Improving Community Health and Care Services

Developing our principles engagement report

November 2021

Contents

1. Purpose of report

The purpose of this report is to outline the public engagement undertaken from 7 September to 10 10 October 2021 around draft principles to help shape how we design and develop services for our ageing population. It describes the engagement, outlines key themes, and identifies concerns and issues expressed by members of the public around community health and care service for older people.

This is not, however, the start of the conversation. Over the last few years, we have undertaken a range of surveys, focus groups and informal conversations with our communities. You can read more about what people have told us so far here.

2. Background

Oxfordshire's health organisations and councils are working together with voluntary and community sector groups to modernise our community services. We want to improve health and wellbeing outcomes for everyone in Oxfordshire and increase independence for older people.

Current services have developed over time and do not always reflect what we now know about how health and care services are best delivered. We want to do more to prevent people getting ill or losing their independence and respond more rapidly when they do. To do this, we are moving many multi-agency services into local areas to work alongside GPs and introducing new services that can respond more quickly.

With modern advances in healthcare, it is possible to provide more care than ever before in people's own homes. This is better for the individual and their families and frequently leads to improved health outcomes. Advances in digital technology can also help people remain independent at home and receive more services in their local area.

We have an ageing population. More people are enjoying longer lives but often living with more complex health conditions. We need to meet this increased demand for services. We plan to do this by improving how we work across organisational boundaries and by working with residents to grow strong and supportive communities able to help each other.

This might require us to change the way we currently provide some services. We have, therefore, developed twelve principles to guide any decisions we make. We had a public engagement period on these draft principles with our wider partners and Oxfordshire residents to seek feedback.

Community services for older people include help accessing local activities and support to prevent isolation, equipment to help people live independently, out of hours GP services, primary care visiting services, homecare, community nursing and therapy services, urgent community response services, centres for treating people with frailty, community tests and x-rays, short-stay and community hospital beds, and support workers who help people get their confidence and mobility back after an illness or fall.

We are looking at these services to ensure they are working together in the most effective way – although this does not mean that every service will need to change if it is working well. We are also considering how these services link to other aligned services which are more specialised, such as stroke rehabilitation, or hospice and end of life care services.

To keep our work focused, we are not looking at services for mental health, learning disabilities or autism, hospital emergency care, A&E services (also known as 'ED'), or the everyday work of your local GP practice (known as core 'General Medical Services'). We will continue to develop these services through other projects.

Improvements to community services will be made through:

- more focus on prevention
- provision of more care closer to home and more active use of community hospitals
- more use of digital technology
- introduction of new services
- work across organisations to meet demand

More information is available here.

3. Purpose of the public engagement

We are committed to working collaboratively with our population. The purpose of public engagement was to continue our conversation with the local community and key stakeholders to inform the final principles to support development of a Community Services Strategy and inform thinking around development of services to better support older people to age well.

4. Process and methodology

A document was developed to explain the rationale for change; who was involved in the work; what services we would be looking at; our approach; developing services with associated case studies and the draft principles. The document is available here and includes a short questionnaire.

The document was made available on the CCG website and was signposted from partner websites. A shorten version was made available and an easy read version was also available.

A short survey was developed asking the following:

1. Do you understand why change is needed?
2. We will use these principles to guide decisions on the development of health and care services for the future. Are these the right principles? Which are the most important to you?
3. Have we missed anything? Are there any other principles we need to think about as we develop our plans?
4. Any other comments?

The survey was available online and paper format. People were also invited to send through their feedback via email or hard copy by post. Fifty-three responses to the survey were received.

Three virtual public events were held to share information about the project and for participants to ask questions. Eighty people attended the three events.

Date	Number of attendees
Tuesday 28 September	24
Thursday 30 September	25
Thursday 30 September	31

The project was also discussed at the Oxfordshire 'Team-Up' Co-production Board meeting on 14 September and at a meeting of Age UK with the Voluntary Community Sector Coalition on 20 September.

