

Consultation on Proposals for Future Services at Townlands Hospital



North



North East



Oxford City



South East



South West



West

Welcome

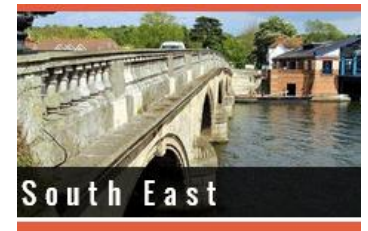


The Future Model of Care



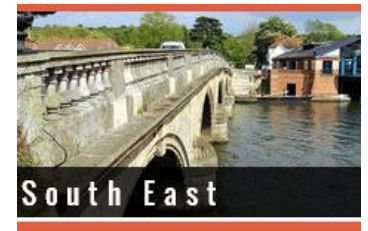
Ambulatory Care

- Diagnosis, observation, treatment and rehabilitation as an outpatient
- Supported by widely available technology
- Outpatient therapy services
- Will need robust care support for people in their own home
- Will also need access to short term step up/step down beds for some people



Why is it better to be at home?

- Older people have complex health and care needs
- Some illnesses are best managed in a hospital setting but, as people improve, they are better being at home
- People regain their independence more quickly in their own environment

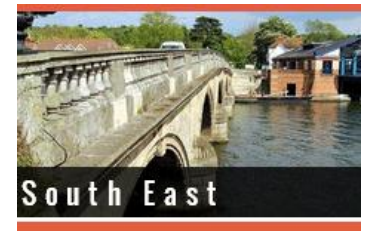


Exciting opportunities

- Rapid Access Care Unit
 - Minor surgery
 - Infusions
 - Broader range of outpatient treatments
 - Maintain valued existing services including X-ray, physiotherapy, audiology, speech therapy.
-

Why we should change what we're doing now

- What is clinically the right thing to do now and for the future?
- What can be 'operationally' delivered to make a new model possible
- What is financially affordable for all of us



What is the right thing to do clinically?

- Growing evidence that our current model of care is flawed.
 - Post hospital syndrome
 - Philips principles
- What our patients want
 - Care in or closer to home where possible without recourse to admission

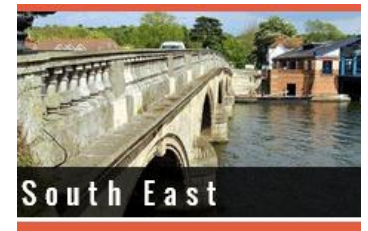
Post-Hospital Syndrome — An Acquired, Transient Condition of Generalized Risk

Harlan M. Krumholz, M.D.

What is operationally deliverable?

"Where experience, ambition and technology combine much is possible"

- Current experience of delivering ambulatory care in Witney and Abingdon
- Blood tests at the point of care
- Partnership between Oxford Health and Royal Berkshire NHS Foundation Trusts
- Services that cater for a broader group of patients than currently

