

A Voluntary sector response to the Big consultation

Report on Healthwatch Oxfordshire's
Voluntary sector Forum

Healthwatch Oxfordshire

March 2017

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1 Executive Summary

Healthwatch Oxfordshire hosted a forum for voluntary sector organisations in Oxfordshire at the Rose Hill Community Centre in Oxford on 7th February 2017. The aim of the event was to provide the voluntary sector with the opportunity to respond to the consultation by Oxfordshire Clinical Commissioning Group (OCCG) on proposals to transform health and social care services in Oxfordshire (called The Big Health and Care Consultation Phase 1). Joe McManners, Clinical Chair of the OCCG and David Smith, Chief Executive of the OCCG presented the proposals to attendees.

This report provides a response to the consultation from the attending organisations (a list of these organisations can be found in Appendix 1). In total, 36 voluntary sector organisations were represented at the meeting, which saw more than 60 people engage in discussions and feedback. The Healthwatch Oxfordshire team attended, along with representatives from the OCCG and Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust.

Following the event, the OCCG has expressed an interest in continuing its engagement with the voluntary sector through similar events.

The proposals under consideration:

1. Permanent closure of some acute hospital beds to bring care closer to home and to better join up primary, community and acute hospital care.
2. Taking all acute stroke patients to the specialist unit at the John Radcliffe Hospital (JR) in Oxford.
3. Developing planned care and outpatients at the Horton General so patients in the north of the county do not have travel to Oxford for diagnostic tests and treatment, but can have these closer to home.
4. Changes to the way patients needing the highest level of care are treated to go to the John Radcliffe Hospital.
5. Changes to maternity services at the Horton General because of the difficulty in recruiting and keeping suitably qualified staff.

Summary of responses:

1. In response to the proposal of closing acute beds to move to care closer to home, the responses urged:
 - a. The need for health, social care and voluntary sector services to work together in a more joined-up manner.
 - b. Increased investment in social care to ensure a large enough workforce to meet the need, increased bed capacity in care homes and upskilling of the workforce to deal with increased complexity of needs.
 - c. Increased support for carers- those caring for loved ones at home- to mitigate the increased pressure that the new proposals would place on them.
2. In response to the proposal that all those who have had a stroke are taken straight to the JR, the response was broadly supportive with a plea for better transport links to Oxford and an expansion of the Early Supported Discharge Service across Oxfordshire.
3. In response to the proposal to increase the number of planned care appointments at the Horton commissioners were urged to improve parking, public transport, and patient experience at the Horton.
4. In response to the proposal that those with the highest level of need for critical care are taken directly to the JR, attendees urged commissioners to take into account the impact of rurality on travel in getting to the JR from outside Oxford.
5. The proposal to change maternity services at the Horton was met with the request to consider the travel times to Oxford and to make clear how transfers were going to be made if needed.
6. Voluntary sector attendees also strongly urged the OCCG to consider the role of the voluntary sector in the transformation of health and social care services and urged
 - a. Better partnership working with voluntary sector partners including recognising voluntary sector expertise and closer working between NHS and voluntary sector providers.
 - b. Changes to the way the OCCG commission services from voluntary sector providers to offer longer term contracts than are currently offered to enable greater continuity of care for service users and better retention of voluntary sector staff.
7. Finally, voluntary sector organisations urged the OCCG to ensure that the transformation plans do not adversely impact certain groups of people such as overstretched carers and volunteers and to show how reasonable adjustments will be made for people with special needs such as those with learning difficulties and mental health issues.

2 Response to the consultation proposals:

2.1 Proposal- Closing acute beds to move care closer to home:

Response:

2.1.1 Better joined up working- health, social care and voluntary sector services

The main concern about the closure of hospital beds and moving care closer to home was a plea to ensure that there is joined up thinking and planning that involves health services working closely with social care services, public health and the voluntary sector. There was a strong feeling that the plans present only part of the picture and it is difficult to understand how the proposals would work without a clear exposition of the part social care, public health and the voluntary sector would play in the new format of services.

2.1.2 Increased investment in social care

Many organisations that participated have experience of supporting people and their carers in the community and felt very strongly that there needs to be increased investment in social care to ensure that care closer to home is actually deliverable. Increased investment is necessary to ensure:

- **Adequate workforce** - many organisations raised the worry that Britain leaving the European Union (EU) would mean fewer care staff coming from the EU. There is already a struggle to recruit adequate numbers of carers and care staff. Without additional investment to make the profession attractive to larger numbers of people, organisations working in the community that support people and their carers felt strongly that the proposed changes would be untenable.
- **Increased bed capacity in care homes** - it was pointed out that adult social care is already at tipping point and three care homes have closed in three months. It is imperative that more money is directed at increasing the number of beds in residential and nursing homes to ensure there is the capacity in the community to absorb those who need support but not in an acute hospital bed.
- **Upskilling of the workforce** - Care staff will need additional training to be able to support people with more complex needs and there needs to be adequate investment in training community care setting staff to ensure that they are able to offer the support outside of hospital.

2.1.3 Increased support for carers

Many organisations supporting carers pointed out that the proposals will increase pressure on carers a great deal. With respite care and grants for carers already hard to access for many carers, a strong plea was made to ensure that there is enough additional investment on support for carers. This includes training for carers on how to look after their own health, opportunities for respite and training on how to deal with the long term conditions that the people they care for may have.

2.2 Proposal - Stroke services to the John Radcliffe in Oxford:

Response:

- Proposals around stroke services met with general approval.
- There was a request for the proposals to be evidence-based and outcome-focussed and for the OCCG to be open and welcoming of scrutiny in all that is being done around stroke services.
- Concerns were raised around transport and traffic and the problems of getting to the Oxford hospital on congested roads.
- Early supported discharge needs to be available across the county.

