hospital Inpatient Unit

In November, the Trust received a request from the JHOSC OX12 Task & Finish Group to provide further information on the rationale behind the announcement made in September that the inpatient unit at Wantage would not be re-opening at that time. We present a summary of this rationale below.

Clinical evidence and national NHS policy

There is a substantial and growing body of evidence that shows the benefits of an active, 'strengths-based' home reablement approach for older people who have experienced an acute episode of illness requiring hospital admission, particularly for those who are living with frailty. This is the approach taken by the Oxfordshire 'Home First' team which is now being piloted in Oxfordshire. This developing pathway aims to shorten the length of stay in hospital and support people to recover and regain their independence in their own home, following a period of illness that has required an acute hospital admission.

Further information about this approach is available through the links below. The Care Quality Commission has also produced a literature review of the clinical impact of moving healthcare closer to home that also supports this direction of travel.

We understand that it can seem counter-intuitive to propose that transferring a frail person back to their home once they are medically fit for discharge, supported by a home reablement team, is often a better option than a period of convalescence in a community hospital bed. However, there is considerable evidence how hospital bed rest has deleterious effects on many older patients, particularly those who are frail but have the potential to return to an active life at home (or in their care home).

In brief, the more time a patient spends in a hospital bed, the greater the decline in their strength and muscle mass, which in older adults is associated with a long-term functional decline, and hence a greater risk of future falls, illness and ultimately the risk of an earlier death.

This does not mean that community hospital inpatient units no longer have an important role to play in the future provision of care for some patients, such as those who need intensive rehabilitation or supportive end-of-life care. Rather, this evidence shows how important it is to ensure that all our inpatient units are equipped with the staff and resources they need to provide focused care pathways, interventions, facilities and experiences that will benefit the patients who use them.

For example, there is evidence that patients with specific health conditions experience better long-term outcomes if they are treated in facilities that are optimised for their needs (as set out in NICE guidelines). It is now widely accepted that people requiring stroke rehabilitation experience better outcomes if cared for in a unit with specialist facilities and staff. For this reason, an Oxfordshire resident recovering from a stroke will usually receive care in the Specialist Stroke Rehabilitation Unit based at Abingdon Community Hospital, which has specialised therapy facilities and teams, even when a general community bed is available for them in a more local Community Hospital.

In summary, there is a growing body of clinical evidence showing that older patients with rehabilitation potential and general care needs should usually be supported to 'reable' in their own home when this is clinically appropriate. People who need a period of focused rehabilitation in a hospital setting should receive this in goal-focused inpatient units in well-resourced Community Hospitals with the appropriate therapy facilities and expert staff. Our clinical objective, which will be reflected in our new strategic development plan for community services, is to ensure new evidence-based care pathways are available to all Oxfordshire residents, to improve their health and wellbeing.

Staffing

Across Oxfordshire, the recruitment and retention of the skilled nursing staff required to care for hospital inpatients is a particular challenge. Gaps in staffing rotas and unfilled vacancies have tangible impacts and are experienced by patients through a loss of continuity or a less favourable experience of care. Where services are reliant on staff with particular skills or training, consolidating staff into resilient teams at a smaller number of sites enables the quality and consistency of the service they provide to be enhanced.

Due to a number of well-described workforce factors in Oxfordshire, including the relatively high cost of living and wider issues currently affecting the recruitment of staff from overseas, there is a significant number of unfilled vacancies in our Oxfordshire Community Hospitals. Agency usage rates in some hospitals are also currently running high, especially as some older staff have been required to step-back from patient-facing work due to their vulnerability to the COVID-19 virus.

Inpatient units must be properly staffed 24 hours a day, 365 days a year to be safe and effective. At this time, recruiting a sufficient number of new nurses and other healthcare professionals to staff the inpatient unit at Wantage to enable it to run in a resilient way, would be extremely challenging and would risk the need for urgent redeployment of existing staff from other services during the winter pandemic.

Developing opportunities for new services

We are currently working up a number of innovative uses for the Hospital for local discussion and options appraisal that could greatly benefit local residents and provide a sustainable future for the hospital.

