

Report to the Health and Wellbeing Board 30 January 2020

OX12 Health and Care Needs Framework Findings

1. Introduction and purpose of the report

In November 2018 the Oxfordshire Health and Wellbeing Board (HWB) adopted the *Health and Care Needs Framework* as an approach to identifying and meeting current and future health needs of a local population.

The first area where this has been applied is in the OX12 postcode area (Wantage, Grove and surrounding villages). The OX12 Summary Report provides an overview of the project is attached as Appendix 1. This report is the culmination of 12 months of work with the OX12 communities.

Health and Wellbeing Board members are invited to review the summary report and this first use of the Health and Care Needs Framework. The approach demonstrates a clear commitment to partnership working in Oxfordshire as well as extensive stakeholder engagement, co-design and co-production with stakeholders and wider members of the public throughout all stages of the health needs framework. Delivery of the project has been a shared endeavour the summary report is a report of the Project Group. This cover paper highlights some key aspects of the summary report.

2. The Framework approach

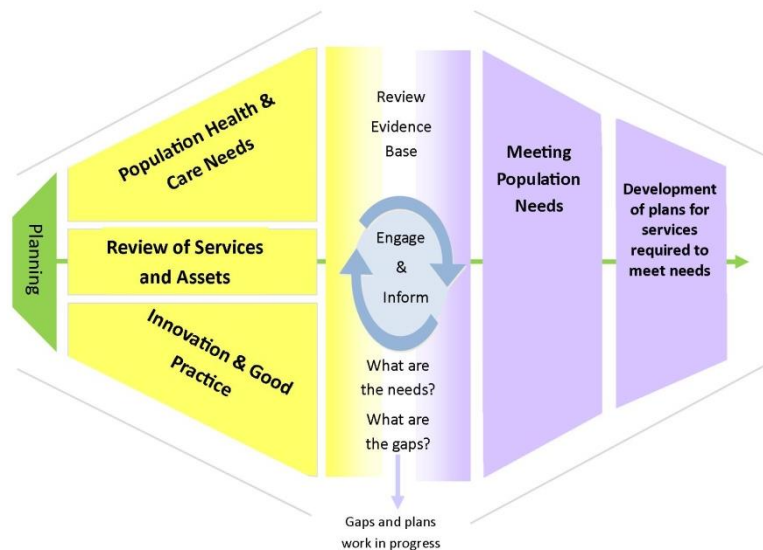
Members will recall that the approach set out in the framework and the principles are predicated on challenging commissioner and provider organisations to work together to plan for services in the short, medium and longer term. The framework approach does this through consideration of:

- The health and care needs of a population – now and in the future
- Local services and assets
- Innovation and good practice in the planning and delivery of health, care and wellbeing services

As a result of the information gathering stages of this project, stages that have provided information, data and insight, it has been possible to consider if and how needs are being met and what opportunities there are to address gaps and/or plan and deliver services in a new or alternative way.

The expected outputs of the framework are this information and insight and ideas and opportunities for health and care provision for that population. The summary report presents those findings and provides links to the greater detail that sits behind the summary.

Whilst not a prescriptive methodology; the framework approach has a recognised flow that seeks to include high levels of local engagement and involvement throughout.



Health and Care Needs Framework Flow Diagram

Continued involvement of the local community has provided a level of information, knowledge and insight that has enhanced the overall progress and impact of the project. The contributions of the Stakeholder Reference Group and their approach to the local survey in particular directly enhanced the volume and quality of information and feedback that the project received.

3. How we did it

This project was delivered by the OX12 Project Group. This includes commissioning and provider partners from across the system and local GPs from health and care. A Project Executive provided oversight to the project delivery chaired by the Project SRO. As a part of the commitment to openness and transparency in the approach key documents generated by the project have been shared in a dedicated website page accessed from the front page of Oxfordshire CCG website.

A Stakeholder Reference Group, made up of key local representatives, groups and organisations including parish, town, district and county councillors, has been actively involved throughout the project. This group has made a valuable contribution to the project and has led and/or supported key aspects of the project work, events and activities.

The project was informed by population profiles and a data flat pack developed by public health colleagues. Information collected throughout the life of the project has been organised into a *bite-sized* pack and a comprehensive Information and Data pack.

