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| **Agenda Item:** |

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| **Meeting:** Oxfordshire Place-Based Partnership Board (Shadow) |

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| **Date of Meeting** | 30 November 2021 |
| **Title of Paper** | Recommendations to HWBB on the final Principles of Community Strategy |
| **Lead Directors** | Ben Riley, OHFT |
| **Author(s)** | Diane Hedges, Deputy Chief Executive, OCCG  Ben Riley, OHFT |
| **Paper Type** | * **Decision** |
| **Action Required** | The Place Board is asked to agree   * the proposed final principles for the community services strategy based on feedback from the engagement exercise |

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| **Executive Summary**  The community strategy work continues to progress, clinical workshops have been held and members will recall the engagement process on case for change and principles to inform decision making has concluded. The document published can be found here  [Improving Community Health and Care Services - Oxfordshire Clinical Commissioning Group (oxfordshireccg.nhs.uk)](https://consult.oxfordshireccg.nhs.uk/Communityservices/consultationHome)  The feedback from the engagement process is attached as Appendix 1. Reflecting on this feedback we have made some proposals for adjustment clarifying some wording and reducing the principles down from 12 to 10.  This paper seeks recommendation of the proposed principles arising from the engagement exercise to be recommended to the Health and Well-being Board in December for final sign off. |

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| **Previously considered by (CCG and/or ICS, ICP Boards and/or Committees)** | Proposed Principles circulated to the Local Authority Chief Executives for feedback  OCCG Executive committee 23/11/21  Will go to Care Integration Board 2/12/21 |
| **Financial and resource implications** | No costs directly arising from this paper however these principles will be used to determine future decisions, informing our approach to option appraisal, so do need to drive sound financial decision making |
| **Risk and Assurance** | Principles seek to manage future risk of challenge to our process by publicly setting out how we will approach strategy decisions |
| **Legal implications/regulatory requirements** | As above. |
| **Consultation, public engagement & partnership working implications/impact** | The engagement with the public on the principles for decision making has been concluded and the outcomes from this engagement are attached.  Depending on recommendations around the nature, number and location of community beds as part of this work there maybe need for public consultation. This work and changes we take on board will constitute an important part of the evidence of a prior engagement process to any consultation. |
| **Public Sector Equality/Equity Duty** | As part of any consultation an impact assessment will be undertaken |

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| **Conflicts of Interest** |
| * Not applicable |

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| No conflict identified | ✓ |
| Conflict noted: conflicted party can participate in discussion and decision |  |
| Conflict noted, conflicted party can participate in discussion but not decision |  |
| Conflict noted, conflicted party can remain but not participate in discussion |  |
| Conflict noted, supported paper withheld from conflicted party e.g. pecuniary benefit |  |
| Conflicted party is excluded from discussion |  |

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| **Authority to Make a Decision – process and/or commissioning (if relevant)**  The PBP Board (Shadow) will oversee the Community strategy work in development. At the point of decision-making on any consultation these decisions will be taken by the relevant Governing Body and Trust Board. |

