Community Strategy; how this approach will encompass and take forward OX 12

The OX12 Project successfully tested and utilised the Oxfordshire Health and Care Needs Framework to identify the health care needs of the OX12 population; this work indicated that in general these needs were being met though there were some issues that could be considered for improving access. Its conclusions were presented and accepted at the Oxfordshire Health and Wellbeing Board on 30 January 2020 and HOSC were updated as to how the conclusions would be taken forward at its meeting in February 2020. In June 2019 HOSC acknowledged there were challenges to the timelines on progressing the detailed work required when proposing significant service change requiring public consultation. The expected September 2020 deadline advised in February 2020 was completely overtaken by the essential NHS response to COVID in a level 4 Pandemic where the entire NHS was instructed to drop all non COVID/non priority work in a National Command and Control incident management structure.

There is not alignment of views to the Oxfordshire Task and Finish group on a number of assertions in the report, however we wish to give assurance and confidence that our approach is well structured, comprehensive and robust.

We also have demonstrated the delivery of the programme on maternity services in response to the SoS referral and will very much build on the successful approaches from this.

Approach in Community Strategy	**Relevant extracts from Task and Finish Group**
Setting a holistic strategy	
The Community Strategy starts with the life stages and a preventative approach. The links to the HWBB approach will be evident. The Programme will design the interface with PCNs as a key building block. Inclusion of District and City Councils will bring great strength in pooling knowledge and delivering outcomes in the heart of our communities. The JSNA is already giving key pointers. We will be able to ensure this work is aligned to and informed by Oxfordshire 2050. COVID has shown us a great deal about pooling information and acting upon it collectively. This strength can be built upon further. OHFT has developed data dashboards which will better inform planning and there is increasingly patient tracking data showing the journey of patients using all services developed for the A and E delivery Board.	The key themes included Health and Well-Being (HWB) at all stages of life taken from the Oxfordshire HWB strategy. There was no indication at all of how this would be implemented and integrated with the PCN and community hospital. P3 Health Needs Evidence: P 4 i. The link between the JSNA and the local data sources including district planning and housing data should be strengthened. ii. Information gathering and analysis methods should be reviewed including the use of more sophisticated software for data analysis and future projections

The taking forward of a county wide approach will enable us to use the strengths of the Health and Care framework to inform our thinking and apply at a wider scale. The strategy will build on the Oxfordshire Health and Well Being strategy and the NHS Long Term Plan ambitions.	Synthesis: P4 i. It is recommended that the local framework fits into wider county-wide and national policies on community health and social care (in-patient beds/domiciliary care, etc). This should also include Oxfordshire Health and Wellbeing Strategy, and other place-based documents. ii. Greater clarity is required on how the three separate sections of the Framework are combined and used to formulate conclusions
Delivering better outcomes for residents	
The Community Strategy comes from a place of recognising we can do even better by our residents – enabling them to attain more independence, stay longer at home and have less reliance on institutional solutions. The collaboration between primary care and the District and City Councils has been game changing and delivered excellent results in relation to known ingrained inequalities. We need to build on the benefits of these partnerships from the PCNs and local communities outwards.	
The Community Service strategy will be about Home First for all residents – this is the area we have already made some progress - but can clearly do much more. Our numbers of people on bedded pathways and leading to placements in nursing home care show we need to maximise Home First. We will seek to place all these opportunities centre stage in this work.	So much more could have been done in terms of arguing the cases for the "Home First" policy, presenting new opportunities arising from new technologies. These opportunities were missed completely. P5
The COVID period has shown we can deliver different solutions if we innovate and recognise each individuals strengths. We have shown we can have shorter lengths of stay, less delays, avoid admission to hospital and need to provide more specialist support when there are no home based alternatives. There has been continued work in OHFT on building the evidence base plus the system experience of doing things differently through COVID. These will evidence new ways to support people home to retain/regain their optimum fitness and inform pathways. We have found specialist needs are requiring more focus in the inpatient area -- plus size/bariatric and stroke for example. A commitment in this strategy is to share all best practice and cover all relevant bed bases including Wantage. We will	any decision made on the future of in-patient beds should be evidence based and include the pros and cons of bed closures and of alternative provision and include consideration of Wantage Hospital within the proposed wider county strategy P4

