

Community Services Strategy Principles Public Engagement Event

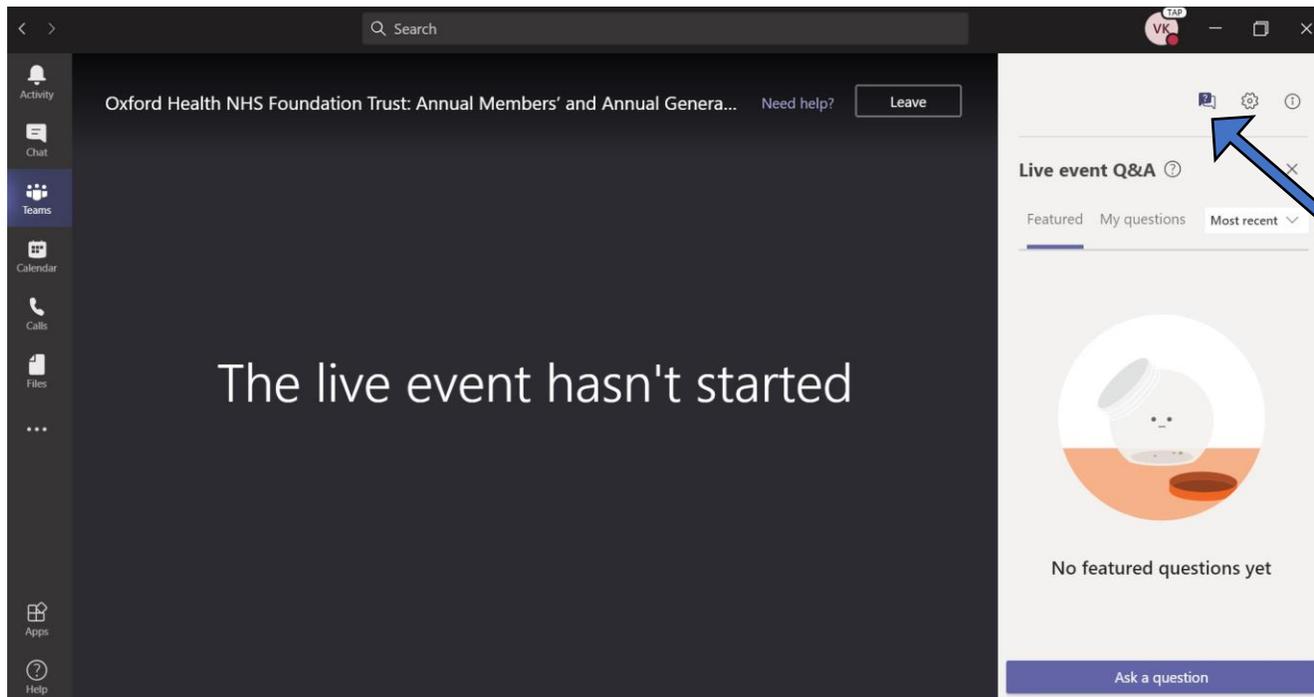
Friday 8 October 2021



Taking part in the meeting

- This meeting is virtual and open to anyone to attend.
- You can post a comment or question in the comment box during the meeting and we will do our best to respond before the end.
- After the meeting, we will publish a recording of the meeting and will pick up any unanswered questions in a separate Q&A list.
- We would also like you to complete the short questionnaire on our Talking Health engagement portal. We'll provide details at the end.