**Oxfordshire Community Services Strategy**

**Proposed amendments to Principles based on public engagement meetings and feedback** (changes in blue text)

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| **Original principle** | **Feedback comments / observations** | **Suggestions for new wording from public** | **Development group recommendation** | **Updated principle for HWBB review** |
| **Provide a better experience for**  **people who are seeking or receiving care in their community.**  We will include patient feedback in decision making as well as information about outcomes.  We will recognise the significant role of carers. We will provide support to carers to help them maintain their own health and wellbeing, and balance their role as a carer with life, work and family commitments.  We will do more to reach those from under-represented groups where we anticipate people have needs but don’t currently present to services in the numbers we would expect. This includes helping those who have difficulties accessing services. | 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 throughout the process." | Agreed – will add as second bullet point to the document. | **Principle 1: Provide a better experience for**  **people who are seeking or receiving**  **care in their community.**  We will include patient feedback in decision making as well as information about outcomes. We will involve service users throughout the design and development of integrated Health and Care services.  We will recognise the significant role of carers. We will provide support to carers to help them maintain their own health and wellbeing, and balance their role as a carer with life, work and family commitments.  We will do more to reach those from under-represented groups where we anticipate people have needs but don’t currently present to services in the numbers we would expect. This includes helping those who have difficulties accessing services. |
| Principle 1 – further feedback | 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. |  | Agreed – added to principle 3 and will be included in service planning in due course |  |
| **Principle 2: Ensure equality of opportunities to improve health and wellbeing are consistent across the county.**  We will work together to tackle the differences experienced in health outcomes (health inequalities). We will adopt approaches that support people to achieve consistently good health outcomes wherever they live in the county, tailored to individual and local circumstances.  We will provide consistent opening hours for services. We will look to put resources in areas with the greatest need. | This is a vague, poorly worded, sweeping statement.  Whilst supporting the underlying message interpreted as ‘fair distribution of services;’ as stated there is no sign of how it will be achieved and is currently undermined by the inequitable distribution of resources and services across the county. As such it is not very convincing.  We know that many of the services that our patients need are not available locally. It is so frustrating to be repeating the same complaints about so many people being unable to access services only available in Abingdon, Wallingford and Oxford.  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. | Suggestion of Would something like setting a minimum common standard of service across the county be a better principle? | Agreed - amended text added to subpoints | **Principle 2: Ensure opportunities to improve health and wellbeing are consistent and equitable across the county.**  We will work together to tackle the differences experienced in health outcomes (‘health inequalities’) and put more resources in areas with the greatest need.  We will adopt approaches that support people to achieve consistently good health outcomes wherever they live in the county, tailored to individual and  local circumstances.  We will develop minimum common standards to ensure access to services is equitable across Oxfordshire. This will include providing consistent, resilient and reliable opening hours for services matched to need. |
| **Principle 3: Enable people to stay well for longer in their own homes.**  We will work with our residents to lengthen the time that people remain in good health and delay the point in their life when they become dependent on services or need to move to a care home.  We will make sure that people of all backgrounds can access our services rapidly when they need them, before their health deteriorates. | Whilst recognising that this is a principle that should be applied to people of any age (not just older people) we are not convinced that it can be achieved in practice, given the lack of staffing in Primary Care and Social Services as well as the shortage of care workers. Not achieving an objective is worse than not having the objective at all if it means that the back-up services required when health deteriorates do not exist. | A statement that “we will make sure that people can access our services rapidly” is a very definite statement but “rapidly” needs further definition. | Amendments made in line with feedback above.  We will expect these Principles to apply to all ages | **Principle 3: Enable people to stay well for longer in their own homes.**  We will work with our residents to lengthen the time that people remain in good health and delay the point in their life when they become dependent on services or need to move to a care home.  We will develop services that plan ahead and respond earlier in the course of an illness, maximising the opportunities to prevent a long-term deterioration in health or wellbeing.  We will make sure that people of all backgrounds can access our services rapidly when they need them (e.g. to offer alternative appropriate support before a hospital admission is required).  We support the process of moving from active treatment to palliative care and enable more people to experience the best possible end of life. |