A Clinical and Care Forum with senior practitioners and clinicians from across the system, under the leadership of the CCG Clinical Chair, led the work to consider opportunities to utilise national evidence-based innovation and best practice, including work of the Vanguard, and made evidence based recommendations in terms of meeting the current and future needs of people living in OX12.

A HOSC Task and Finish Group has scrutinised the implementation of the Health and Care Framework in OX12. All documentation has been made widely available on the OCCG website.

4. OX12 Project findings

The first three stages of the framework were delivered concurrently and focussed on gathering data and information in relation to the OX12 postcode area. In summary these information gathering stages of the Project showed that when compared to both Oxfordshire and the rest of England the population of the OX12 area is relatively healthy, relatively affluent and well served in terms of services. That does not mean that OX12 is without its challenges or that the population of OX12 do not experience difficulty accessing services.

The summary report attached at Appendix 1 contains detail and links to the working information gathered. This section of the cover paper concentrates on the culmination of the findings, the way in which the evidence based was reviewed and identified needs were considered in the context of provision.

The outputs from the population health and care needs, the review of services and assets and the innovation and good practice stages were grouped under four key themes as agreed with stakeholders:

- **Promoting and Developing Health and Wellbeing across all life stages**
- **The impact of a changing population on demand and need**
- **Making best use of Community Resources**
- **Travel and transport**

Promoting and Developing Health and Wellbeing across all life stages

Our analysis of population health and care needs has looked at current population, services and activities and future expectations and projections.

The population of the OX12 area is 26,900. Given the Oxfordshire Growth Deal and the known increases in proposed and agreed housing developments the project looked at sources of information in relation to projected growth.

The JSNA bitesize population forecasts published in August 2019 provides great insight into the anticipated change in population. Population changes have been considered from the perspective of two scenarios. Firstly Oxfordshire County Council's housing forecasts which incorporate district council plans for house build. Across all of Oxfordshire there is a projected population increase of 134,800 in the period 2017-2027, this is an increase of 20%. Secondly the Office of National Statistic's projections; these are based on past trends. For the same 2017-2027 period ONS projections show an all Oxfordshire increase of 3%.

In relation to housing-led population projections the Vale of White Horse District Council area is set to increase by 36,000 from 131,200 to 167,200 in the period 2017-2027. Of note within those projections is the increase of 9,700 people from 17,300 to 27,000 in the Wantage and Grove area.

Closer examination of Vale of White Horse District Council information highlights that as of April 2019 there are 5,558 additional homes expected from sites with planning permission within the OX12 area. 284 homes have already been delivered from these sites, with a further 3,935 dwellings expected to be delivered by 2031. The remaining homes are expected to be delivered beyond 2031.

Key health observations include:

- The overall proportion of people with a long-standing health condition in Wantage and Grove GP practices is similar to the national average at around 50%
- Current cancer prevalence is higher in OX12 compared to national figures, at around 3.5% compared to 2.7%
- Current prevalence of dementia is similar to national figures at 1% of the total practice population
- Prevalence of Diabetes, Chronic Obstructive Pulmonary Disease and Serious Mental Illness is significantly below the national average
- Coronary heart disease is steadily declining while rates of stroke, heart failure, and asthma remain stable
- Similar to national figures, around 15% of adults have high blood pressure (a leading risk factor for heart attacks and strokes). Around 12% of the adult population are estimated to have undiagnosed hypertension
- Levels of adult obesity, smoking, physical inactivity and overweight or obese children are significantly lower compared to national averages. Healthy eating and levels of physical activity is significantly higher compared to national data. However, still around 20% of children in the Vale of White Horse District (which includes the OX12 postcode) have excess weight at the start of primary school, rising to around 30% at the end of primary school
- The overall prevalence of depression in OX12 is currently around 9% of the adult practice population. The prevalence of mental health and emotional disorders in children is measured at county level. In Oxfordshire, around 8% of children aged 5-16 have a diagnosed mental health disorder, compared to over 9% nationally
- The Stakeholder Reference Group's survey of OX12 residents found that there is active use of leisure services (such as the sports centre, accessing exercise classes or using paid for gyms) and a wide network of self-run or informal groups (including mother and toddler groups, faith groups, singing groups and choirs, and art and creative groups)

The impact of a changing population on demand and need

- Life expectancy for men (almost 82 years) and women (85 years) in Wantage and Grove practice populations is higher than the national average (79.4 and 83.1

respectively). There is a higher than average older population (20% of the population is over 65, higher than the national average).