How to raise your questions

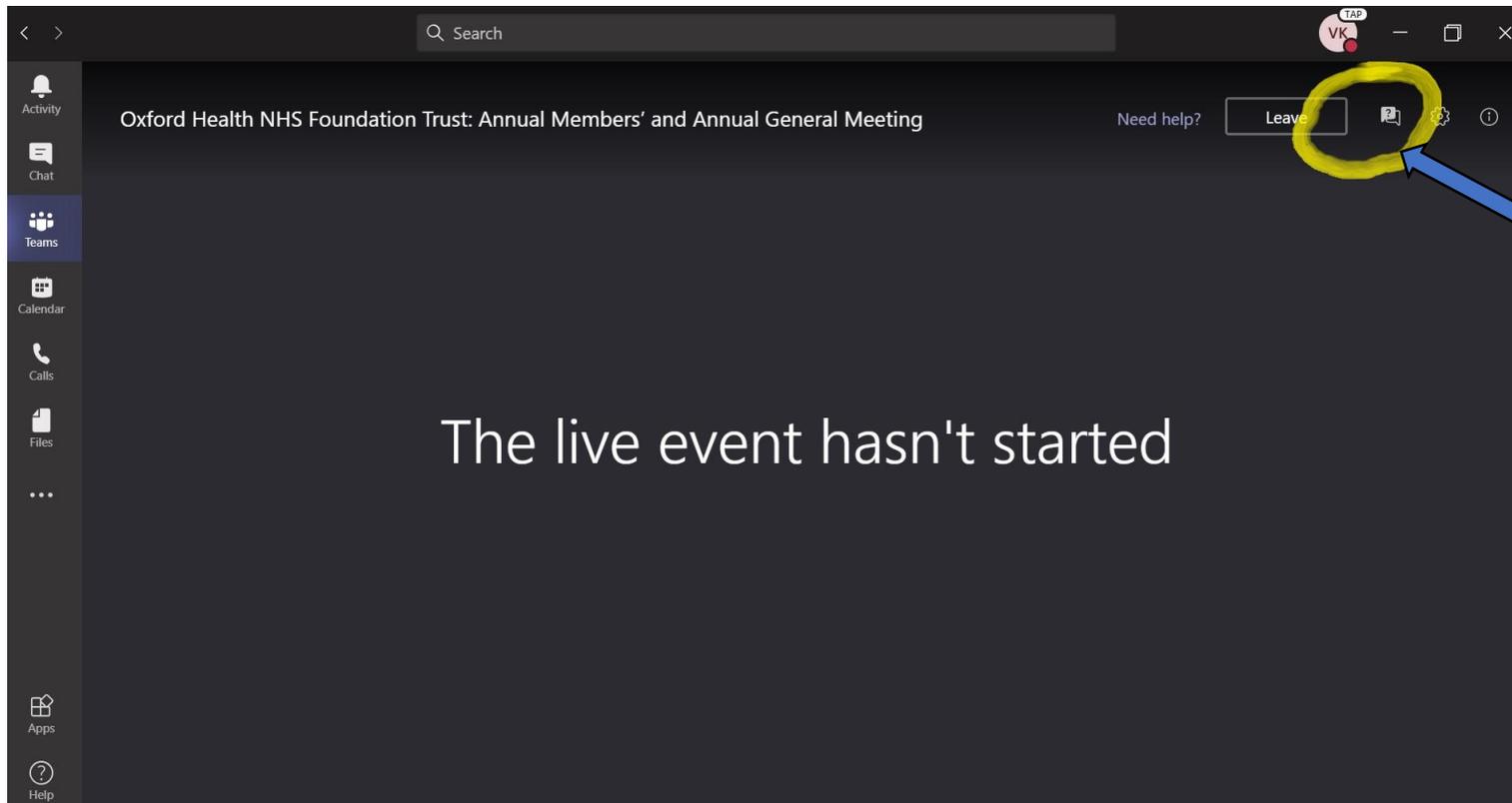


Your screen may automatically display the Q&A function.

You can hide and unhide it by clicking on the speech bubble with a question mark.

Enter your question here.

If your Q&A function is hidden



If your Q&A function is hidden, click on the speech bubble with a question mark.

Programme

4.00pm	Welcome and Introductions
4.05pm	Presentation
4.30pm	Answering your questions
5.00pm	Close

Panel:

