Community services strategy supporting information – June 2021

Building on the mandate agreeing the development of a whole system community services strategy, Oxford Health Foundation Trust, Oxfordshire CCG, Oxfordshire County Council, District, and City partners have been working to clarify the structure, governance and resources needed to deliver the strategy. Since this work was last shared, we have focused on developing three key areas:

- Programme structure and plan; Setting out the structure of the programme and the timeline for delivery
- Evaluation approach; Setting out how we will know if the programme is successful, this covers three key areas – test and learn pilots, evaluation criteria for the options proposed and the programme as a whole
- Engagement plan; Central to the success of this plan will be working with all stakeholders to develop change proposals to deliver community care across the county which will more consistently meet population health needs.

Programme structure and plan

Working across the county system partners, we have broken down the strategy into an overarching strategy framework (the 'what') and three implementation programmes (the 'how'). The implementation programmes are:

- Prevention programme; supporting older people to increase independence and delivering the prevention agenda
- System implementation programme; engagement on increasing independence and optimising community sites and resources
- Integrated care improvement programme; delivering workstreams across both community and urgent care services
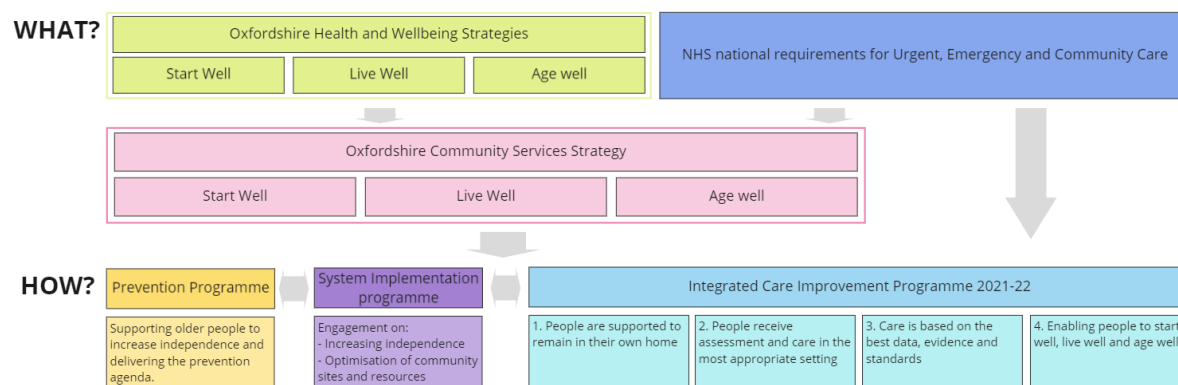
The widest involvement of all strategy partners will be through the Prevention Programme and the means to deliver this most effectively are being explored with Local Authority Colleagues including potential to report into the Health Improvement Board. The system implementation programme is focused on delivering the work which will enable us to identify any areas which would require substantial change and therefore may need higher engagement and then public consultation.
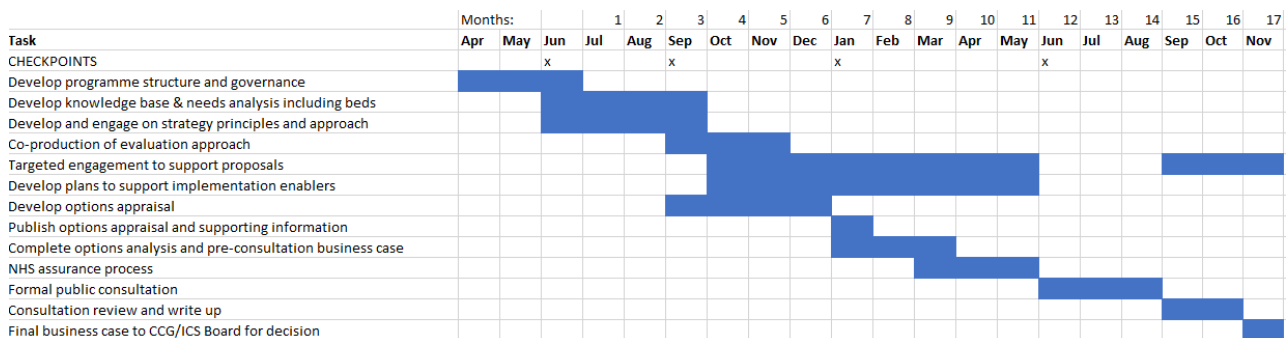
A number of fail-safes have also been built in to ensure that the strategy work delivers the required outcomes. Specifically, these include;

