

# Oxford Health NHS FT Clinical Strategy 2021-2024

## Clinical Priorities & Ways of Working

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## ‘Strategic context / Case for change’

OHFT’s Clinical Strategy seeks to achieve and address a range of internal and external factors, including:

### NHS Long Term Plan

NHS’s 10 year plan focuses on greatest impact for population health - addressing health inequalities and poor outcomes through joining-up care. OHFT ‘s focus is on improving health outcomes with ‘fully integrated community-based healthcare’ working with primary care networks (cluster of GPs). OHFT also needs a focus on prevention and early intervention (e.g. children and young people’s mental health), enhanced collaboration (e.g. 111 service), and clinical research (e.g. the Oxford Brain Health Research Clinic).

### Integrated care

Integrated Care Systems (ICSs) is an opportunity to improve population health through the NHS, local authorities, 3<sup>rd</sup> sector, with ICS’ goals : 1) **improve health outcomes**, 2) **tackle health inequalities**, 3) **enhance productivity & value**, 4) **support broader socio-economic development**. OHFT ‘s has a natural ‘integrator’ for the ICS-BOB – to improve outcomes at scale (via provider collaborations); with a county footprint & relationships with primary care and local authorities (e.g. children’s health and ageing well); with per capita productivity measures.

### Health inequalities

Many factors drive health inequalities (e.g. poverty, unemployment, housing, social networks) to poorer health and quality of life. Covid-19 worsened this. The Marmott review (Build Back Fairer)- tackling health inequalities via integrated care is a national priority. OHFT can be proactive in tackling health inequalities, in shifting resources to prevention and early intervention to address wider determinants of poor health, with an innovator/disrupter approach. OHFT need to address the gap between Capacity Vs Demand, which is distressing for clinicians and patients, with new care models and realignment of available resources

### OHFT Strategy 2021-26

OHFT’s 5-year strategic objectives– Quality, Workforce, Sustainability and Research. The Clinical Strategy is complementary to OHFT’s strategy – aligning with a People Plan and integrated approach to use of estate, financial, IT and digital resources in person-centred ways for clinical service transformation.

# Oxford Health's clinical priorities 21/22-24/25

Improving patient outcomes, prevention, empowering self-care, and reducing health inequalities, lead to *FOUR clinical priorities*:

## Children and young people – service integration

All health and care partners (e.g. local authorities, schools, NHS acutes, voluntary sector) have collaborative teams focused on health and wellbeing (e.g. 'hubs' 16-25 years). Preventative clearly reduces long term societal cost. OHFT has a leading role to develop new models for school support and for CYP mental health service – e.g. piloting new approaches, challenge the Tiers, gaming & gambling consideration, removing barrier to earlier treatment. Sustainably fits with new models that address access to services, clean air and green space, and eco-anxiety of CYP and the Climate Emergency.

## Ageing well – flourishing

Community centers supporting care at home for people with long term conditions to live independently with dignity for as long as possible and support end of life care. OHFT will shift resources to enable greater self-care – e.g technology devices and 'wearables' for monitoring of health at home; multi-disciplinary approach to ageing well e.g. learning from cutting edge research into dementia; evidenced frailty pathways; and partnership with local authorities, supported housing, and 3<sup>rd</sup> sector organisations for community rehabiiation.

## Offender pathway

OHFT being a center for excellence in understanding and reducing the drivers leading to offending. This includes operating differently and taking a broader health inequalities approach to service models e.g. developing models focused on prevention, and earlier intervention (e.g. schools exclusions) to reduce lengths of stay and levels of intensive support.

## Responsive to crisis

OHFT has community services that respond rapidly and effectively 24/7, with clinical prioritisation, clinical capability, step up intensity of care, with the strategic aim to reduce Length of Stay and bed use in A&E, Acute & MH hospitals bed-based car. This is to improve long-term health outcomes and address health inequalities, e.g. Single Point of Access hubs, Urgent Community Response, Crisis Houses/café, Hospital at Home teams.

# Ways of working

Ways of working / Enablers / Working differently....links with our People Plan

## Prevention & empowering self-care

Re-designed services to engage people (access) to reduce the need of intensive / ongoing interventions at a later stage e.g. greater provision with primary care, reduce focus on bed-dependent models. Key is population health insight to enable more preventative services and improve clinical effectiveness, and capitation value for money.

## Community-based care

Enhanced collaborative working with other organisations in community settings via localities and Primary Care Networks,. More acute provision in community-settings, to share learning and resources, and reduce inefficiencies. OHFT's Community Hospitals act as a hub for local services that support prevention and recovery

## Workforce transformation

Develop workforce skills & roles that more actively promote healthier lifestyles and wellbeing (prevention) and workforce models that collaborate effectively with partners. Roles adaptable to future needs, 7 day working, less broadcast training and more on quality improvement skills. Clinical managers supported through coaching and mentoring, with leadership development at all levels for service transformation. Stop trying to recruit roles it knows aren't available, with more adaptation for teams across organizational boundaries.

## Guided by population health insight

Population health data to inform collaborative decision-making and service planning. Focus on smaller/specific populations (to address needs and health inequalities), develop commissioning models focused on outcomes, and resourcing to improve productivity and sustainability, reduce inefficiencies, and speed-up processes.

## System influencer & integrator

In the context of Integrated Care Systems, OHFT develop its system integrator role (where it is a direct provider) and influencing role (where it isn't a direct provider) with aim of bring together organisations to work across pathways and shared cohorts to improve outcomes, guided by population data to invest resources in innovation.