Oxford Health NHS Foundation Trust held several workshops in the summer months with 16 individuals representing patients, Governors, and a GP.

5. Promotion

The engagement was promoted in several ways across partner organisations.

- Press release launching the engagement
- Dedicated Oxfordshire Clinical Commissioning Group (OCCG) web pages sharing information about the project via content and with three versions of the engagement document including an easy read version
- Oxford Health shared information on its website
- Invitation to Talking Health (OCCG's online consultation tool) members (2500)
- Oxford Health sent invitation to complete questionnaire and attend events to 10,000 members
- Advert in the Oxford Mail (circulation 6,377 between January to June 2021)
- Information in several briefings and newsletters including the Oxfordshire GP Bulletin, system stakeholder briefing and Healthwatch Oxfordshire Briefing Newsletter
- Direct briefing information sent to local MPs and Oxfordshire Council Leaders and Chief Executives to cascade to councillors with information and invitation/joining details to attend virtual events
- Direct communication to key stakeholders
- 300 copies of the short version of the engagement document distributed to all Oxfordshire libraries
- Social Media
    - Extensive OCCG Facebook paid for advertising inviting people to join the engagement and virtual events (188,500 reach)
    - OCCG Twitter (over 4000 impressions)
    - Oxford Health posted information and invitation to events on Twitter and on its own Facebook pages

6. Key Themes

6.1. Survey Feedback

Overall, most people who responded to the feedback form understood the drivers for change, presented in the document. The main reasons cited by respondents were:

- funding/budgets
- capacity of services within the health and care system and
- demand on services

There was also recognition that change was needed to join up services which would provide a better patient experience. The main principles which were important to people were:

- Accessibility – which includes access to primary care, diagnostics, location, and transport
- Importance of care at home with support from step down beds, to aid independence and wellbeing
- Integration of health and social care – expectation is that this should already be happening but is not. This would improve the patient experience.

People identified the following gaps in the principles:

- Social Care provision and care homes
- Improving continuity of care
- Reliance on digital – concern about the digital literacy of patients and lack of progress to join up patient records
- Accessibility – which includes access to primary care, diagnostics, location, and transport
- Mental health provision

Throughout the questions there were comments about whether the principles could be delivered, for some it felt as though these are ambitious proposals. Others felt that further information was needed and that more engagement was required with people who use the services. Comments were made that the principles needed to reflect the patient voice more.

From a strategic perspective there were three comments around the alignment of the principles with wider strategic agendas, which should be addressed further:

- Clarification and understanding of how these proposals fit with the wider Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System, and potential impact on cross boundary working and services.
- How these principles align to the Oxfordshire 2050 plan, which is currently out for consultation and has a section: Theme 3 Creating strong and healthy communities.
- The role of Primary Care Networks in delivering the principles.

Overall, however, there was recognition that care in the community and at home is best for elderly patients. However, this was heavily caveated with the need for good joined up services, providing accessible wrap around care to support people to be at home.

6.2. Written Feedback

Written submissions were received from:

- Healthwatch Oxfordshire
- Age UK & VCS Coalition
- Wantage and Grove Campaign Group
- OX12 Stakeholder Reference Group
- Newbury Street Patient Group (Wantage)
- Oxford Health NHS Foundation Trust patients and Governors[1]
- Ashbury Parish Council
- Oxfordshire 'Team-up' Co-Production Board

The feedback received raised confusion about how this work is aligned to:

- Oxfordshire Community Service Strategy
- The Oxfordshire 2050 Plan
- Oxfordshire Infrastructure Strategy
- The development of the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System

It is recommended that further clarification is required to contextualise this work. This was also raised in the survey responses.

There was specific feedback about the wording of the principles and for some felt there were too many principles, which were not quantified, or had insufficient detail to support them. More detail is shown in Appendix 2.

