

**Oxford Health NHS Foundation Trust**  
**Community Services - Strategic Development and Quality Improvement Plan**  
**Progress Report for Health and Wellbeing Board December 2020**

**Purpose of this paper**

At the Oxfordshire Joint Health Oversight and Scrutiny Committee (JHOSC) meeting in September 2020, 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 on the progress of this work for the Oxfordshire Health and Wellbeing Board.

Although COVID-19 has presented many challenges and limited the resources available to deploy to this work, since 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 synthesising the information we have gathered to populate the Trust's 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 stakeholders, including the Commissioners and 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 residents and stakeholders have been requesting a resolution of the status of the inpatient unit at Wantage for a long time, for which the Trust has publicly apologised and agreed that the matter should be brought to a conclusion as soon as possible. At its November meeting, JHOSC asked for Oxford Health and OCCG to complete the Oxfordshire Substantial Service Change Framework with respect to the inpatient unit for discussion at its February 2021 meeting, on the understanding that OHFT's proposed strategic framework for developing county-wide community services will be produced for discussion in this timeframe, so that decisions on next steps can be taken as appropriate within this wider context.

We support the proposal 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.

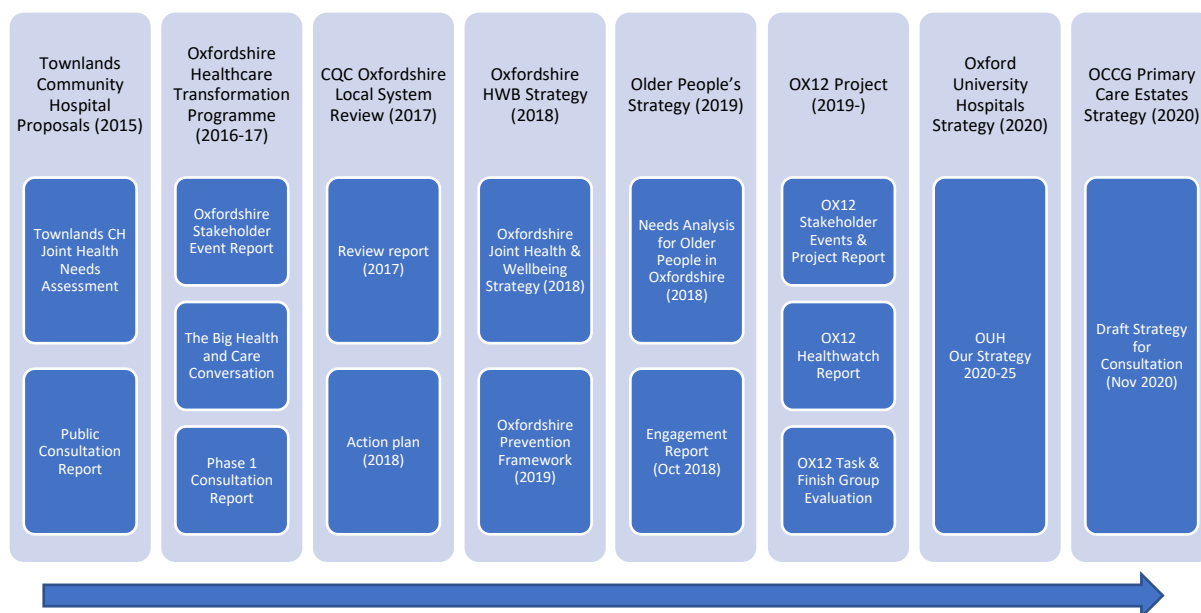
### **What do we already know about the health needs and views of residents?**

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, the Trust 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:

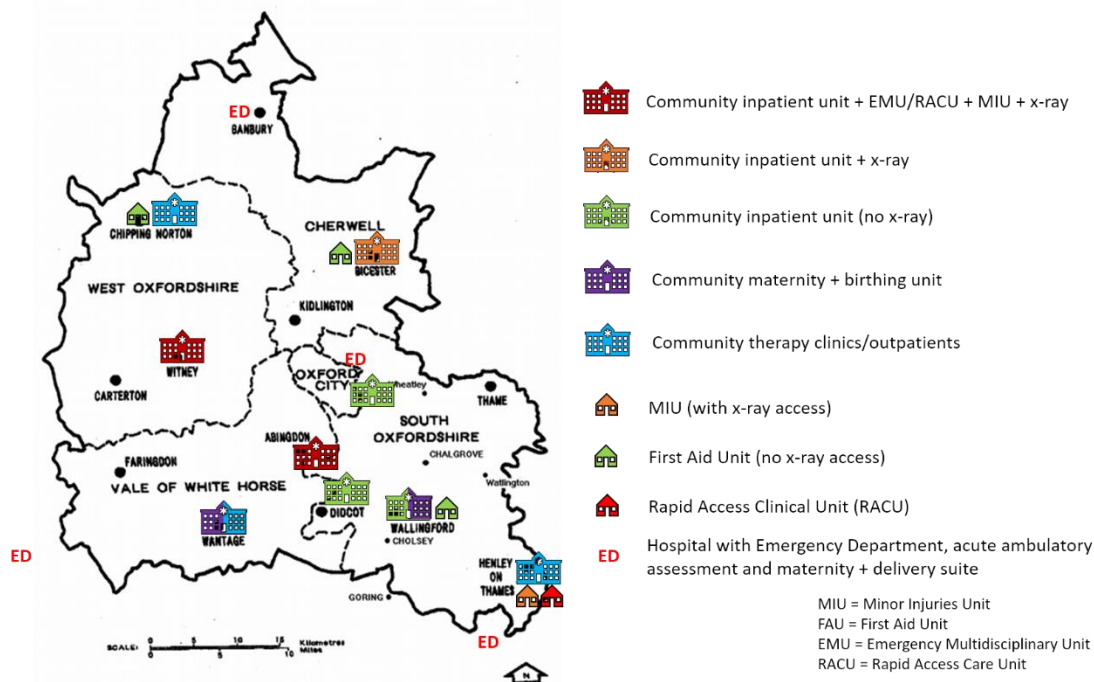
<b>Area of activity</b>	<b>Service</b>
<i>Primary Care</i>	Urgent out-of-hours GP clinics and home visiting services
	Homeless GP services (Luther Street Medical Centre)
<i>Urgent Ambulatory Care</i>	Emergency Multidisciplinary Units (EMU) Abingdon & Witney
	First Aid Units (FAU) Bicester and Chipping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

	Respiratory (and post-covid rehab)
	Tissue Viability Service
<i>Children's services</i>	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
<i>Other services</i>	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 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. It is anticipated that the development of District Area Networks will be particularly relevant for planning integrated services across existing health, social care and voluntary sectors as well as larger scale services across clusters of PCNs – including progressing conversations on how Community Hospitals can be best developed as ‘support hubs’ for a wider range of services in their local vicinity.

Unit of scale	Supports	Best for services that...
<b>Primary Care Networks (PCN)</b> – 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’
<b>Community Hospital Hubs</b> – 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

<b>District Area Networks –</b> 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
<b>County-level Services</b>	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