

Oxfordshire Community Services Strategy: Update Report for JHOSC

February 2022

Executive Summary

This paper provides a brief update on the Oxfordshire Community Services Strategy and proposes a way of working with members of JHOSC, the public and other key stakeholders to ensure engagement is as effective as possible. It briefly looks back over the past few months, sets out a framework for discussion to strengthen our conversations and provides an overview of what we are looking to achieve to give us a shared understanding of the programme and desired outcomes.

The impact of omicron and winter pressures

As we've seen in the press, this winter has been extremely difficult across the health and care sector and Oxfordshire has been no exception. Between December and February, rates of staff sickness were up to 3 times higher than usual, due in large part to the omicron surge. In response, the health system declared a Level 4 (highest level) incident, triggering 'command and control' emergency procedures. This meant that staff across health and social care, who had been working on the Community Services Strategy, were understandably recalled to support patients and front line services. As a result, we haven't had the essential clinical and operational input we needed to make as much progress as originally planned.

Having said that, as agreed at the last JHOSC, by 10th March we will be able to share the outputs of the clinical and professional workshops held in the run-up to the winter surge, which have led to the development of updated care pathways that help us more clearly identify the characteristics of patients who are most likely to benefit from inpatient care in a community setting – and the alternative options for providing care in the home that often better for many other patients. This information will be available on our website: www.oxfordhealth.nhs.uk/about-us/overview/our-strategy/community-services-strategy/

During November and early December, we also progressed work in the preventive care part of the strategy, led by Pippa Corner at OCC, incorporating important strategic developments around bolstering independence and wellbeing, social prescribing, Communities of Practice and The Oxfordshire Way. Just before Christmas, the strategy leads joined a workshop hosted by the Oxfordshire Voluntary & Care Sector (VCS) coalition and have held subsequent discussions with VCS Chief Executives; although this work necessarily paused during the winter peak, it has been picked up again in the past few weeks.

As the omicron winter surge subsides, the Community Services Strategy is being given renewed focus and additional dedicated resources. We've started by appointing new Programme Director. Helen Shute, a senior director with experience of the Oxfordshire system, joined the team on 14th February. Helen is prioritising meeting with stakeholders and working intensively on the processes and structures we need to progress this work with a refreshed timeline for the programme.

What's going to be different in the next stage of work?

The appointment of an experienced director for the programme is key to making the Community Services strategy, and the critical public engagement work around this, a reality for the residents of Oxfordshire during 2022. The next priorities are to:

- Clearly and consistently lay out what the Strategy intends to do, in a way that is meaningful to the public and facilitates engagement across the breadth of health, social care and voluntary sectors

- Secure dedicated resources for the programme to make sure we have the people with the expertise we need, when we need them
- Put in place the right structures and decision-making processes – discussions have already started on this with the system Chief Executives (NHS and local authority)
- Review the evidence base and ensure the strategy is drawing on this fully – including the information from the public engagement work in previous years
- Consider how best we can engage with the largest possible number of Oxfordshire residents as an ongoing priority, throughout the process
- Change our relationship with key stakeholders, including JHOSC
- With all of the above critical pieces of information, lay out a realistic timeline for delivery

Building our relationship with JHOSC and other local representatives

In order to work effectively together, we need to make sure we have a deeper shared understanding of what Community Services are and what we're trying to achieve through the strategy. A seminar on the strategy has previously been proposed and we intend to set this up as a priority now that covid restrictions are lifting, to provide an opportunity for interested committee members to learn more about the services and provide input into the process.

We are also exploring options to host stakeholder events at one or more Community Hospital venues.

In her new role as Programme Director, Helen would like to get to know members of the committee and other representatives over the coming weeks and would welcome your feedback after the session. She is particularly interested in understanding what needs to be done to build trust we will deliver on the strategy.

We would also welcome a discussion with members about how we communicate and work together, in particular:

- Our commitments to you:
 - We will provide succinct, proactive reporting, on-time
 - We will be honest when things aren't going how we expected
 - We will ask for your help when we need it
 - We will be clear on the input we need from you and the dependencies
- How best to work with you
- How you can help us to progress the Community Services Strategy

The Strategic Direction in a nutshell

In her first two weeks, Helen has supported the team to more clearly lay out the work underway so that all stakeholders have a shared understanding of what we are looking to achieve and how we are going to get there. In summary, there are three key strands to the Community Services Strategy, delivering:

- The Right Care
- At the Right Time
- In the Right Places

In order to deliver the **right care**, we will design Community Services using a robust evidence base. We will draw on best practice, patient feedback, the results of our public engagement and clinical and operational expertise. We will map our resources (everything from our buildings and budgets through to voluntary and

community networks and assets) to inform the plans for developing our preventative and care-based community services. We will create a robust workforce plan that deals with local challenges and not only looks after our people now, but also seeks to attract people into healthcare training so we have a pipeline of expert staff for the future as Oxfordshire's population grows and ages.