Suggestions from the OX12 public engagement exercise include the provision of consultant-led outpatient clinics, specialist services (such as a renal dialysis unit and/or a cancer care unit), urgent care services (such as a centre for minor injuries and/or a Rapid Access Care Unit) and services for older people with frailty (such as a day hospital). Many of these options are likely to bring a greater degree of benefit for a larger number of people than would result from a limited number of non-specialised general community hospital inpatient beds and we are keen to progress decisions on these potential new options over the next few months with input from local residents.

By way of example, the table below indicates the number of residents in the OX12 area who travel to Oxford or the Horton to attend outpatient clinics (pre-covid).

Follow Up appointment	2017-18 Quarter 1	2017-18 Quarter 2	2017-18 Quarter 3	2017-18 Quarter 4	2018-19 Quarter 1	2018-19 Quarter 2	2018-19 Quarter 3	2018-19 Quarter 4
130 - Ophthalmology	265	338	340	351	257	280	348	374
110 - Trauma & Orthopaedics	315	333	342	294	264	290	334	307
361 - Nephrology	341	278	272	313	276	289	267	307
650 - Physiotherapy	242	220	242	257	252	267	280	277
812 - Diagnostic Imaging	182	173	161	171	154	165	184	199
370 - Medical Oncology	149	130	112	133	112	119	144	167
303 - Clinical Haematology	131	142	124	122	117	110	129	114
800 - Clinical Oncology (previously Radiotherapy)	114	115	119	122	112	116	131	145
101 - Urology	117	105	109	114	99	107	113	134
320 - Cardiology	89	108	88	104	125	102	125	113
315 - Palliative Medicine	102	77	94	114	115	112	67	127
400 - Neurology	97	97	107	96	103	96	93	110
330 - Dermatology	112	91	111	78	87	87	77	116
410 - Rheumatology	77	71	73	78	72	86	103	117
301 - Gastroenterology	66	84	84	82	78	79	80	85
Other	1,247	1,304	1,393	1,376	1,325	1,245	1,249	1,401

Lower value (in Quarter) — Higher Value (in Quarter)

Fig 13. Use of acute based services (Oxford University Hospital NHS FT) for registered patients from Church Street and Newbury Street Practice by follow up appointment and service type.

There are approximately 4000 attendances at OUH hospitals each quarter for OX12 residents (around 350 attendances per week). Although some specialty clinics will need to be carried out in a large acute hospital as they require special equipment, we believe there is considerable potential for outpatients to be developed at Wantage Community Hospital.

Shifting care from the acute hospital setting by bringing consultants and specialist nurses/therapists into the community fits with the strategy recently published by OUH. It will make the experience much less stressful for local residents and their carers and offer an opportunity to reduce the need to travel to the large city hospitals by private and public transport. The wider impact on local care would be significant, as it provides a training opportunity for local GPs and other primary care practitioners to sit in clinics and meet with consultants to improve their specialist skills (as has been demonstrated successfully in other areas).

Sustainability

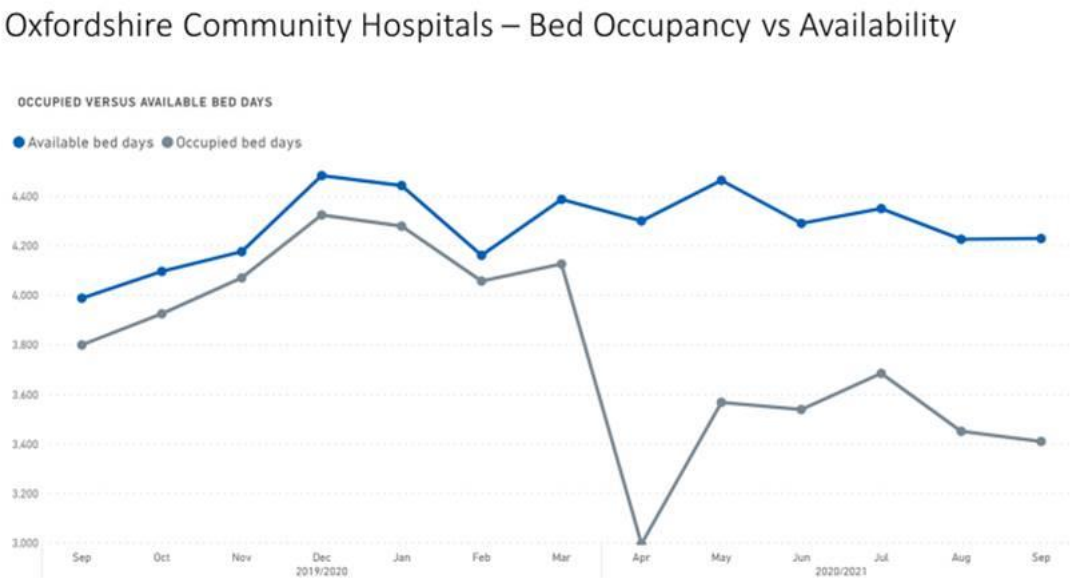
Reducing the need to travel to Oxford, Reading or Swindon for outpatient appointments would bring a number of environmental benefits, contributing to reductions in greenhouse gas emissions and improvements in air quality. This would in itself contribute to improving the health of the wider population.