- Regular reporting on checkpoints to every HWB & HOSC to provide assurance

- Sept 21: Early engagement on principles and aims of the strategy

Fail-safe: If unable to publish report on the early engagement work on the principles and aims of the strategy by this time, Chief Executives to report to HWB & HOSC to confirm actions to be taken to address delay

- Jan 22: Progress to countywide strategy options appraisal

Fail-safe: If unable to complete the work required to progress to the development of the options analysis and pre-consultation business case, then Chief Executives to report to HWB & HOSC to confirm actions to be taken to address delay and discuss alternative plan

Task	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Months:				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
CHECKPOINTS			x			x				x					x					
Develop programme structure and governance																				
Develop knowledge base & needs analysis including beds																				
Develop and engage on strategy principles and approach																				
Co-production of evaluation approach																				
Targeted engagement to support proposals																				
Develop plans to support implementation enablers																				
Develop options appraisal																				
Publish options appraisal and supporting information																				
Complete options analysis and pre-consultation business case																				
NHS assurance process																				
Formal public consultation																				
Consultation review and write up																				
Final business case to CCG/ICS Board for decision																				

With Health and Well Being Board support for the approach described herein we will rapidly work up the principles which will inform; the strategy, the support we need for residents and underpin the evaluation of success of the work. These principles will be developed with all Strategy partners to reach a document for engagement with the public before September.

Evaluation approach

We have been asked to layout our approaches to evaluation of this work. There will be different levels that need evaluation:

1. Overall **System Programme**
2. **Test and Learn Pilots** – will determined by specifics of each scheme
3. **Specific options on beds and any other areas of significant change** – in scoping the options for bedded care this will be part of the programme informed by public engagement, criteria will not be clear until this time

Evaluation approach → System programme review → Test and learn proposals → Options appraisal framework

System programme review

As mentioned above, a central part of the next steps will be to develop and engage on the Principles for the strategy by September. This will inform how we will evaluate this work. Initially, the following measures have been identified to help identify the impact of the community services strategy in terms of our population:

- User stated outcomes that help a person best gain or regain levels of independence so that they can manage their own needs review informed by the HWBB Older person strategy ambitions
- monitoring activity and outcomes throughout our system
    - In the community/voluntary sector how many people helped, with what impact, what did they do (increased physical activity, decreased loneliness)
    - At NHS, social care and partner "front doors"
    - Attendances and length of stay in hospital
    - People gaining greater assistance to remain in their own homes
    - Through short term help to people numbers in, length of stay, outcome in terms of long-term care needs
    - Through helping people better manage their long- term conditions
    - Through ensuring the right interventions/help is available to people with complex needs
    - Through practitioner experience, demands, ease of referral etc

Assessment of the programme as a whole will also reflect how this work has contributed to the delivery of the outcomes set out within the joint health and wellbeing board strategy.

Test and learn pilots

A central part of the implementation of the community services strategy will be to identify opportunities to test proposals to provide evidence of the opportunities to deliver services differently. We have already shown that we can do much more through the pandemic and we need to take this learning and evidence its impact further.

As we test new ways of delivering services the criteria will be developed to evidence impact. Throughout we will need to evaluate system cost/benefit. We also need to consider overall capacity requirements for services; what might be done remotely, in people's own homes and what can only be delivered through additional physical locations. A key area for test and learn is our HomeFirst work which has extensive weekly reviews of key data as set out by national NHS requirements.

Wantage Community Hospital clinics

An early pilot we will put in place is to test out-patient clinics within Wantage community hospital to provide additional services to the population of Wantage which will not require them to travel to Oxford. The first clinics are due to start by the end of quarter 2 and will then be reviewed after 6 months to assess their impact. This will be a temporary arrangement whilst we determine the future of the beds.