Making sure the people of Oxfordshire have the right care at the **right time** means we need to think about when people need care. This will help us to identify the services we need to keep people living more healthily and independently at home for longer. Our Community Services will be both reactive and proactive, providing care and support:

- In advance (preventative care, before people become unwell)
- At the time of a health crisis
- While they are recovering from illness
- And in some cases, when long term care is needed

It is vitally important that the right care at the right time is delivered in the **right places** and this is the final pillar of the Community Services strategy. Community Services are delivered:

- In people's homes
- In their local communities
- And in in-patient services

We will make sure we are using our resources in the best way possible, to deliver services in the right setting for patients, as close as possible to where they live. Based on the clinical evidence, buildings, funding and workforce available, alongside what we know about our local communities (including what they tell us) we will propose new ways of delivering our Community Services in Oxfordshire.

We anticipate the results of our work will enable more people in Oxfordshire to access essential Community Services closer to where they live. We will work to minimise the amount of unnecessary in-patient care people need because we will be delivering more care in ways that lead to better long-term health outcomes, focusing our budget on preventative care and developing the resilience and robustness of care outside of hospitals. Where community in-patient care is the right care to meet the needs of patients, we will develop proposals for how and where it is best to locate and resource that care.

Strategy Principles

At last November's JHOSC, we presented the results of the public engagement work on the principles that will underpin the community services strategy. We shared how these principles had been updated in response to the feedback received from a wide range of stakeholders and set out that the next stage of work would be to develop these into specific options for further public engagement. We are pleased to report that the principles were formally adopted at the December Health and Wellbeing Board.

When we're talking about what we're doing and the principles that sit behind it, however, it's difficult for people to remember and work with 11 separate principles. We need them to be understood, remembered and acted upon and, with this in mind, we have distilled them to four overarching strategic priorities to steer the service change and engagement programme (mapping to the 11 principles is in Appendix 1).

These priorities are:

- **Locally accessed and driven.** We need to design our services with our population needs and contexts in mind, to ensure they are effective at delivering health outcomes and reducing inequalities. We will consistently balance value and accessibility with the resources available, delivering as many services as we can close to home in the most equitable way, while managing the local budget in the most responsible way for Oxfordshire. We will employ new technology where it

makes sense to do so to enable people to stay well at home for longer. We will create new community-based networks and structures that support local engagement and decision-making. Local won't always mean everything can be on your doorstep but we will work with local communities to design an approach that works well for them, in a way that meets people's needs.

- **Flexible and equitable by design.** To be fit for the future, we need to ensure that the foundations we lay now for our services enable both continuous improvement and a safe but flexible, agile response to changing circumstances, following evidence-based guidelines, whether that is in the short or medium term. This includes ensuring tailoring services to provide equitable access based on each local community's assets, opportunities and requirements, not a 'one size fits all' approach to service delivery. Services must be able to respond in a timely manner to changes in individual patients' needs, changes in their local population and new approaches to prevention and treatment as soon as these become best practice.
- **Seamless from start to finish.** The engagement work to date has identified fragmentation of care as a major cause of dissatisfaction among patients, carers and staff. From the earliest pathway design through to every step of the patient or carer's journey, care should be joined up and coordinated. This means we need to work on every aspect of our approach, from the local, environmental and community inputs alongside the financial at the outset of a design programme, through the way we work seamlessly as system partners to how we communicate both with patients and each other, the joins in the system should be invisible to the people we care for.
- **Delivered by an expert team.** High quality Community Services require caring, well-motivated, functional, multi-professional teams. We will only deliver on our priorities if we have a strong, motivated, well-resourced and stable workforce with sufficient time and skill to dedicate to patient care. We will work hard to make Oxfordshire a great place to work as a health or care professional (or volunteer), offering training, development, progression and wellbeing support and a culture people want to be a part of to attract both qualified healthcare professionals and those making their career and training choices now. A robust plan for delivering the required workforce is critical if the strategy is to be credible to its key stakeholders.

Updating the timeline for public engagement

Community services cover a broad range of care and there are many people and organisations working to improve them – we have identified over 40 different projects, service teams and groups working on plans to modernise community care; the new Programme Team will work with them to make sure they are working seamlessly together to deliver the agreed principles, pulling together the different workstreams and ensuring we have meaningful public involvement and engagement as the work progresses.

Due to the delays experienced over winter and because of the widened scope of work identified from last year's public engagement on the principles, we have been reviewing and updating the delivery timelines for the programme, to ensure adequate time is built in for full and comprehensive public engagement.