Due to technical advances and new care delivery models, a greater range of care can be provided in the community or patient's own home more sustainably than in the past. This frees up space for more local services to be provided in and supported from the hospital.

Operational rationale

Since the Wantage inpatient unit closed, there has been a significant development and expansion of new care pathways that enable more care to be provided in the home, which is generally the best option for most older people. As described above, this has accelerated since the COVID-19 pandemic began, with the roll-out of the 'Home First' pathway and more therapy and reablement being provided in the home, contributing to a further drop in the need for bed-based care.

A graph is included below to illustrate this, showing how the demand for Community Hospital beds has fallen significantly below our current capacity, thanks to these improvements to our out-of-hospital care pathways.



Although we expect admissions into acute hospitals to increase as we go into winter, our clinical leads remain firmly of the view that it is best for patient wellbeing to manage this increase by expanding the capacity and staffing of our professional teams who support patients to stay in their own homes, avoiding the need to increase total bed numbers which the associated risk of harm with this approach, as set out above. This is particularly the case during the COVID-19 pandemic, when visiting by carers and families to community hospitals is limited for infection prevention and control reasons.

Conclusion

Having considered all these factors, the Trust and OCCG have formed the view that re-opening the general inpatient ward at Wantage would not be the best use of NHS resources at this time, particularly when additional clinical staff and resources are needed to support COVID-19 and there is a need to invest in newccare pathways more aligned to NHS policy, national guidelines and clinical evidence.

In terms of the longer-term plans, looking beyond the pandemic, we look forward to working with local residents and their representatives, as well as a wide range of system partners, to rapidly progress the best options for future services at the Hospital that will most benefit the local community.

Useful links and references

Information on national policy and guidance

- https://www.nhs.uk/nhsengland/keogh-review/documents/quick-guides/quick-guide-discharge-to-access.pdf
- https://www.england.nhs.uk/wp-content/uploads/2018/12/3-grab-guide-getting-people-home-first-v2.pdf
- https://www.england.nhs.uk/south-east/wp-content/uploads/sites/45/2018/12/15.-Discharge-planning-and-Home-First.pdf
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/459268/Moving_healthcare_closer_to_home_clinical_review.pdf
- The Kings Fund have produced a useful report on community services (https://www.kingsfund.org.uk/publications/community-health-services-explained) which provides further links to other useful documents

Effects of bedrest on muscle strength and functioning

- Gill et al. https://pubmed.ncbi.nlm.nih.gov/15304541/ identified that extending bed rest increases the risk of functional decline
- Clark et al. https://pubmed.ncbi.nlm.nih.gov/24637342/ showed that 48% of people over 85 years of age die within 12 month of a hospital admission
- Coker et al. https://pubmed.ncbi.nlm.nih.gov/25122628/ documented the decline in muscle mass, strength and overall functional decline associated with bed rest and reported a close correlation between bed rest and loss of muscle mass and functional decline
- Evans https://pubmed.ncbi.nlm.nih.gov/7493218/ identified many papers in a review that discuss the effects of loss of muscle mass (sarcopenia)
- Kortebein https://pubmed.ncbi.nlm.nih.gov/18948558/ famously estimated that 10 days in bed results in the equivalent of 10 years of ageing in lost muscle mass