Addressing the survey questions, the themes raised broadly reflected those raised through the responses received through the online survey, with, additional comments which included:

- Accessibility – need to consider equity of access, location of services, digital literacy and how that impacts on access to services
- Importance of understanding patient experience, change impacts people differently
- Need to ensure the needs of people with disabilities are reflected
- Consideration should be given to staff engagement, and the impact on staff
- Documents should be accessible and remove jargon

In addition, the specific feedback above there was a strong offer of engagement from across the 15 voluntary and community sector leaders to be involved further in this work, they are keen to see a greater emphasis on prevention being developed within this work.

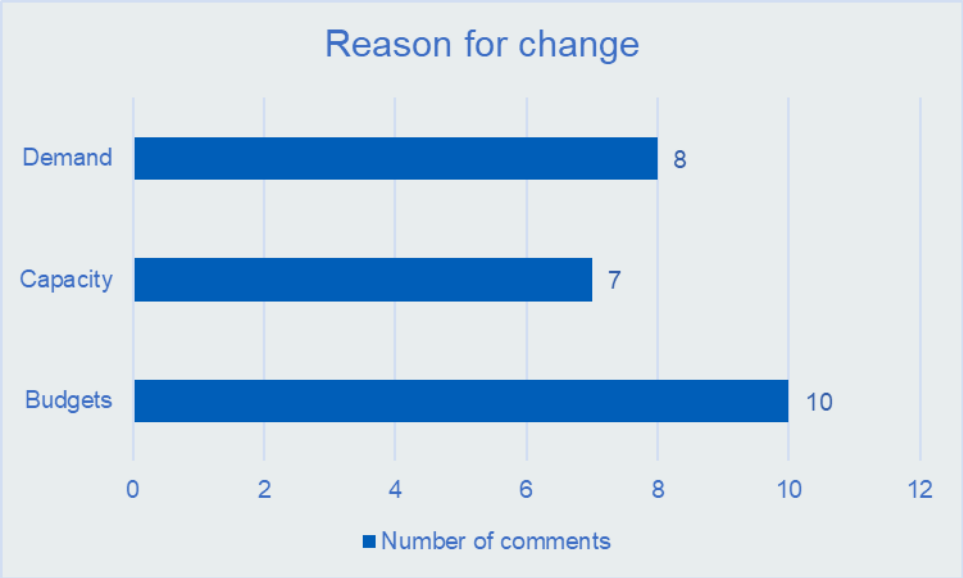
[1] Feedback via Oxford Health from workshops undertaken by them with patients and Governors

Appendix 1: Analysis of survey responses

In total, 53 responses were received online via the Talking Health Platform. Responses were anonymous, so it was not possible to ascertain any demographic information from the respondents. Responses are broken down by question, where possible we have quantified the comments in each theme area.

Question 1: Do you understand why change is needed?

This question was answered 54 times. In total 49 people stated that they understood why change was needed, four people did not.



Some of those who agreed with the principles qualified their feedback stating that capacity in the system and staffing challenges were one reason why change is needed.

Yes, budgets are being squeezed and there is insufficient capacity locally to meet rising demand for care and support needs. Staffing is a particular challenge locally

In addition to the main reasons above, people also stated that change needed to happen to ensure progress, to join up services, because technology has improved and because being in your own bed is the best place as it encourages independence and wellbeing.