2.3 Proposal - Planned care services at the Horton:

Response:

- Ensure that there is enough parking at the Horton to be able to support the increase in planned care appointments.
- Improve patient experience at the Horton, around parking but also around refreshments and access by public transport.
- People in south of the county need reassurance that they will not be made to go to the north of the county - there is a need for clearer communication on who will attend appointments at the Horton.

2.4 Proposal - Critical care (highest level) to the John Radcliffe in Oxford:

Response:

- Consider the impact of rurality on travel in designing stroke and critical care services.

2.5 Proposal - changes to maternity services at the Horton General

Response:

- Consider the travel time to Oxford from Banbury and make it clear how transfers will happen if needed.

3 Role of the voluntary sector in health and social care transformation

Many voluntary sector organisations felt that the proposed changes to health services will increase demand and expectation from their organisations to deliver services to people in community settings. In order to be able to do this, they felt the following needs to be in place:

3.1 Better partnership working the voluntary sector

- Attendees made a strong request that the OCCG **recognise the expertise of voluntary sector organisations** in delivering many health and care services and **involve voluntary sector organisations in the design and planning of services**. Many already deliver services within the community and others may have to plug the gap left when services currently offered are withdrawn or reduced. Attendees asked that the OCCG invite the voluntary sector to come up with solutions to the challenges the system is facing and have them at the table when designing services.
- There was also a strong plea to the OCCG that they **encourage NHS providers to work in collaboration with voluntary sector partners** to a greater extent than is already happening. Social prescribing was an excellent example of how voluntary sector organisations can work closely with primary care providers for example.
- **Voluntary sector organisations pointed out that they have an important role to play in the prevention agenda** i.e. supporting people to live healthier lives in their own homes for longer. The sector should be included in all plans to enable this to happen, as should Public Health. It is not clear from these proposals how this would happen.

3.2 Change the way services are commissioned from the voluntary sector

- Attendees asked that the OCCG **reconsider how services are commissioned from voluntary sector organisations**. There was consensus that at the moment, mostly short-term contracts are offered to voluntary sector organisations, which makes it very difficult for organisations to plan for longer-term service delivery. Three-year contracts were felt to be rare and attendees felt that 12 months for a commissioned service is not long enough to retain highly-skilled and trained professionals who want the security of permanent jobs. Attendees felt that the Sustainability and Transformation Plan (STP) is a five-year plan, and it was felt that the voluntary sector needs

that kind of timeframe.

- Unless small organisations group together, it is difficult for them to apply for contracts to run commissioned services. Too much time is spent doing the tender and getting the contract in the first place, not enough on the actual work. This is felt to be not sustainable.
- Attendees said that after contracts are awarded, ‘extras’ are often added on, such as requests for more frequent reports. This can make too much work for small charities and last-minute demands make it difficult for small charities to plan ahead. Attendees felt that if OCCG was dealing with businesses rather than charities, it would have to pay a charge each time they altered the original agreed contract.
- Service-users are confused by continual change and organisations felt it was hard to offer continuity of care with high staff turnover that short term contracts bring.
- The OCCG were urged to **expand outcome-based contracting for the voluntary sector** beyond the current mental health and older people’s services to other health services.

3.3 Ensure that the proposals do not disproportionately adversely impact certain groups

- There was a note of caution on **not increasing the pressure on an already stretched pool of volunteers** to help provide services in the community, especially in rural areas. More needs to be done to build community resilience and volunteering capacity.
- Organisations representing people with special needs requested that the OCCG also **make it clear how reasonable adjustments are going to be made in the proposed plans** - how the plans will work for people with learning difficulties or mental health issues for example. It was felt that the proposals in their current form do not make that clear. This mirrored what was said by organisations supporting carers, who felt the plans need to make explicit how carers will be supported with increased pressure on them as a result of these proposals.

Attendees at Healthwatch Oxfordshire’s voluntary sector forum felt very strongly that the proposals need to demonstrate how social care and the voluntary sector will be involved in delivering these changes to health services. The care closer to home agenda and the prevention agenda will both require significant input from social care, public health and voluntary sector organisations and therefore all

relevant partners should be involved at the design and delivery of services. There was also a strong plea to ensure that the needs of those groups of people most likely to be affected by the outcome of these proposals like carers and volunteers occupy centre stage in the service design.

Appendix 1 Organisations represented at the Forum (In alphabetical order)

1. Age UK Oxfordshire
2. Alzheimer's Society
3. Banbury Stroke Club
4. Be Free Young Carers
5. Carers Oxfordshire
6. Carers Reference Group
7. Carers Voice
8. Charity Mentors Oxfordshire
9. Child Brain Injury Trust
10. Community First Oxfordshire
11. Dementia Friendly Charlbury
12. Helen and Douglas House
13. Homestart Oxford
14. Kingwood trust
15. Lifecarers
16. MS society
17. My Life My Choice
18. North Oxfordshire Locality Forum
19. Oxford 50+ Network
20. Oxford Against Cutting
21. Oxford Council of Faiths
22. Oxfordshire Association of Care Providers
23. Oxfordshire Community and Voluntary Action
24. Oxfordshire Cruse Bereavement Care
25. Oxfordshire Family Support Network
26. Oxfordshire MNDA
27. Patient and Public Partnership of West Oxfordshire
28. Refugee Resource
29. Rethink Mental Illness
30. SEAP
31. South East England Faith Forum
32. St. Luke's Oxford
33. Stroke Association
34. The Centre for Sustainable Healthcare
35. The Social Investment Group
36. Woodlands PPG