Wantage and Grove Campaign Group

Improving Community Health and Care Services

September 2021

This is our submission to the consultation on the draft principles for Community Health and Care services in Oxfordshire

Introduction

1) This submission covers the following points:
   a) Information about the Wantage and Grove Campaign Group
   b) Our feedback on the subjects raised in the Consultation:
      i) Introduction
      ii) Community Strategy
      iii) Draft Principles for Community Health and Care Services for Older People
      iv) Consultation Questions
         (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?

Information about the Wantage and Grove Campaign Group

2) We are the Wantage and Grove Campaign Group, a non-party-political group of over 1000 individuals who live in and around Wantage and Grove (mainly in the OX12 postcode area) in Oxfordshire. We are not against any development in Wantage and Grove but:
   a) Developments should be proportionate and sustainable; and
   b) The infrastructure should enhance and improve quality of life for its residents.
3) We participated in the OX12 Pilot Population Health Care Management Project Stakeholder Reference Group and remain very interested in the quality of Health and Care Services available

to the residents of OX12.

4) The massive growth in housing in the area means that many local health and care services are stretched to the limit and in urgent need of improvement. We are very pleased to see the plans for the extension to the Mably Way Health Centre but recognise that it is almost 8 years since the Appeal hearing (12 November 2013) regarding the application to build a care home behind the Health Centre on Mably Way at which the representative from NHS England clearly stated that a planning application for the extension to the Health Centre was imminent.
It may be 10 years since that event before the extension is fully operational.

5) In addition the problems with getting to other locations (Oxford Hospitals, Abingdon and Witney MIU's, Wallingford Community Hospital etc.) mean that many of our residents have great difficulty in accessing acute services and outpatient appointments.

Our feedback on the draft principles for Community Health and Care services in Oxfordshire

i) Introduction

6) The following sections of this document will provide detailed comments on each Principle and summary comments answering the questions asked in the consultation but there are several overriding issues which we believe need to be addressed.

7) There is no reference to the Oxfordshire 2050 Plan and the Oxfordshire Infrastructure Strategy and if this is supposed to be an integrated strategy there should be.

8) Each of the themes in the Oxfordshire 2050 Plan, i.e.

1. Addressing climate change
2. Improving environmental quality
3. Creating strong and healthy communities
4. Planning for sustainable travel and connectivity
5. Creating jobs and providing homes

affect the sustainability of the health and care services for our communities and the plans will provide a framework in which the health and care needs of the county should fit.

9) We strongly support the approach of providing more out-patient services locally and believe that linking to the Oxfordshire 2050 plan and the local plans which will follow for each district should include policies which support the provision of local health and care services within the communities across Oxfordshire.

10) We are concerned that although the Community Services Strategy presented at both the Health and Wellbeing Board and the Oxfordshire Health Overview and Scrutiny Committee (HOSC) was

for all Community Services for all residents of Oxfordshire, the scope of this consultation is only services for "older adults". This change of scope should be clarified.

11) We are unsure whether these principles are owned by Oxford Health NHS Foundation Trust (OHT), by the Oxfordshire Clinical Commissioning Group (OCCG) as a whole or by the wider Integrated Care Board (which we assume will include Oxfordshire County Council and other services) and therefore where the term "we" is used who the "we" are.

ii) Community Services Strategy

12) In September 2020 OHT presented a paper to HOSC in which it stated that *"we have set ourselves an ambitious target to have produced a strategic development and quality improvement plan for our community services at the end of this year."* Public statement by Oxford Health NHS FT to Oxfordshire JHOSC on Thursday 24th September 2020

13) In November 2020 OHT again presented a paper to the Oxfordshire Health Overview and Scrutiny Committee (HOSC) in which it described the plans for the *"development of a Strategic Development and Quality Improvement Plan for the Community Services the Trust provides in Oxfordshire, in partnership with Oxfordshire Clinical Commissioning Group (OCCG) and other stakeholders."* HOSC 26th November 2020

14) In two months (between September and November 2020) the timescales from the project had already slipped from the end of 2020 to mid 2022. We are unclear about the current status of the project since no project plan has ever been presented to the Health and Wellbeing Board or to HOSC

15) As, according to the OCCG, the future of our in-patient beds in Wantage Community Hospital (closed temporarily in 2016) will not be subject to a formal consultation until this Strategy has been agreed, the consultation has, once again, disappeared into the future.