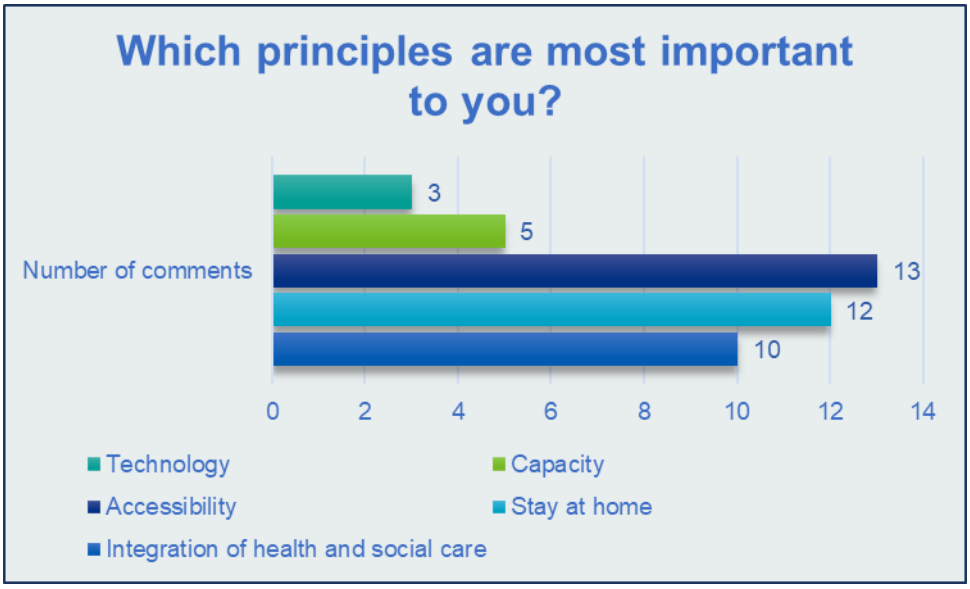
An ageing population with complex health needs means change is necessary. Inpatient bed care is bad for old people - risk of infection, loss of mobility etc. Changes in technology mean more can be done in home.

Yes, the idea of joined up thinking across health and social care is vital and needs implementing as soon as possible.

Without change things stay the same, and that's not sustainable or desirable. But we don't want change for the sake of change, we need progress.

Question 2: We will use these principles to guide decisions on the development of health and care services. Are these the right principles? Which are the most important to you?

This question was answered 55 times. Forty-four people stated that they agreed that these were the right principles. Seven people felt that they were not the right principles.



The chart above shows that the most comments related to accessibility of services, specifically access to primary care and being able to get face-to-face appointments with GPs. There were comments about timely referrals to diagnostic services and specialisms and opportunity for these to be delivered in the community more locally, which would support accessibility issues with transport, parking and travelling into Oxford.

Having access to GP

Enabling direct access to specialties needed by individuals eg exercise groups, and medical specialities for follow up and for information

Effective and efficient services are very important and avoiding non-essential traveling to promote sustainability are also vitally needed principles.

People also commented on the importance of care at home and bed provision locally.

The most important of which is that individuals are able to stay or return to their own homes with support wherever possible - even when this is just for palliative care (no one should have to die in a hospital)

Keeping people in their own homes as long as possible with adequate support, but also providing wrap around services to cope with periods of deterioration that require more intensive support (eg hospital at home and local community hospitals are excellent services).

Keeping people out of hospital and treating them as close to home are essential. Providing local beds and outpatient clinics are important to all age groups but particularly the elderly.

The third main theme related to the integration of health and social care. This was an area where people felt frustrated that this was not already happening, or in some cases had assumed that this was happening but not very well. There was recognition that for the principles to be delivered,

there needed to be an improvement in the joining up of services, so health services and care were provided more seamlessly for the patient.

My priorities are joining up care, patients are incredibly frustrated by the different trusts and lack of IT systems.

Yes. "Provide a better experience", "Organise services so staff operate in effective teams".

Better, joined-up care HAS to come - it is happening in other countries, and if handled efficiently should not cost more than inefficient services currently.