Rosalind Pearce – Healthwatch Oxfordshire and independent chair

Diane Hedges – Oxfordshire Clinical Commissioning Group

Dr Ben Riley – Oxford Health Foundation Trust

Kirsty Blee – Oxford Health Foundation Trust

Tendai Mugariri – Oxford Health Foundation Trust

Dr David Chapman – Oxfordshire Clinical Commissioning Group

Pippa Corner - Oxford Health Foundation Trust

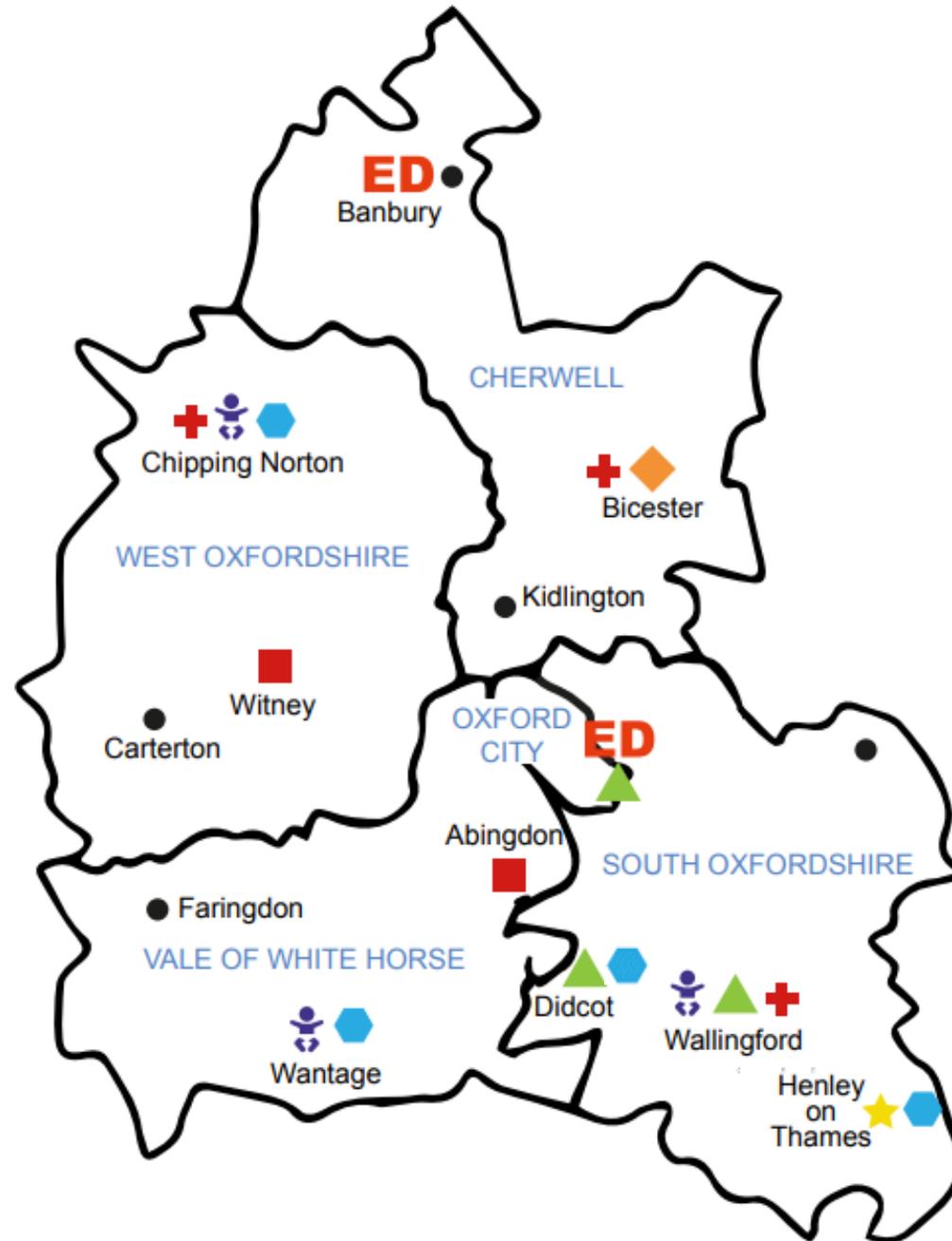
What are community services?