| **Principle 4: Use digital approaches to improve health and independence**  We will harness the potential of digital technology to enable people to strengthen their social connections and maintain their independence and wellbeing.  We will offer more options and support for how people use digital services including online; at home; and within the community.  We will support people to develop their digital literacy and minimise inequalities. | There needs to be clarity as between what digital means for patients/people and services.  There needs to be acknowledgement that ‘digital’ is not always an option for people |  | See comments – add overcome barriers to access….and minimise equalities.  Add – in a sentence about geographical boundaries etc  See amendments. | **Principle 4: Use digital approaches to improve health and independence**  We will harness the potential of digital technology to enable people to strengthen their social connections, reduce geographical barriers to access and maintain their independence and wellbeing.  We will offer more options and support for how people use digital services including online; at home; and within the community.  We will support people to develop their digital literacy, overcome barriers to access and minimise inequalities. |
| **Principle 5: Offer more joined up services to improve their effectiveness and quality.**  We will support effective working  between teams and services.  We will reduce duplication and poor communication between services, especially when patients move from one service to another.  We will make sure all services have access to the support they need to deliver to their best ability. For example, access to community-based  diagnostic tests. | This statement falls within the overall objective of the exercise; so really is not a principle.  Unsure what ‘offer more joined up services’ means. Is this more in quantity or is it about ensuring that existing and new services work in a joined-up way? |  | Merge with Principle 8  Feedback noted – reworded to clarify meaning. | This principle has been merged (see below). |
| **Principle 6: Ensure our use of beds in the community maximises people's long-term health.**  We will focus on what people can do and make sure we’re not prematurely putting them into a hospital bed or institutional setting.  We will only use a hospital bed to offer treatment if it can’t be provided in another setting, especially the person’s own home.  When a patient needs a community hospital bed, we will ensure they are able to access the clinical expertise, environment and staffing they need to get the best long-term health benefit.  We will reduce the time spent in a hospital bed by more efficient bed management, improving our ability to get people home when ready with timely therapy input.  When people are in beds, we will ensure they have access to other community services such as testing and consultant expertise. | These are all things which the community beds in Wantage hospital used to do. We believe that re-enablement or reablement can often best be provided in a community setting where patients (of any age) who have recently spent time in acute settings are encouraged to get out of bed and join in simple communal activities such as preparing meals or making hot drinks. This enables people to regain confidence in their abilities in a safe environment throughout the day not just in the 15 minutes that a care worker or physiotherapist is spending in their home. We have yet to see evidence of outcomes from home care services which match those of community hospital re-enablement. Better co-ordination of care at home is required. We have heard of instances where patients have been sent home without support (or even checking if heating has been turned on or there is food in the house) and other examples where patients are sent home when the only support is an elderly partner incapable of providing care.  We’re also not sure about the consistent opening hours for services when combined with putting resources in areas with the greatest need. We know that when there is a shortage of Midwives, our maternity services are closed and resources moved to Wallingford, Witney or Oxford thus opening hours are definitely not consistent across the county so how will this principle will be applied? | 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! | Given the comments about jargon, this principle has been reworded to clarify meaning and definitions | **Principle 5: Ensure our use of beds in the community maximises improvements in people's long-term health.**  We will only use a hospital bed if this is in the patient’s best interests and their treatment can’t be provided safely and effectively in another setting, especially the person’s own home.  When a person uses a community hospital bed, we will ensure this provides the professional expertise, environment and staffing they need to get the best long-term health benefit. This includes enabling people to build on their strengths and take part in communal activities when able to do so.  When people are in community beds, we will ensure they have access to good clinical care, including tests, investigations and consultant expertise.  We will reduce the time spent in a hospital bed by providing sufficiently resourced therapy and other timely care and by improving our ability to support people to transfer home when they are ready. |
| **Principle 7: Base service design on best practice and clinical evidence**  We will work with research teams to identify best practice both nationally and internationally.  We will seek advice from expert clinicians on how we can apply this best practice evidence to our services.  We will ensure that the services we provide meet quality and  regulatory standards.  When thinking about how we use our resources, we will consider things that are not traditionally reflected in financial statements.  This includes thinking about how social, economic and environmental factors can create  value for communities. | Phrases like “we will consider” and “clinical evidence” are not sufficient for principles.  What about service design based on listening to patients and carers as well? This is best practice, needs more clearly stating what best practice is e.g. evidence, patient centred design, what has worked well elsewhere etc.  Inclusion of listening to patients and carers in service design needs to be stated. | 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.” | User experience added.  The development group considered that the rest of the original wording was more balanced and reflected the need to take an evidence-based approach while also incorporating local considerations, resources and service user priorities for how funding is allocated to services | **Principle 6: Base service design on best practice, clinical evidence and user experience**  We will work with research teams to identify best practice both nationally and internationally. We will seek advice from experts on how we can apply this best practice evidence to our services.  We will work with service users and communities to ensure that their experience is heard and reflected in service design and implementation.  We will ensure that the services we provide meet quality and regulatory standards.  When thinking about how we use our resources, we will consider things that are not traditionally reflected in financial statements. This includes thinking about how social, economic and environmental factors can create value for communities. |