16) In the meantime, palliative care inpatient beds have been opened in Wallingford Community Hospital – supposedly to serve the South of the County. Wallingford is over 15 miles from Wantage and the journey takes approximately 1.75 hours on public transport.

17) At the most recent HOSC meeting (23 September 2021) the CCG reported on the project described as *"Improving Community Health and Care Services".* In the report they stated that "*This project is progressing; Oxford Health has been working closely with patients, carers and local organisations to seek their views and inform the development of the strategy for community services*." And that the "*next phase of the engagement with the general public was launched earlier in September with a focus on engaging people in agreeing the principles that will guide this work*." This consultation is part of that work.

18) We are also concerned that no mention is ever made of the need to coordinate health and care services with the development and growth of the County as being developed in the Oxfordshire 2050 plan. One of the key themes in the plan is "Theme 3 Creating strong and healthy communities" and this strategy should be part of that plan and the healthy place-making within it.

iii) Draft Principles for Community Health and Care services in Oxfordshire

19) The twelve principles on which this consultation is based are described as *"principles that will shape how we design and develop services for our ageing population*". This is the first time we have been told that the scope of the project has changed from "*a Strategic Development and Quality Improvement Plan for the Community Services the Trust provides in Oxfordshire"* to services for the older population.

20) We do not believe that this change in scope has been discussed with HOSC at any point.

21) We believe that the scope of the project should remain that originally agreed being a **strategy for ALL Community Health and Care Services**.

22) Comments on the Draft Principles:
Each of the following sections includes the Principle (in bold), the supporting statements "What this means in practice" – as shown in the Consultation (in italics) and our comments.

a) **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.

Comment:
We believe that these are all things which the Health Service should be doing now and if they aren't, why not?
If it has to be a principle to ensure that patient feedback and information on outcomes are part of the decision making process and to ensure that the very important role of carers for people of all ages (not just the older generations) is recognised and support provided, then make it so now don't wait for the completion of the project.
Making a statement that we will do more to reach those from under-represented groups is easy but how will this be achieved without compromising equality of opportunities?

b) **Ensure equality of opportunities to improve health and well-being 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.

Comment:
As an often forgotten community on the edge of Oxfordshire we know very well that the services here are different to those in other areas (including Abingdon and Wallingford). We also know how far we have to travel for outpatient appointments or specialist services (e.g. Wallingford for palliative inpatient care), but we are not sure that this principle includes bringing services to local communities or even ensuring that services at home are consistently applied across the county.
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?

c) **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

Comment:
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.
We have many examples where home care "timed visits" mean that a patient has to choose between a hot drink or a toilet visit or where the need to change a dressing means that other support activities are curtailed.
A statement that "we will make sure that people can access our services rapidly" is a very definite statement but "rapidly" needs further definition.
After all NHS England told us in 2013 that the planning application (submitted in August

2021) was imminent. Also many waiting lists now extend to 104 weeks. So we recognise that these terms have different meaning in the NHS.

d) **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.

Comment:
Whilst recognising that this is a principle which will work for a significant portion of the population, it is important to recognise that many people over the age of 65 or some of the growing number of younger people with special needs may not be capable or comfortable with digital services.
Therefore it will remain important to provide non-digital approaches to improve health and independence to ensure that Health inequalities are minimised.

e) **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.