Community services are health and care services provided in people's homes or in other community settings. They provide an essential link between primary care (GP), hospital care and local communities. The services include:

- Services which help people live independently and reduce isolation, including services from the voluntary sector
- A wide range of home visiting services and support
- Community nursing and therapy services – such as District Nursing, podiatry, occupational therapy
- Out-of-hours GP and minor injuries services
- Community hospital inpatient and short-stay beds
- Community services that provide urgent care (including a new '2 hour response' and 'ambulatory care')



Community hospital services



-  Community inpatient unit, EMU, with supporting minor injuries services and X-ray
-  Community inpatient unit + X-ray
-  Community inpatient unit (no X-ray)
-  Community maternity + birthing unit
-  Community therapy clinics/outpatients
-  RACU (Rapid Access Care Unit) with supporting minor injuries services and X-ray access
-  First Aid Services (no X-ray access)
- ED** Hospital with Emergency Department, acute ambulatory assessment and maternity + delivery suite

The map reflects services that are currently operational. The community inpatient beds at Wantage are temporarily closed.

What will be covered by this work

The improvements to community services will be made through:

- more focus on prevention of ill health
- provision of more care closer to home and more active use of community hospitals
- more use of digital technology
- introduction of new services
- work across organisations to meet demand

Services we want to look at improving include:

- those which help people live independently and prevent isolation
- services to strengthen help in people's own homes
- short stay and community hospital beds
- services we can deliver in community settings, including how we can ensure a vibrant future for our community hospitals



Background to the principles

- Health partners and local councils across Oxfordshire are working together with voluntary and community groups to modernise community services.
- The Oxfordshire Community Services project aims to improve health and wellbeing outcomes for everyone in the county and increase independence for older people.
- This might require us to change the way we currently provide some services. We have, therefore, developed 12 principles, in the next slides, to guide any decisions we make. We are sharing these draft principles with our wider partners and Oxfordshire residents to find out what you think and seek your feedback.
- This major programme will work collaboratively with the local population of Oxfordshire.



Draft principles



Provide a better experience for people who are seeking or receiving care in their community. This includes helping those who have difficulties accessing services.



Ensure equality of opportunities to improve health and well-being are consistent across the county. For example, we will work together to tackle the differences experienced in health outcomes (health inequalities).



Enable people to stay well for longer in their own homes. This will mean 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.



Use digital approaches to improve health and independence. For example, we will offer more options and support for how people use digital services including: online; at home; and within the community.

Draft principles



Offer more joined-up services, to improve their effectiveness and quality.

This means we will reduce duplication and poor communication between services, especially when patients move from one service to another.



Ensure our use of beds in the community maximises people's long-term

health. This means 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.



Organise services so staff operate in effective teams, with appropriate skills,

that use resources effectively. For example, we will share and develop our buildings to achieve the best outcomes for the people of Oxfordshire but be reliable so not subject to risk from staffing gaps.



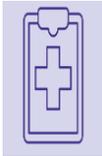
Base service design on best practice and clinical evidence. This means we will seek

advice from expert clinicians on how we can apply this best practice to our services.

Draft principles



Be a great place to work for our health and social care professionals. We will improve the career and skills development opportunities for all our health and social care staff.



Deliver the locally and nationally agreed priorities for our health and care system. This means we will ensure our locally agreed priorities drive all service changes and national 'must-dos' are delivered.



Contribute to sustainability and the environment. This means we will reduce the unnecessary use of limited resources and consider the impact on the environment.



Maximise the positive impact on health and wellbeing for our population, within the limitations of our resources. This means we will need to make choices based on where we demonstrate we can offer most benefit.

Principles engagement and next steps

- These principles aren't yet finalised and we are keen to hear what people who live or work in Oxfordshire think about them
- To do this we are running an engagement process to gather feedback
- Tonight's meeting is one of three virtual engagement events:
 - **28 September 2021**
 - **30 September 2021**
 - **8 October 2021**
- Please reflect on what you have heard today and then take a few minutes to complete the questionnaire on Talking Health to share your views
- We will use your feedback to refine and finalise the principles
- We will publish the revised principles and use them to help us make decisions about how to increase independence and health and wellbeing outcomes for our population



Let us know what you think!

1. We hope this session has helped explain why these principles are important and what they mean.
2. We have an opportunity now to answer any questions you might have before asking you to complete a survey on Talking Health.
3. Please post any comments or questions you have in the comment box.

Thank you for coming to this meeting.

We would now like to ask you to visit Talking Health on the OCCG website www.oxfordshireccg.nhs.uk

and share your views via the short questionnaire:

<https://consult.oxfordshireccg.nhs.uk/Communityservices/consultationHome>

The survey closes on 10 October 2021

Thank You