Public engagement will be an ongoing process, but for planning purposes, we anticipate that engagement activities will be concentrated into two phases (avoiding school holidays where possible):

- Phase 1 - April-July 2022 (working around local elections as required)
- Phase 2 - September-December 2022

Our questions for HOSC

- 1) What do you need from us to make our relationship as productive as possible as we all work to deliver the best outcomes for Oxfordshire?
- 2) How best can we work with the committee? For example, would you support us organising a dedicated workshop and/or visit to a community site for JHOSC members to learn more about the services and meet front-line staff?
- 3) How can you help us to progress the Community Services Strategy over the coming months?

Appendix One: Mapping the 11 Principles to four strategic priorities

This shows how the principles agreed in the engagement work so far have been used to shape four strategic priorities for engagement in the next phase of the programme.

Many of the principles are necessarily duplicated across each of the priorities. This exercise could equally have sought to map the principles into the three strategic pillars in the main body of this paper. What is key is that these principles are being used as the foundation of the programme – as we develop and appraise options, we will return to the full list however the priorities provide us with a more accessible language and simpler focus, around which we can speak about and manage the programme.

- **Flexible and equitable by design.** In order to be fit for the future, we need to ensure that the foundations we lay now for our services enable both continuous improvement and a safe but flexible, agile response to changing circumstances, following evidence based guidelines, whether that is in the short or medium term. This includes ensuring tailoring services to provide equitable access based on each local community's assets, opportunities and requirements, not a 'one size fits all' approach to service delivery. Services must be able to respond in a timely manner to changes in individual patients' needs, changes in their local population and new approaches to prevention and treatment as soon as these become best practice. This maps to these agreed principles:
 - Enable people to stay well for longer in their own homes
 - Use digital approaches to improve health and independence
 - Base service design on best practice, clinical evidence and user experience
 - Deliver the locally and nationally agreed priorities for our health and care system
 - Contribute to sustainability and the environment
 - Maximise the positive impact on health and wellbeing for our population, within the limitations of our resources
- **Seamless from start to finish.** The engagement work to date has identified fragmentation of care as a major cause of dissatisfaction among patients, carers and staff. From the earliest pathway design through to every step of the patient or carer's journey, care should be joined up and coordinated. This means we need to work on every aspect of our approach, from the local, environmental and community inputs alongside the financial at the outset of a design programme, through the way we work seamlessly as system partners to how we communicate both with patients and each other, the joins in the system should be invisible to the people we care for. This maps to these agreed principles:
 - Provide a better experience for people who are seeking or receiving care in their community
 - Ensure our use of beds in the community maximises improvements in people's long term health
 - Base service design on best practice, clinical evidence and user experience
 - Deliver the locally and nationally agreed priorities for our health and care system
- **Locally accessed and driven.** We need to design our services with our population needs and contexts in mind, to ensure they are effective at delivering health outcomes and reducing inequalities. We will consistently balance value and accessibility with the resources available, delivering as many services as we can close to home in the most equitable way, while managing the local budget in the most responsible way for Oxfordshire. The most local care is the care delivered at home - we will employ new technology where it makes sense to do so and to enable people to stay well at home for longer. We will create new community-based networks and structures that support local engagement and decision-making. Local won't always mean everything on your doorstep but we will work with local communities to design the best approach for them, in a way that meets people's needs.

This maps to these agreed principles:

- Ensure opportunities to improve health and wellbeing are consistent and equitable across the county
 - Provide a better experience for people who are seeking or receiving care in their community
 - Organise services so staff operate in teams with appropriate skills in buildings that enable them to work more effectively
 - Enable people to stay well for longer in their own homes
 - Use digital approaches to improve health and independence
 - Contribute to sustainability and the environment
 - Maximise the positive impact on health and wellbeing for our population, within the limitations of our resources
- **Delivered by an expert team.** High quality Community Services require caring, well-motivated, functional, multi-professional teams. We will only deliver on our priorities if we have a strong, motivated, well-resourced and stable workforce with sufficient time and skill to dedicate to patient care. We will work hard to make Oxfordshire a great place to work as a health or care professional (or volunteer), offering training, development, progression and wellbeing support and a culture people want to be a part of to attract both qualified healthcare professionals and those making their career and training choices now. A robust plan for delivering the required workforce is critical if the strategy is to be credible to its key stakeholders. This maps to these agreed principles:
 - Organise services so staff operate in teams with appropriate skills in buildings that enable them to work more effectively
 - Be a great place to work for the health and social care workforce

In relation to this priority, we have heard the concerns raised by residents and JHOSC members about the risk of workforce shortages undermining the ability to deliver these ambitions and are developing a plan to address this, in order to ensure the care delivered to people at home and in other community settings is reliable, consistent and robust.

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