Health & Care Transformation in Oxfordshire Stakeholder Event Report

1. Purpose of report

The purpose of this report is to present the key themes drawn from the Transformation stakeholder event on Monday 6 June 2016.

It describes the event, outlines key themes from the day and identifies concerns and issues expressed during a series of in-depth discussions with key stakeholders from across Oxfordshire. The Transformation Board and clinical work streams will consider the feedback given at the event to help inform and shape the further development of new models of care, the overarching Oxfordshire case for change and the Oxfordshire element of the Buckinghamshire, Oxfordshire and West Berkshire (BOB) Five Year Sustainability and Transformation Plan (STP).

2. Background

From June to October 2016 patients and the public are being involved in the development of proposals to transform the way health and care are delivered in the county. This period of engagement will inform our thinking and help us to develop our plans and ideas for the way services might be best provided in the future. We want to hear people's views to as part of an on-going process that will lead to public consultation later in the year on proposals for how some services may be configured in the future.

The Health & Care Transformation stakeholder event held on 6 June signalled the start of this public conversation. It aimed to gather views on possible ways we can use resources to develop sustainable, high quality and affordable care both now and in the future.

Over the coming months, local people will be invited to a series of meetings and drop-in events across the county to find out more about the challenges and choices facing local health and social care providers. Public feedback and insight will be used to inform and shape plans. A decision on formal public consultation will be made later this year.

3. Event

A wide range of key stakeholders were invited to attend the event. Those who attended included representatives from organisations across health, social care, voluntary and community sectors as well as key patient representatives from the Oxfordshire localities.

The agenda (see appendix A) included presentations about the case for change – why we need to do things differently, emerging models of care, a patient panel sharing their experiences of health services and workshop sessions to address the following questions:

- What (if anything) needs to be added to the case for change across the transformation programme?

- What (if anything) needs to be added to the vision in this (workstream) area?
- What do you like about the emerging model(s) of care?
- What do you think we can do to improve the model(s)?

4. Feedback

a. Key themes

A number of common themes emerged from the workshop discussions. These themes were highlighted by stakeholders across a number of the clinical work steams:

- **Prevention** is a recurring theme that clearly resonates with people who attended the event, with a need for more investment/activity in preventing ill health
- Many raised the need for a **culture change** towards people taking more responsibility and ownership for their lifestyle and own health, including prevention
- Recognition of the important **role of the third sector and the involvement of the patient** themselves in their care
- The need to **work in partnership with those educating the next generation** to ensure prevention is instilled in young people to prevent avoidable ill-health later in life
- Greater **involvement of young people** and inclusion of their voice throughout all clinical work streams to shape services for young people
- Recognition of **urban and rural differences** in health, highlighting the need to ensure equality and consistency of care across the county
- Identifying the need for **existing staff to be used/trained differently** to support new models of care
- **Education and awareness raising** as people need to understand what services are available and how to use them appropriately
- Consider **reliance on technology** – the benefits of technology and social media were recognised, with the need to be mindful that it is used to facilitate good care, not relied on to automatically deliver good care.

b. Case for change & vision

There was general understanding and agreement with the case for change and vision for Oxfordshire. However common issues raised by attendees throughout the day included:

- The need to **change culture** across both patients and staff to increase prevention and instil behaviour change
- The need to **acknowledge difficulties / risks** in the Transformation proposal
- No mention of **extending skill sets of staff** to ensure they can support the proposed vision
- A need to include details of finance and **be open about the cost of transition**
- Support for the overall message, but there is a need to **consider and manage the impact of change/cuts on other services** – e.g. family centres / intermediate care beds?
- Focus is on urban areas, however a large proportion of people in Oxfordshire live in rural areas therefore context needs to reflect this in terms of population / **vision for rural areas**

c. Work streams

The Transformation event included workshop sessions that focused on the development of possible future models of care for the following areas:

- Integrated care for frail older people and those with long term conditions and urgent and emergency care for the general adult population
- Planned (elective), diagnostics and specialist care
- Maternity & Paediatrics
- Mental Health
- Learning Disability and Autism

The sections below summarise the key themes and issues raised in the workshop discussions.