Comment:
We assume that much of this can only be achieved with more integration of information systems across BOB, with independent service suppliers and with other Integrated Care Boards (such as Swindon or Reading), particularly as several specialties remain closed to referrals in Oxfordshire and patients are routinely referred to other parts of the country or to independent providers.
We have many examples where patients have treatment or outpatient appointments in Reading or Swindon and the records of these consultations are not connected to their GP records in Oxfordshire or even where X-rays taken at Abingdon MIU are not available for consultations in Wallingford.
We would be very interested to hear where and when the resources available to achieve this (and to link it to patient feedback and patient outcomes) will be available.

f) **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.

Comment:
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.

g) **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.

Comment:
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.”
There is also no mention of ensuring that services address helping residents to keep and maintain physical and mental health and wellbeing which (given the ambitions in the Oxfordshire 2050 plan) are crucial to the residents of the County.

h) **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.

Comment:

The Principle 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 (such as Wantage Day Centre – closed in 2017 by the County Council and still remaining empty) or other assets available in the community.
It should link into the Oxfordshire 2050 plan and the Oxfordshire Infrastructure Strategy (OXIS) and make clear where additional buildings could be provided by developers or other funds which could be used to provide health and wellbeing services.
Shouldn't there also be something about making Oxfordshire Health and Care Services a good place to work?

i) **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.

Comment:

This Principle 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.
We assume that some of the health and wellbeing support services will be provided by voluntary and community sector groups so it seems only reasonable that they should be able to access some of the training and empowerment necessary for them to provide the services effectively.

j) **Deliver the locally and nationally agreed priorities for our health and care system.**

We will ensure our locally agreed priorities drive all service changes and national 'must-dos' are delivered.

Comment:

We are unsure who will agree the local priorities and whether these will be across BOB, Oxfordshire, Districts or communities. Can this be clarified please?

k) **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.

Comment:

This principle should link to the themes in the Oxfordshire 2050 Plan, i.e.

1. Addressing climate change
2. Improving environmental quality
3. Creating strong and healthy communities
4. Planning for sustainable travel and connectivity
5. Creating jobs and providing homes.

All of these aspects affect the sustainability of the health and care services for our communities.

We strongly support the approach of providing more out-patient services locally and believe that linking to the Oxfordshire 2050 plan and the local plans which will follow for each district should include policies which support the provision of local health and care services within the communities across Oxfordshire.

l) 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.

Many resources have been wasted on NHS reorganisations and failed projects such as (the OX12 pilot Population Health Care Management Project) which could have been spent on patient care.

Does this include looking at the balance of the cost of administration staff to care givers and ensuring priority is given to patients?

See also our comments above on h) relating to use of community assets.

iv) Consultation Questions

23) The following section answers the questions posed in the Consultation.

1. Do you understand why change is needed?

24) No we are not clear why change is needed or why change is only needed for community services for older people.

25) The Consultation Document states that *"current services have developed over time and do not always reflect what we now know about how health and care services are best delivered"* Surely services develop based on best practice – or are you saying that our services are stuck in a time warp?

We understand from the document what types of services might change i.e.

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 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. [Statements taken from the website not included in the consultation document].

We do not understand why the services described above are only applicable to older people not to all people?

2. We will use these principles to guide decisions on the development of health and care services for the future.

a. Are these the right principles?

26) See our comments in section iii) most need clarification or amendment particularly in relation to the Oxfordshire 2050 Plan and the Oxfordshire Infrastructure Strategy.

b. Which are the most important to you?

27) Most are important but particularly in OX12 (as discussed in the OX12 Pilot Population Health Care Management Project) we believe that our priorities are:

- 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?

28) Yes services for everyone except older adults!

29) Yes, we are unclear about how local priorities will be determined and as mentioned throughout our comments the ability to have services locally is very important to all residents not just the older adults.

4. Are there any other principles we need to think about as we develop our plans?

30) Linking to the themes in Oxfordshire 2050 as described above.

5. Any other comments?

31) See all comments above.