As with the wider strategy, we will base the evaluation of the pilot on whether or not it meets the principles agreed for the wider strategy. We will also put in place specific metrics to measure impact and outcomes which will be weighted. Examples of the metrics which could be used to evaluate the proposal include:

Patient contacts

- Is there a demand to justify this service within the local area?
    - o   Number of referrals
- How many people are benefitting from this service?
    - o   Number of patient contacts
    - o   How efficient is the Clinic
    - o   Numbers of DNA appointments
    - o   How has digital technology been used and is this safe, effective and equitable?
- Is this benefitting the local community?
    - o   Patient location data
- Has the pilot improved access to services?
    - o   Waiting times
    - o   Reduced travel (patients)

Patient feedback

- Are people positive about their experience of the service?
    - o   Patient feedback surveys

Staffing implications

- Is it possible to staff this effectively?
    - o   Staff vacancy rate
    - o   Cost of staffing
    - o   Number of staff required to run the service

System benefits

- Is this a cost-effective service?
    - o   Capital and revenue cost implications
    - o   System cost implications
    - o   Benchmarking against other similar services
- Is there an opportunity to deliver services differently?
    - o   Review opportunities to run clinics digitally
- Demand within the wider system
    - o   Waiting lists across the wider system for these types of services

Whilst understanding system cost/benefit we will work through the overall capacity requirements for the service; what might be done digitally and what are physical capacity requirements. This will then assist in establishing if these clinics are beneficial to Oxfordshire as a model of care.

Options appraisal framework - Specific options on beds and other areas of significant change

The following approach will be taken to developing specific evaluation to create case for options on beds other areas of significant change:

Developing and weighting the criteria;
- This will be undertaken following input from stakeholders including workshops described in the engagement process

Option appraisal;
- The output from other work streams will be used to provide the information required to assess each of the shortlisted options against the agreed and weighted criteria.

- An appraisal panel who will be set up to undertake the scoring and full option appraisal. It is proposed this will include NHS clinical and managerial; key partners; community groups and patient/public members.
- The output from the appraisal panel will be presented for discussion at stakeholder event(s) and presented to HOSC prior to any formal consultation.

Communications & engagement plan

Our vision is to improve the health, wellbeing, independence and care experiences of individual residents, while strengthening the interdependence of people, families and communities across all of Oxfordshire. To achieve this, we have identified four areas of focus;
- Quality; achieve the best health outcomes and experiences
- People; be the best possible place to work in community care
- Sustainability & Partnership; enable people and communities to stay healthy and resilient
- Research & Training; continuously improve health in our communities