Children's Services

Key Themes	Summary of issues
Education	• Involve schools, colleges, higher education • Schools to help with prevention • Staff in schools to act as role models/health champions
Social Care	• Social care to be part of hubs
Technology and IT	• Need to make better use of IT to share information • Ensure clinical staff get technical support in their role • More use of social media, apps, websites to assist prevention, information awareness
Prevention	• 'Massive' role to play with prevention - work with families, schools to reduce stigma • Providing support/help in the early years will help prevent long-term conditions
Flexibility	• More flexibility is needed across the systems
Transition	• Age limit should change to 25yrs as 18yrs may not be the best time to be changing services for a young person
Third Sector role	• Better use of the third sector
Children's Centres	• Removing children's centres will impact families by not providing a holistic support
Appointments	• Outpatients appointments for children should be after school hours

Maternity

Key Themes	Summary of issues
Third sector role	• Can help with early intervention and unmet need (as Oxfordshire County Council will be focusing on mums with highest needs due to cuts)
Care for military families	• Gap for military families' maternity support
Consistency	• Consistency and continuity is needed to build relationships and trust between parents and services
Patient Records	• Concern that inputting data to an electronic patient record will take midwives away from women in labour • Need access to patient record so can identify mental health issues and potential life triggers for mums
2nd time mums	• Low levels of antenatal care for 2nd time mums • Concern about isolated professional pregnant women, 2nd baby & over 38 - often poor obstetric and mental health outcomes • Gap in support for 2nd time mums and 1st time dads
Appointments	• First review with midwife isn't long enough to discuss potential mental health issues
Choice	• Women should be supported to make an informed choice about their place of birth
Education	• Insufficient antenatal education and care, so women are ill-informed • Lack of communication & understanding about the role of the health visitor - negative perception that they're 'checking up' on mums • Need an electronic version of the 'red book' to signpost mums to services
Opportunities	• Saplings model of midwife care for vulnerable women could be replicated • Need to replicate success of reducing teenage pregnancy - why did this succeed? • Co-production of maternity services • Need to talk about positive experiences of services as well as when things don't go so well • Mums would like more community support/other mums support
Concerns/gaps	• Concerns of potential stigma in future when using a children's centre • Domestic violence support and pregnancy • Assessment needs to be earlier and more in-depth

	• Need to identify the barriers to change (why we haven't changed so far)
Cost	• Home birth can be costly due to midwife cover needed • Maternity care is based on a national tariff and cannot be changed by OCCG

Urgent & emergency care

This work stream includes integrated care for frail older people and those with long term conditions and urgent and emergency care for the general adult population.

Key Themes	Summary of issues
Urban/Rural differences	• Inequality of services in urban and rural areas • Shortage of volunteers in rural areas • Use volunteers/community to help deliver care to where they live e.g. transport • Lack of support for elderly in rural areas • Challenge will be the model working in different geographical areas
Workforce	• Need a multi-skilled workforce - up skill practice nurses to support GPs • Develop expert teams via rotation of staff to spread knowledge • Need highly skilled GPs/clinicians to focus on frail elderly who have a multitude of health and care needs • Train pharmacists/nurses to support GPs with care of elderly • Cost of living prevents staff staying in Oxon • Make affordable house for health and social care staff to stay in county • Staff/teams/individuals need to be more flexible in their approach • Culture change needed amongst professionals
Prevention & resilience	• Use 'allied health professionals' e.g. physios/therapists to help keep people out of hospital • Systems need to be adapted and resilient • Is the system flexible enough
Education	• Better education on how to use NHS services appropriately • Educate professionals on the services available for patients e.g. End of life, nursing homes • Patients need to know how to navigate services easily • Clarity needed on what services available
Partnership working	• Work closer with SCAS • Join up services at weekends with Saturday working for health staff • Acknowledge benefit of voluntary sector • Health and social care really working together - currently little

	• join-up between OCC and CCG • Integration of CHC and social care so one seamless process • Become one team (health and social care) - nothing will happen until one team • Health & Wellbeing Board - overlap with Transformation / make use this integrated board. • Patients to lead partnership working
Investment / disinvestment	• Honesty about the impact of investment and disinvestment in services • Patient choice will be impacted due to disinvestment • Invest in end-of-life care
Transport	• Access to services/transport is an issue (made worse by public transport cuts)
Technology	• Use digital technology more for retention and recruitment • Older people less likely to use digital health services • Improve websites to explain range of NHS services available other than hospitals • Improve patient records and interoperability • Include health AND social care needs on patient records • Improve staff skills in technology • Concerns about information sharing
Communication	• More discussion between paramedics & GPs to reduce admissions • GP time/availability for discussion/communicating regarding a patient's needs is limited • Procedures are too complex for patients • Better publicity needed • Patient expectations come from the past, need to re-set expectations
County boundaries	• Variation in levels of services to those living on county boundaries
Cultural influences	• Eastern Europeans are used to going to hospital for health, not a GP
Consistency	• LTC's need consistent contact and on-going support • Complex patients need to consistently be treated at their practice • Will services be the same everywhere?
Outcomes	• Focus on outcomes so that deliver better care
Concerns	• Who will do all the work? • Job losses • Frustrations of what clinicians need and want • Will Horton hospital services be the same as Oxford?