use the evidence base to work together to explore the best options for future provision including all pros and cons.	
Programme Overview	
A project timeline has been outlined. This will be developed further with District, City and County colleagues including laying out the full governance of this programme to offer an effective programme approach for Oxfordshire. This needs to cover well-being approaches with the community, primary care network engagement through to the interface with known urgent care programmes. It is intended to sign off the project plan at HWBB, with description of the required project resources and include the approach to evaluation. The engagement phase will need to determine the outcome measures and indicators of residents experience against which we need to evaluate the programme. The approach to evaluation against outcomes will be laid out and agreed. In developing outcomes we are aware of some key process markers we need to have improved that would most likely contribute to improved outcomes for our residents • % of people over 65 offered Reablement • People supported home on pathways 0-1 – maximising the number going home with no support and reducing the numbers on a bedded pathways -- meeting national best practice • Reducing numbers of people going into nursing home care • Offering residents a response to a crisis with 2 hours to prevent admission • Reablement support in peoples own home within 2 days • Reducing admissions from falls • Reducing those expressing loneliness More should be determined through the engagement work and we need to include mental health outcomes	The project plan: a. Evaluation should be an integral part of the project plan, and a project should not be signed off by the Health and Well-being Board (HWBB) without an evaluation plan in place. b. A clear project plan should be made available which describes the time required, the workforce needed, the skills and equipment needed, and the costs of such a project c. The project plan should set out the process for the programme of work, so that it is clear to all those involved. P3

Deliverability of any service proposals	
Key to our success will be ensuring we have the staff and other resources to deliver. Working with the full breadth of stakeholders in the system has already shown how much more we can deliver together and this strategy will work to tap into this wider opportunity. Matching capacity to the demand for key workers such as home care/reablement, nursing and therapy staff is driving urgency for this work and will form a key element of the design. We will need to develop a workforce plan to support these pathways -- OHFT have already identified this as a key priority of their internal strategy. A Primary care estates strategy has already been approved and will inform the Community Service strategy 2020-12-08-Paper-6-1-Estates-Strategy v3.pdf (oxfordshireccg.nhs.uk) All prior engagement work will be pulled together to inform the thinking Digital is proving an excellent opportunity to drive different solutions. The way we deliver services has been transformed. The pulse oximetry work has shown how people can be safely supported in their own home with remote monitoring overseeing any need to escalate and bring people into more supervised care. We have supported many people with pulse oximetry in the community.	Assets Evidence: P4 i. There needs to be a review of workforce issues, and how these might impact on service developments including re-opening in-patient beds, GP and community nursing staff. ii. There needs to be a review of GP premises and if they are fit for an increasing population as identified in the Health Needs section iii. There needs greater clarity as to how the detailed information provided by the population questionnaire was used to formulate solutions The use of digital communication combined with face-to-face events would have increased transparency and mutual understanding. P6

Decision making	

The strategy is clear about the problems that need to be solved. It has a mandate for action on the life stage of Age Well:
• Increasing independence and health and wellbeing outcomes for our population
• Working with our population to make best use of our people, our systems and our assets
Further in its approach it will be
• Identifying opportunities to test and learn pilots that can support co-produced solutions e.g.
  • Rethinking bed-based models of care
  • Exploring which services can be offered from community sites
  •
The challenges we face are being laid out more clearly and we will welcome the open discussion on what is possible within staff and other constraints but also the opportunity to do so much more with our available assets.
 	
The submitted toolkit and all other assertions have identified that inpatient bed changes equate to a substantial change an we know we need to conclude the issues around beds in Wantage.
	CCG did not lay out their aims and arguments in clear daylight for a full discussion from the beginning which could have led to a full, frank and fruitful discussion even if this was likely to become animated P6

As was done in the Maternity work recently we will lay out a clear pathway to decision making so all can be clear how and by whom any decisions would be made and any criteria to be applied. Any changes which require substantial change – such as any inpatient changes would be developed with an option appraisal with agreed criteria. This would explore the positives and negatives of any option.	Transparency in meetings where decisions were made is a crucial issue, of particular importance as the whole system has become more centralised.. . P4 Policy development is that the executive body develops a strategy based on a number of options, coupled with an outline of the limitations intended to manage expectations P5 The use of digital communication combined with face-to-face events would have increased transparency and mutual understanding. P6