A smaller number of comments were received relating to:

- Increasing capacity in the community
- Technology – specifically improving access to patient records
- Upskilling of staff to address staffing issues
- Improving wrap-around care and support
- need for improved communication about how to access services and patient information

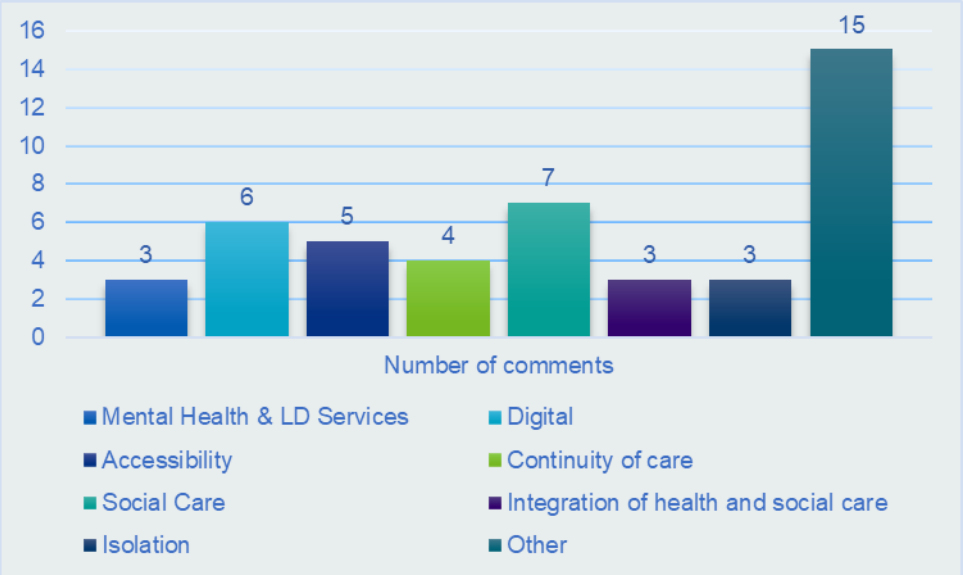
Seven people commented on the content of the engagement document, stating that there was insufficient information, proposals were nothing new, potentially too ambitious and lacked detail and specificity about how and when change might happen.

They disagreed for a variety of reasons. Comments included that community care does not support elderly people and increases isolation. They felt the principles were vague and did not address the infrastructure to deliver them. They also acknowledged that services are not working together currently and that this is a barrier to implementing the principles.

Question 3: Have we missed anything? Are there any other principles we need to think about as we develop our plans?

This question was answered 53 times.

The chart below shows the main areas that people felt had not been addressed or needed to be considered further in the development of the plans.



Comments were received about Social Care and addressing the impact of the COVID pandemic on social care and care homes. Specifically, these were around the shortage of staff in social care, costs relating to social care and the impact of a failing social care system on the NHS and patients.

Greater emphasis should be given to the role of care homes in supporting patients in the community, and families should be encouraged to care for their loved ones.

The plans also have not mentioned the link between health and social care, the staffing and funding crisis in social care, and how the problems accessing social care needs, affect older people's health (& need for hospital admission/ "bed blocking").

Concern was also raised about the reliance on digital technologies with comments about the digital literacy of elderly people and lack of joined up health care records.

Does technology relate to hospital ways of working and include non-face-to-face consultations. the latter must be flexible as not every service user is technology savvy.

Accessibility was another area where people commented, reflecting concerns already made about access to primary care, mobility, and physical accessibility to services, where services are located, how people get them and the lack of rural transport provision and infrastructure.

Make services more accessible to people outside working hours.

The time cost and inconvenience of the need to travel to central hospitals

We need more GP's and face to face appointments need to be reinstated.

People also commented on the importance of continuity of care, suggesting that there needs to be greater emphasis on a single point of contact for care, potentially not a GP, but a go-to person who has oversight of a patient's care needs, such as the role of district nursing, a care navigator, or an alternative.

Capacity of Community Clinicians to manage the burgeoning demand. As with dedicated Chest Heart and Stroke Services there will need to be a dedicated Community Care Support Service (community matron, district nurse, phlebotomy, nurse practitioner/ECP, social worker). Single Point of Access is a great pathway but need to ensure has sufficient personnel to be act in timely fashion.