| **Principle 8: Organise services so staff operate in effective teams, with appropriate skills, that use resources effectively**  We will develop our community hospitals into vibrant centres of excellence that provide the greatest benefit for residents, taking into account local need and the amount of service use.  We will share and develop our buildings to achieve the best outcomes for the people of Oxfordshire.  We will design services to be flexible so they can respond to changing needs. For example, additional pressure in winter or infection control changes.  We will ensure our services are resilient so people can rely on them always being there and not risk service gaps due to staffing issues. | 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. | This is not a separate principle and better sits within Principle 5. | Merge with Principle 5  Feedback noted – clarified and points about use of buildings added.  Agree that supporting statements do not reflect the main principle re: staff teams, so added.  The development group agree it is important to have a principle reflecting the importance of well-led, team-based approaches to care provision | **Principle 7: Organise services so staff operate in teams with appropriate skills and in buildings that enable them to work more effectively**  We will develop well-led teams with the skills, leadership and experience to deliver effective multi-disciplinary care, reducing duplication and poor communication between services, especially when patients move from one service to another.  We will develop our community hospitals into vibrant centres of excellence that provide the greatest benefit for residents, taking into account local need and the amount of service use.  We will share and develop our buildings to achieve the best outcomes for the people of Oxfordshire.  We will design services to be flexible so they can respond to changing needs. For example, additional pressure in winter or infection control changes. Also to have access to the support they need to deliver to their best ability. For example, access to community-based diagnostic tests.  We will ensure our services are resilient so people can rely on them always being there and not risk service gaps due to staffing issues. |
| **Principle 9: Be a great place to work for the health and social care workforce.**  We will improve the career and skills  development opportunities for all our  health and social care staff.  We will work collaboratively to support  the recruitment, retention and  development of staff.  We will promote equality, diversity,  teamwork and empowerment to  provide the best possible staff  experience and working environment. |  | Change to talk about Management empowering the community staff to help them provide improved joined-up services | Feedback noted and discussed – no amendments made as many healthcare staff strongly support inclusion of this principle and were involved in developing it through staff workshops. | **Principle 8: Be a great place to work for the**  **health and social care workforce.**  We will improve the career and skills development opportunities for all our health and social care staff.  We will work collaboratively to support the recruitment, retention and development of staff.  We will promote equality, diversity, teamwork and empowerment to provide the best possible staff  experience and working environment. |
| **Principle 9: Be a great place to work for the health and social care workforce.** | 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, or  b) or fits better under Principle 5 and merge with Principle 8 |  |
| **Principle 10: Deliver the locally and nationally agreed priorities for our health and care system** | This is not a principle; it is a given as this is the way policy works.  Deliver the locally and nationally agreed priorities for our health and care system. What are the locally agreed priorities? |  | Add as sub-category to Principle 12 | Principle 10 has been merged into Principle 12. |
| **Principle 11: Contribute to sustainability and the environment.**  We will make sure services are  sustainable both financially and for the environment.  We will reduce the unnecessary use of limited resources and consider the impact on the environment.  We will minimise unnecessary travel. For example, by providing more outpatient services locally. | This should be embedded in all services, therefore not a standalone principle |  | Add in 2050 plan/Oxfordshire Infrastructure - see amended wording | **Principle9: Contribute to sustainability and the environment.**  We will make sure services are  sustainable both financially and for the environment.  We will reduce the unnecessary use of limited resources and consider the impact on the environment.  We will minimise unnecessary travel. For example, by providing more outpatient services locally.  We will work with partners to maximise the use of available and planned infrastructure capacity to improve health, as detailed in the Oxfordshire Infrastructure Strategy, and support the Oxfordshire Plan 2050. |
| **Principle 12: Maximise the positive impact on health and wellbeing for our population, within the limitations of our resources**  We will develop services that have the maximum positive impact on the health  and wellbeing of the population within the resources we have available. | This sounds nice but is not measurable and therefore should not be included. and as a result, conveys little meaning. |  | Feedback noted –  Amended to incorporate Principle 10. | **Principle 10: Maximise the positive impact on health and wellbeing for our population, within the limitations of our resources, including the delivery of local and national priorities.**  We will develop services that have the maximum positive impact on the health  and wellbeing of the population within the resources we have available. |