Planned care

This work stream includes planned (elective), diagnostics and specialist care.

Key Themes	Summary of issues
Communication	- Ensure patients understand the model - Ensure the process is well communicated - Patients want to understand what is happening to them - Good communication to the patient BEFORE the diagnostics - Direct, clear communication that suits the patient's needs - Poor communication means poor patient trust
Integration	Need joined-up, integrated care
Third Sector role	Voluntary sector to support new models of care
Diagnostics	- Diagnostics are key to timely treatment - GPs need results of diagnostics quickly - Diagnostics is a bottleneck - bring this to GP practices to improve the system - Have diagnostics earlier in the pathway - Increase the number of diagnostics available to GPs
Education	- Educational support to a wide range of clinicians - Develop GPs with specialised skills
Outcomes	Move to outcomes based commissioning
One-stop shops:	Use of these for certain conditions e.g. cardiology
Community hospitals	Re-focus what community hospitals do
Finance	- More evidence as to the savings that the changes will make - Need more clarity on the financial model - is this affordable?
Patient-focused	- Single models do not suit all patients - More focus on the patient's needs

Mental health

Key Themes	Summary of issues
Prevention	- Involve young carers in services early and before crisis - More focus on resilience and prevention - Better access to services across county to prevention escalation - Need to reach those 'not quite ill enough' to prevent escalation
Education	- Links with schools/education to raise awareness - Work with schools, teachers, education staff - not just one-off health staff visiting

Children/young people	• Need to talk directly to children and young people more • Children/Young people to speak for themselves and take responsibility • Waiting times for children's mental health services can have a huge impact on the child
Support for Primary Care	• Support primary care differently so they can help more
Wider impact of cuts	• Increased pressure on other services/staff as a result • Bus services cuts impact patient's ability to travel • Children's centres cuts - less support for families
Consistency	• Need consistency in services across all areas in Oxon • Access to services needs to be consistent at county borders too • Consistent approach to medication for mental health needed • GPs approach to mental ill health is not consistent • Patients would benefit from seeing same GP
Self-care	• Clinical research trials can help to engage some patients more in their own care • Make GP practice a place for general mental health support & advice
Age categories	• Re-think the age categories for older people - what is elderly? • Should there be a separate age category for older people or not? • Young people to adult transition falling through gaps on services • Care based on need not age
Respite	• Value and cost of respite for patients versus cost of hospital bed
Crisis	• GP practice is not the right place to support a crisis • How to reach those very ill who don't turn up to appointments • Services need to be 24 hours a day, 7 days a week • flexible capacity for face-to-face support is needed
Flexibility	• Not one model fits all • Wide spectrum of mental health and different support works for different people • Need to understand people's thoughts on therapy more
Awareness	• Increase awareness of the different types of services available
Person-centred	• Individual is best person to understand their needs • Need to understand the individual • Technology for mental health support may work for some but not others
Opportunities	• Use outdated estate buildings for mental health facilities • Mental Health peer support (role model, sponsor, buddy) • Use gardens of new developments for mental health/community

	• activities • Joint commissioning with drug and alcohol
Stigma	• Non-stigmatised services
Finance	• Implementation concerns - needs to be properly and consistently funded

Learning disability & autism

Key Themes	Summary of issues
Patient-centred	• Include a person-centred approach to change • Think about the person not the diagnosis • A holistic approach • Create a care programme for life
Finance	• Understand wider impact of cuts - if you take from one, it impacts on another
Training	• Improve clinical skills and training in Autism Spectrum Condition (ASC)
Education	• Need to influence schools • Stop mental health issues happening as a result of the poor way schools manage pupils with ASC or learning disabilities (LD) • Public health work with schools from the inside out, rather than a top-down approach • Improve awareness of LD and ASC • Improve awareness of gender identity issues/dysmorphia and its impact on LD/ASC • Interface needed with education/schools/colleges
Parent/Carer partnership working	• Tools and techniques needed to support parents in supporting their children • Include 'whole family' support • Support for working parents/single/working parents
Inclusion in services	• Need to include the needs of ASC/LD in urgent care, primary care
Celebrate success	• Prevention strategy • Liaison diversion services • Kingfisher scheme
Evidence	• Data on autism is out-of-date
Integration	• Integration is good - this is welcomed • Integration of substance misuse and mental health services needs to include ASC and LD

5. Next steps:

The event report will be considered by the Transformation Board and the key themes used by the clinical work streams to further develop the models of care for Oxfordshire.