We can only achieve this vision by engaging effectively across our local community and stakeholder groups. This engagement strategy shows how we will do this by:
- Engaging and listening to our stakeholders and acting on what they tell us to share our proposals for change
- Engaging with and energising our staff as our most important asset
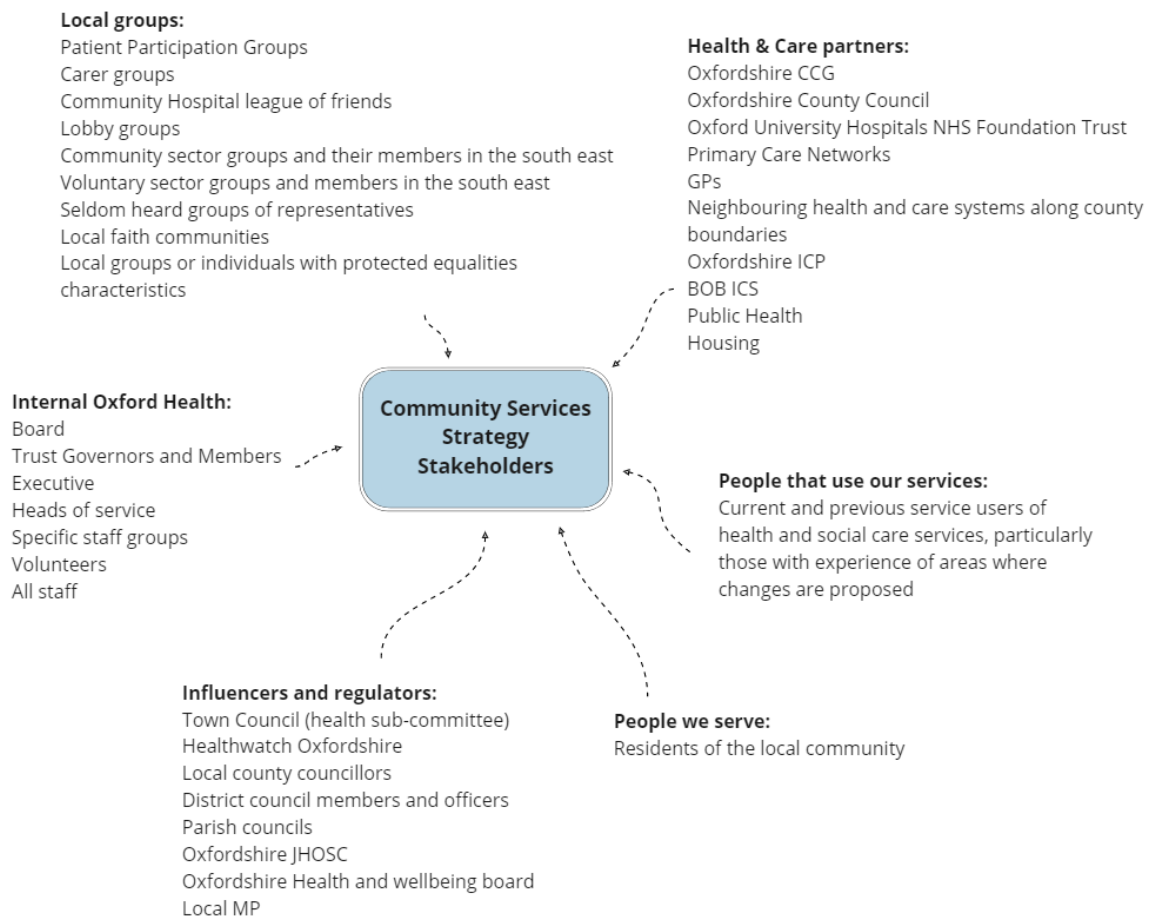
Background
Significant engagement has been carried out across community services within Oxfordshire over the past few years. There has been countywide work and in-depth work in specific geographies or needs areas. The engagement exercise carried out as part of the OX12 project delivered by the CCG to explore options for Wantage Community hospital will also inform the thinking. This plan builds on this existing work and focuses on learning from past engagement to understand how we can most effectively engage local communities to shape services.

Aim and objectives
The overarching aim of the communications and engagement plan is to ensure that those affected by future proposals have the opportunity to be involved in shaping these proposals. This will be achieved by:

- Listening to the views and experiences of local communities to design a set of principles and inform future decision making both regarding specific proposals and across the County more widely
- Ensuring staff understand the objectives of the strategy and have an opportunity to share their feedback to inform future plans
- Providing clear and consistent messages and information to all stakeholders
- Continually reviewing and developing this engagement plan to ensure it takes into account the views of all stakeholders
- Promoting any services delivered during pilots to relevant stakeholders to increase referrals and enable effective evaluation of impact

Stakeholders

Local groups:
Patient Participation Groups
Carer groups
Community Hospital league of friends
Lobby groups
Community sector groups and their members in the south east
Voluntary sector groups and members in the south east
Seldom heard groups of representatives
Local faith communities
Local groups or individuals with protected equalities characteristics

Health & Care partners:
Oxfordshire CCG
Oxfordshire County Council
Oxford University Hospitals NHS Foundation Trust
Primary Care Networks
GPs
Neighbouring health and care systems along county boundaries
Oxfordshire ICP
BOB ICS
Public Health
Housing

Community Services Strategy Stakeholders

Internal Oxford Health:
Board
Trust Governors and Members
Executive
Heads of service
Specific staff groups
Volunteers
All staff

People that use our services:
Current and previous service users of health and social care services, particularly those with experience of areas where changes are proposed

Influencers and regulators:
Town Council (health sub-committee)
Healthwatch Oxfordshire
Local county councillors
District council members and officers
Parish councils
Oxfordshire JHOSC
Oxfordshire Health and wellbeing board
Local MP

People we serve:
Residents of the local community

Key messages

Messages should be underpinned by our absolute commitment to providing the best care possible for local people and to reassure people that the objective of the new service is to provide better quality care, delivered closer to home and out of hospital in local communities.