There were seven comments that related to confidence in the proposals, again these echoed comments already made, about more information and detail about the proposals, keep information simple and comprehensive. Some felt that the patient voice was not reflected strongly enough in the principles and that more work was needed to engage the patient in this process.

There were several individual comments that were also received, including:

- consideration of the impact of isolation, and living alone
- the need to improve footcare services to support independence
- reflecting the role of PCNs in the document
- lack of mention of end-of-life care
- lack of clarity around neurological rehabilitation and residential care
- improving training and development for staff
- addressing cross border issues with services
- reflecting a person-centred approach to services, and including this in the narrative
- increasing patient and public education on how to manage their conditions, health, and wellbeing
- a gap around mental health provision, autism and Learning disabilities and that impact that poor mental health provision has on the wider NHS both in children and young people, adults, and older adults.

Question 4: Any other comments?

This question was answered 46 times. Most comments were in response to the content and style of the document and feedback survey. There were comments around people's confidence that the principles could be delivered, alongside a lack of confidence around whether change needs to happen, and if it is consultation for the sake of consultation. There were two specific comments that should be highlighted and reflected in future engagement or the response to this engagement exercise:

- Clarification and understanding of how these proposals fit with the wider Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System, and potential impact on cross boundary working and services.
- How these principles align to the Oxfordshire 2050 plan, which is currently out for consultation and has a section: Theme 3 Creating strong and healthy communities.

In addition to this, comments were also received around the need for more emphasis on social care within the principles.

It is essential to have streamlined provision between community and acute care. Older people often require both at different times. Care home and home care provision continues to be patchy in terms of quality.

There were several individual comments, which included:

- A request to review patient transport costs
- A request to include volunteer services in any engagement/consultation
- Consider prevention services in these proposals
- Expand services such as hospital at home, neurological rehabilitation
- Recruit dedicated geriatrician to co-ordinate care at home
- Address cost savings from missed appointments
- Consider digital literacy of patients in future service provision
- Address the staffing challenge – support staff better, training and development
- Maximise community hospitals and the services that can provided from them.

Appendix 2: Analysis of written feedback responses

In addition to the survey responses, feedback was also received from:

- Patients/Services users and carers at Oxford Health NHS Foundation Trust
- Healthwatch Oxfordshire
- Wantage and Grove Campaign Group
- OX12 Stakeholder Reference Group
- Newbury Street Patient Group
- Two individual responses by email
- Team-Up, Oxfordshire's Co-Production Board

The written responses provided comments relating to the documentation, noting the use of jargon and the lack of specific detail. There were suggestions for re-wording some of the principles these included:

Principle 1:

- ***Provide a better experience for people who are seeking or receiving care in their community we believe is correct and the foundation of integrating these services. We strongly recommend that you add, in second place, the following Principle: "During the design and development of integrated Health and Care services, we will involve users of them throughout the process."***
- ***This principle should include providing upstream planning ahead for care opportunities and for the process of moving from active/invasive/life sustaining treatment to end of life care. It should also include services to address the mild cognitive changes, pre changes to any dementia pathology, such as how to manage changes in cognitive processing and decision making for everyday life and living.***

Principle 6:

- ***Too vague a statement and use of language excludes people's understanding of the statement. No talk here of working with patients. Words in paragraph 3 "when a patient needs a community bed " what does this actually mean "? Plain English please. Can be interpreted to mean you won't get a community hospital bed and to ensure I don't understand what is being said it is put in jargon!***

Principle 7:

- ***Phrases like "we will consider" and "clinical evidence" are not sufficient for principles. This should be rephrased to "We will ensure that the services we provide meet clinical, social and environmental best practice for all of our communities."***

Principle 8:

- ***Only mentions staff but should be expanded to include buildings as described in the supporting statements. This principle should be expanded to not just share and develop assets within the Trust but also to utilise other buildings (or other assets) available in the community.***