During the summer of 2016 a range of communications and engagement activities which will take place including:

- public engagement events through the summer

- presentation and discussion at meetings of key community and voluntary sector groups

- briefings for the county council and district councils

- briefings for Oxfordshire MPs

- updates and reports to Oxfordshire's Joint Health Overview and Scrutiny Committee, including a discussion at the June meeting about the plans for pre-consultation engagement planned for the summer period

- updates to Oxfordshire's Health and Wellbeing Board

- on-going online information on the Transformation Programme website which will be launched by the end of June.

Appendix A:

Oxfordshire NHS

Agenda

Health and Care Transformation in Oxfordshire Event

Monday 6 June, 10am until 3.30pm

Spires Suite, The Kassam Stadium, Grenoble Road, Oxford, OX4 4XP

9.30 am: Arrival and Registration

10.00 am: Introduction & Case for Change – Stuart Bell, Chief Executive, Oxford Health NHS Foundation Trust (including a Q&A session)

10.40 am: Clinical Review & Overview of Emerging Models of Care – Introduction from Dr Bruno Holthof, Chief Executive, Oxford University Hospitals NHS Foundation Trust and Dr Joe McManners, Clincial Chair, Oxfordshire Clinical Commissioning Group (OCCG), followed by overview of:

- Maternity & Children's Services – Sarah Breton, OCCG
- Urgent and Emergency Care for the Adult Population – Diane Hedges, OCCG
- Planned, Diagnostics and Specialist Care – Sharon Barrington, OCCG
- Mental Health, Learning Disabilities & Autism – Ian Bottomley, OCCG

12.00 am: Group work – Exploring the new models of care

13.00pm: Lunch

13.45 pm: Patient panel Q & A – three patients will share their experience of healthcare locally with a Q&A

14.30 pm: Group work continued

15.15 pm: Next steps – Stuart Bell

15.30 pm: Close

Appendix B: Q & A session – Morning presentations

Q – Schools need to understand the transformation programme and plans for the future. They have direct experience of working with families and of physical and mental health issues amongst children and their families/carers. We need to recognise schools as another community to be engaged with.

Completely agree that we need to work closer with education.

Q - Self-care using modern technology such as apps is exciting, but just have apps doesn't mean people will use them. What matters is the way people lead their lives. Just giving people technology doesn't change behaviour

Apps and technology presents new opportunities but agree this doesn't automatically change things. Something else is needed with it.

Q – How are we placed for services for the districts and areas on the borders? We have a Swindon postcode and facilities in Swindon are often more accessible to us. The NHS doesn't operate in neat boundaries.

People will always go to wherever is nearest for example at county borders and when needing to use hospital services. This will be different for different types of services. We have to think through all the elements.

Q – What consideration has been given to very large employers and how they can impact on the health of our population?

Important point and we will be talking with employers as part of our consultation

Q –We have gone straight from the case for change to new models of care – what about culture change and the resistance to change in this? Need to look at culture change and attitudes if this is to succeed e.g. why change? The voluntary and community sector has a lot to contribute including feeling, thinking etc. Need a good relationship with this sector.

Need to the change the way we (health and social care) work together. It is implicit in what has been said of the importance of voluntary and community involvement. Need to stop saying that health is something that we do to people and that it is something we work on together.

Q – Need to understand the impact of cuts to budgets on your services e.g. drug and alcohol treatment, as this will happen very quickly. Need to speak to each other more. This is happening in mental health but needs to be more of it.

To make a difference we have to make sure we include all factors and the whole environment in which we are working.

Q – There are a number of boards and groups at the moment e.g. the Transforming Care Partnership Board. There may be lots of confusion about what these are for and how they interact.

That particular board is a sub-group, but yes we need to be clear of the purpose of groups and where they sit.

Q – With the changing demographics and increase in the population, you will need to allow for an increase in the number of Carers in the Transformation model. Also to achieve a healthy community it is important to have good housing. (another stakeholder mentioned the Homes for Oxford scheme in partnership with University of Oxford)

There is recognition of this and there are projects in the county that are doing this e.g. Bicester healthy towns. But, the importance and knowledge of self-care also has an important role to play.