Detailed messaging in relation to specific proposals will be developed with relevant stakeholders. However, the overarching messages we want to communicate are:

- It is vital that patients, the public and stakeholders get involved in the shaping of outline options for discussion around the provision of local health and care services for their area
- Options appraisals will be designed in partnership with local people and will operate across the whole healthcare system to deliver consistent outcomes for patients through standardised models of care except where variation is clinically justified
- Proposals will be developed using evidence of current needs and future needs as population changes.

In relation to the pilot proposals, key messages include:
- Timescales and details of pilot proposals and what changes will be seen by the local community as a result
- This is a pilot and is not a fait accompli and feedback will be key to shaping future decisions on wider implementation
- How we are taking on board and responding to feedback
- The benefits to our patients, service users, communities and staff

Where a longer-term change is being proposed we will ensure that engagement is completed with stakeholders regarding;

- The process which will be followed and the type of engagement or formal consultation which will be completed before any decision is made
- The evidence base which will be used to make the decision
- Suggested decision criteria and how stakeholders will be able to engage in shaping these

Engagement types

Throughout the course of the development and implementation of the community services strategy the following types of engagement will be completed:

System led engagement;
- Public & wider stakeholder engagement; members of the public and special interest groups with an interest in the development of the strategy including those with a specific interest in Wantage community hospital

Oxford Health led engagement;
- Patient engagement; patients with experience of community services
- Carer engagement; carers for those who have used/currently use community services
- Staff engagement; staff who deliver community services
- Partner/provider engagement; working with partners and other service providers to explore options proposed and increase understanding of the implications

Key phases of engagement

1. Initial information gathering
   - Review of historic engagement activity
   - Share outline proposals for initial review and comments to shape wider engagement approach
2. Key principles and approach for the strategy by September
   - Share proposals for how to shape the strategy
   - All stakeholders feedback on proposals
3. Development of evaluation criteria
   - Workshops held to gather the views of stakeholders on the criteria which will be used to assess options proposed for consultation
   - Agreement of weighting and methodology to be used
4. Public engagement on options
   - Engagement on change options identified as a result of the principles
   - Shaping of consultation papers to ensure they reflect stakeholder reviews
5. Patient and carer engagement on options
   - Co-production of proposals with patients and carers
6. Staff engagement on options
   - Co-production of service models with staff within community services
7. Provider and partner engagement on options
   - Sharing of proposals for feedback with system partners and other providers
8. Formal public consultation
   - Consultation process on substantial changes
9. Engagement on decision and implementation
   - Feedback to all stakeholders on the decision resulting from the consultation process and implementation plan

Types of engagement will be shaped by Covid public health requirements but will include:

- Surveys
- Interviews with patients/carers/families/visitors
- Attendance at local meetings and community groups
- Public meetings
- Facilitated engagement sessions
- Focus group sessions
- Partner and stakeholder communications and newsletters
- Staff bulletin/intranet
- Team briefings
- Press releases and social media
- Website updates

Draft engagement timeline

Months				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Task	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Development and engagement approach developed																				
Public engagement on principles and approach																				
Develop criteria for evaluation of options																				
Targeted engagement to co-produce proposals																				
Formal public consultation																				
Engagement on implementation																				

Engagement evaluation

Success of the engagement relating to this strategy will be assessed based on the criteria including;

- Levels of and nature of feedback, complaints and compliments from patients and other stakeholders to explore how effective communications have been
- Levels of staff engagement and satisfaction
- Media coverage across Oxfordshire
- Feedback from professionals in order to understand the awareness, understanding and support for the service
- Reach of social media (including positive comments, sharing links, retweets, likes etc)
- Increase in number of job applicant

Request of Health and Well Being Board:

Does Health and Well Being Board support the outlined

- Project timeline
- Evaluation approach
- Engagement plan

Presenters:
Dr Ben Riley, Executive Managing Director – Primary, Community and Dental Care Services
Oxford Health NHS Foundation Trust
Diane Hedges, Deputy CEO Oxfordshire Clinical Commissioning Group