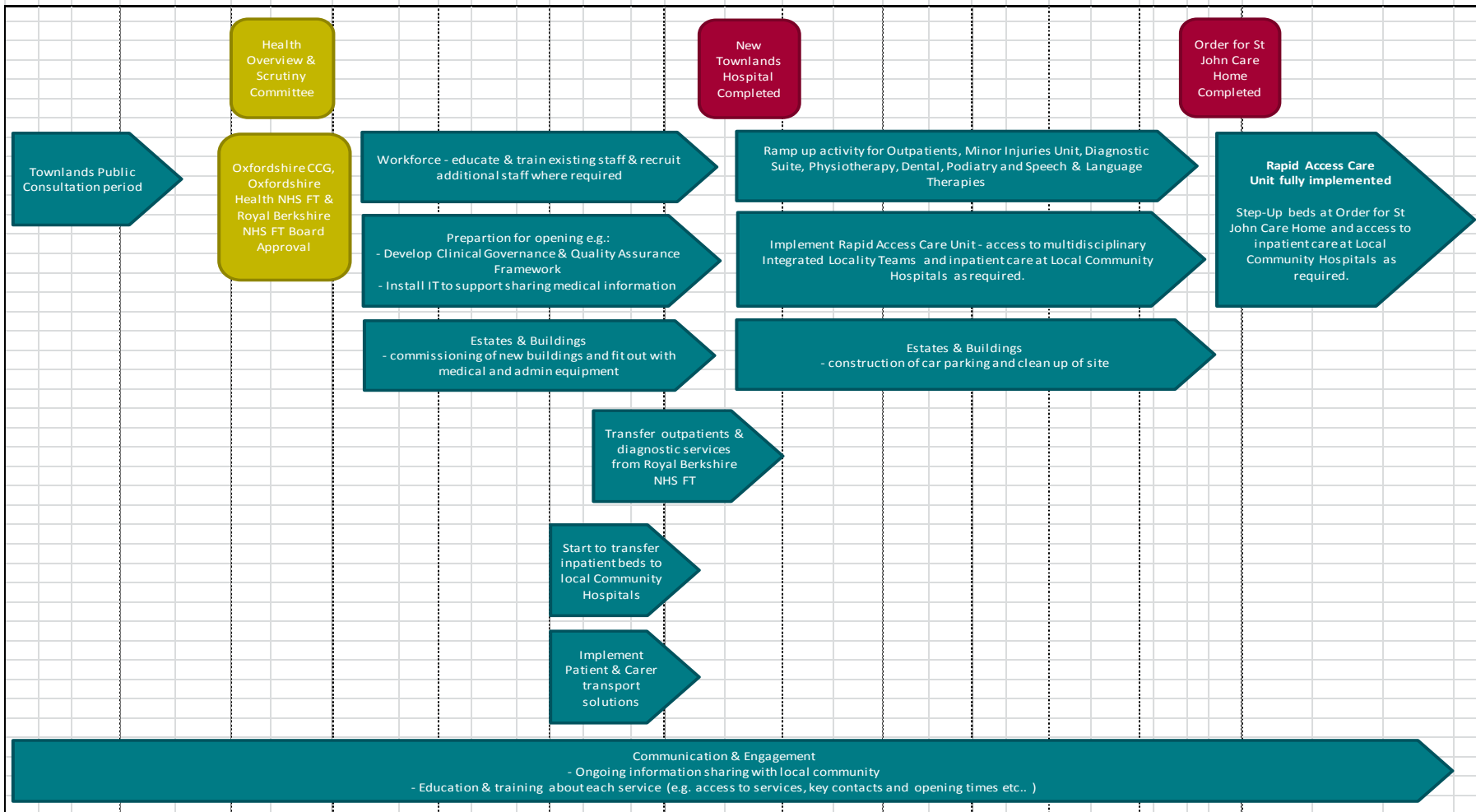


Summary

- Ambulatory care is the right thing to do clinically
 - Oxford Health and the Royal Berkshire NHS Foundation Trusts have a desire to deliver what can be a progressive valued model
 - We need to be partners in care with patients and their families/carers to deliver this
 - There will still be a need for beds regardless of how aspirational we are
 - We are still in a consultation.
-

Transition Plan

Transition Plan for the Development of Future Services at Townlands Hospital, Henley-on-Thames





Snapshot of Henley

- 11,494 people
 - 653 (6%) who said disability limits their activities a lot
 - 916 (8%) who said disability limits their activities a little
- 1037 known carers – family, friends and neighbours supporting people
- Four residential care homes
- 99 people with support at home through adult social care in Henley
- Receive 1,132 hours at a cost of £23,705 per week. This means the average package size is just under 11½ hours and the hourly rate is £20.94. Additionally 9 people receive non-standard (e.g. live-in) home care - a 53% increase since 2012



What is adult social care

- Personal care is helping people get dressed, washed, going to the toilet, eating and providing psychological support
- People must meet our eligibility criteria. The Care Act (implemented in April this year) set national criteria based on people's abilities to achieve outcomes such as managing your home safely
- Adult social care is not free – nearly everyone pays something
- Whilst we support relatively few people (just over 12,000) most older people will need personal care at some point in time (67% men; 85% women)
- People get a personal budget which allows them to choose how their care needs are met. In 2013/14, we were in the top quartile of authorities offering personal budgets and had the 4th highest use in the country of direct payments



Supporting health care

- Prevention – simple equipment to help people avoid falls, adaptations to the home, advice about exercise
- Technology – talking food labels, alarms for contacting help in an emergency, sensors to detect falls or changes in movement patterns
- Reablement and rehabilitation – support for people to relearn skills and build confidence to manage independently
- Supporting carers – advice, information, respite care, support groups
- Social care staff at health's front door – helping to avoid admissions to hospital



What we are doing

- Working with organisations providing support and care to improve standards and quality, supporting better recruitment and training
- Block contracts with a limited number of organisations, helping them to invest in their staff. Payments are based on outcomes for the people they support
- Better information and advice
 - For example the Community Information Network helps people find out about social groups, help at home, benefits, computer or exercise class, or how to volunteer in their local community



Integrated Locality Teams

Oxfordshire Clinical Commissioning Group Oxfordshire County Council and Oxford Health NHS Foundation Trust with GPs and local community groups developing teams of:

District Nurses

Social Workers

Physiotherapists

Occupational Therapists – across physical health, mental health and social care

Older people's mental health nurses

Palliative Care Matrons

Integrated team practitioners and support workers

Reablement

Care Home Support service

Falls Prevention service

Care Co-ordinators

Neighbourhood Team in the Henley area this year – already started working together

Questions and Answers

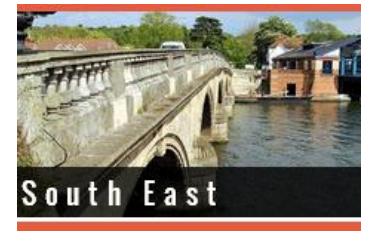


Tea/Coffee



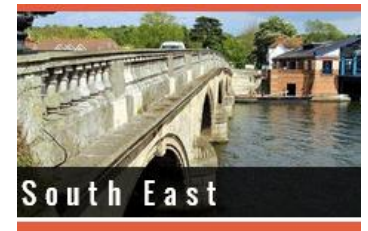
Table discussions

1. Your views on the model of care
2. Are there any additional services or gaps in the proposed services?



Next steps

- Consultation to 15 June 2015
- Analysis of all feedback received
- Report to County Council's Health Overview and Scrutiny Committee
- On-going communication and dialogue with local people.



Thank You