**Revised Principles**

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| **Updated principle for HWBB review** |
| **Principle 1: Provide a better experience for people who are seeking or receiving care in their community.**  We will include patient feedback in decision making as well as information about outcomes. We will involve service users throughout the design and development of integrated Health and Care services.  We will recognise the significant role of carers. We will provide support to carers to help them maintain their own health and wellbeing, and balance their role as a carer with life, work and family commitments.  We will do more to reach those from under-represented groups where we anticipate people have needs but don’t currently present to services in the numbers we would expect. This includes helping those who have difficulties accessing services. |
| **Principle 2: Ensure opportunities to improve health and wellbeing are consistent and equitable across the county.**  We will work together to tackle the differences experienced in health outcomes (‘health inequalities’) and put more resources in areas with the greatest need.  We will adopt approaches that support people to achieve consistently good health outcomes wherever they live in the county, tailored to individual and local circumstances.  We will develop minimum common standards to ensure access to services is equitable across Oxfordshire. This will include providing consistent, resilient and reliable opening hours for services matched to need. |
| **Principle 3: Enable people to stay well for longer in their own homes**.  We will work with our residents to lengthen the time that people remain in good health and delay the point in their life when they become dependent on services or need to move to a care home.  We will develop services that plan ahead and respond earlier in the course of an illness, maximising the opportunities to prevent a long-term deterioration in health or wellbeing.  We will make sure that people of all backgrounds can access our services rapidly when they need them (e.g. to offer alternative appropriate support before a hospital admission is required).  We support the process of moving from active treatment to palliative care and enable more people to experience the best possible end of life. |
| **Principle 4: Use digital approaches to improve health and independence**  We will harness the potential of digital technology to enable people to strengthen their social connections, reduce geographical barriers to access and maintain their independence and wellbeing.  We will offer more options and support for how people use digital services including online; at home; and within the community.  We will support people to develop their digital literacy, overcome barriers to access and minimise inequalities. |
| **Principle 5: Ensure our use of beds in the community maximises improvements in people's long-term health.**  We will only use a hospital bed if this is in the patient’s best interests and their treatment can’t be provided safely and effectively in another setting, especially the person’s own home.  When a person uses a community hospital bed, we will ensure this provides the professional expertise, environment and staffing they need to get the best long-term health benefit. This includes enabling people to build on their strengths and take part in communal activities when able to do so.  When people are in community beds, we will ensure they have access to good clinical care, including tests, investigations and consultant expertise.  We will reduce the time spent in a hospital bed by providing sufficiently resourced therapy and other timely care and by improving our ability to support people to transfer home when they are ready. |
| **Principle 6: Base service design on best practice, clinical evidence and user experience**  We will work with research teams to identify best practice both nationally and internationally. We will seek advice from experts on how we can apply this best practice evidence to our services.  We will work with service users and communities to ensure that their experience is heard and reflected in service design and implementation.  We will ensure that the services we provide meet quality and regulatory standards.  When thinking about how we use our resources, we will consider things that are not traditionally reflected in financial statements. This includes thinking about how social, economic and environmental factors can create value for communities. |
| **Principle 7: Organise services so staff operate in teams with appropriate skills and in buildings that enable them to work more effectively**  We will develop well-led teams with the skills, leadership and experience to deliver effective multi-disciplinary care, reducing duplication and poor communication between services, especially when patients move from one service to another.  We will develop our community hospitals into vibrant centres of excellence that provide the greatest benefit for residents, taking into account local need and the amount of service use.  We will share and develop our buildings to achieve the best outcomes for the people of Oxfordshire.  We will design services to be flexible so they can respond to changing needs. For example, additional pressure in winter or infection control changes. Also to have access to the support they need to deliver to their best ability. For example, access to community-based diagnostic tests  We will ensure our services are resilient so people can rely on them always being there and not risk service gaps due to staffing issues. |
| **Principle 8: Be a great place to work for the**  **health and social care workforce.**  We will improve the career and skills development opportunities for all our health and social care staff.  We will work collaboratively to support the recruitment, retention, and development of staff.  We will promote equality, diversity, teamwork and empowerment to provide the best possible staff experience and working environment. |
| **Principle9: Contribute to sustainability and the environment.**  We will make sure services are sustainable both financially and for the environment.  We will reduce the unnecessary use of limited resources and consider the impact on the environment.  We will minimise unnecessary travel. For example, by providing more outpatient services locally.  We will work with partners to maximise the use of available and planned infrastructure capacity to improve health, as detailed in the Oxfordshire Infrastructure Strategy, and support the Oxfordshire Plan 2050. |
| **Principle 10: Maximise the positive impact on health and wellbeing for our population, within the limitations of our resources, including the delivery of local and national priorities.**  We will develop services that have the maximum positive impact on the health and wellbeing of the population within the resources we have available. |