Principle 9:

- ***Change to talk about Management empowering the community staff to help them provide improved joined-up services***
- ***Only mentions the Health and Social Care workforce but should be expanded to include supporting voluntary and community sector groups working with the Health and Care organisations.***

- ***Suggest either:***
    - ***a) change to talk about Management empowering the community staff to help them provide improved joined-up services***
    - ***b) or fits better under Principle 5 and merge with Principle 8***

Three of the seven written submissions received were either critical of the number of principles, reflecting that there were too many, or felt that some were more statements of fact, or required further quantifying, for example:

Principle 2: Ensure equality of opportunities to improve health and wellbeing are consistent across the county.
Suggestion of Would something like setting a minimum common standard of service across the county be a better principle? -- I like this – another word for service?

Also, it would also be good it there was a standard which stated that certain services should be available within a certain distance (or travel time on public transport) from home.

Principle 3:
A statement that "we will make sure that people can access our services rapidly" is a very definite statement but "rapidly" needs further definition.

Principle 7:
Phrases like "we will consider" and "clinical evidence" are not sufficient for principles. This should be rephrased to "We will ensure that the services we provide meet clinical, social and environmental best practice for all of our communities."

Principle 10:
Deliver the locally and nationally agreed priorities for our health and care system. What are the locally agreed priorities?

There were concerns about the accessibility of the document with the suggestion that an easy read version should have been developed and more engagement with those individuals currently using the services.

The full written responses provide detailed feedback on each of the principles and are included in the Appendix 3 (see separate document).

Written response to questions:
In response to the questions raised in the feedback survey, the themes raised in the written responses were as follows:

1. **Do you understand why change is needed?**

The written submissions agreed that that they understood why change was needed, due to the demand on services, need to join up services and the ageing population.

There was concern that the approach does not cover all services, such as housing, transport, and voluntary and community services. It is also encouraged that the principles should align themselves to the Oxfordshire 2050 Plan and the Oxfordshire Infrastructure Strategy.

2. **We will use these principles to guide decisions on the development of health and care services. Are these the right principles? Which are the most important to you?**

There was concern that there are too many principles and that the patient voice is not reflected. For those submissions from the Southwest of Oxfordshire the most important priorities were:

- providing more outpatient services locally
- providing good re-enablement services locally
- providing inpatient palliative care locally
- providing x-ray and minor injuries locally.

3. Have we missed anything? Are there any other principles we need to think about as we develop our plans?

There were comments that the patient voice is not reflected strongly enough within the principles. There was also concern that this work should be aimed at all residents, not just older adults.

Where is the positive statement (even principle) about the role of patients, carers and Oxfordshire residents informing service development, improvement and patient centred care- recognising joined up pathways.

There is concern that these principles do not go far enough to align themselves to the Oxfordshire 2050 Plan and the Oxfordshire Infrastructure Strategy. It is also noted that there needs to be a more joined up approach with the District Councils and Oxford City Council, to address housing and health prevention issues. An example was provided, below:

For example, older people with a range of long-term conditions could be supported to live and be cared for in their own homes if there were, downsizing for housing opportunities, builds that include the flexible option to have downstairs bathrooms and bedrooms on the ground floor and equally more accessible housing input to make adjustments to current homes beyond the OT brief. There needs to be a much better link to Prevention and Public Health services.

4. Any other comments?

There were a range of comments specific to Wantage and the surrounding area, including the bed provision at Wantage Hospital and the development of the new GP practice.

Feedback from Oxford Health NHS Foundation Trust:

Workshops were held with 16 individuals representing patients/Governors and a GP. The points raised included:

- Accessibility – need to consider equity of access, location of services, digital literacy and how that impacts on access to services
- Importance of understanding patient experience, change impacts people differently
- Need to ensure the needs of people with disabilities are reflected
- Consideration should be given to staff engagement, and the impact on staff
- Documents should be accessible and remove jargon