- The proportion of people living in nursing homes is higher than the national average, at around 0.7% compared to 0.5% nationally, which increases the workload for GPs and the community health professionals who support these residents
- Use of A&E and Minor Injuries Units by people from OX12 is lower than the CCG average as is use of GP out of hour's services. Data on admissions indicates an appropriate use of A&E
- Respondents to the project survey raised concerns about access to dentistry in OX12
- Oxfordshire CCG forecasting predicts a shortfall in Wantage GPs (excluding retirements) of 2.7 and 4.8 by 2022 and 2027 respectively. The NHS Long Term Plan sets proposals that some of the additional forecast GP recruitment will be replaced by non-GP staff who can undertake a focused range of 'traditional' GP activities and consultations (for example, physiotherapists, clinical pharmacists and nurse practitioners / nurses with enhanced training)

Making best use of Community Resources

The review of services and assets highlighted a number of key points:

- OX12 has a large number of physical assets in the form of community, church and public sector buildings
- Workforce issues are similar to other areas across Oxfordshire with nursing, therapy, GP and other primary care staff being difficult to recruit and retain
- Constraints on physical space for both primary and community services is one of the greatest challenges in the OX12 area. There are significant pressures on physical space in the two GP practices (both practices have identified the need to expand), while Oxford Health is also struggling for physical space for some of their teams working in the OX12 area
- A considerable amount of health care in OX12 is provided in people's homes. For example, District Nursing delivered 9,672 contacts in 2017/18
- Analysis of the need for community inpatient care during 2018/19 showed that 87 patients from OX12 required treatment in a community hospital. Of these 9 were admitted under a specialist stroke rehabilitation pathway that is delivered in Abingdon Stroke unit and 17 patients were admitted under the Emergency Multidisciplinary assessment unit pathway (EMU) at Abingdon Hospital. The remaining 61 out of the 87 patients required 'generic rehabilitation' prior to their discharge
- The numbers of people from OX12 using community inpatient beds equate to just under six community hospital beds in a twelve-month period (out of 140 beds in total). In 2018/19 87 out of 1,350 in-patients across Oxfordshire came from OX12
- There is a vibrant third sector offering a wide range of clubs, leisure classes, events, and support services (including a volunteer transport scheme), with many opportunities for volunteering and/or sharing skills, knowledge and interests. This

includes active health and care groups such as MIND, MS Society, Young Carers, and AGE UK that support people with specific health conditions. However, community representatives on the project expressed concerns around future proofing these activities in terms of volunteers coming forward, investment and funding

- Respondents to the project survey wanted more services in OX12. The survey suggested a desire from those responding for podiatry, pharmacy and optical health services as well as specialist clinics, mental health support, screening and cancer services. Other respondents mentioned end of life care, outpatient clinics, rehabilitation, Midwifery Led Unit, X-ray and services for minor injuries. Survey respondents also said they wanted increased leisure facilities, support groups, services for older people and facilities for children

Travel and Transport

- Public health data indicates that the majority of residents from the OX12 postcode area live within 10-15 minutes of the Health Centre, Wantage Hospital, a dentist and a pharmacy. This assumes the journey is made by public transport. However, experience of local residents travelling within OX12 and to neighbouring towns and cities suggests journey times are longer and journey plans more complex
- The project survey of OX12 residents had 1,303 respondents and, of these, the majority of people said they use a car to access services both within and outside of OX12 (1,139), while a smaller number travel on foot (522) or by public transport (243)
- 87% of the registered patients from OX12 who attend acute hospital outpatient appointments do so at one of the Oxford University Hospitals (the Horton, Churchill, John Radcliffe or Nuffield.) A small number of outpatient's appointments are provided in Mably Way Health Centre. Those travelling to Oxford for their outpatient and follow up appointments accounted for a total of 48,470 journeys over a 2 year period (April 2017 to March 2019)
- Respondents to the project survey raised concerns about parking at all hospital sites, particularly the John Radcliffe. This echoed concerns raised to Healthwatch in 2018 where residents from Wantage and Grove expressed frustration with parking difficulties when they had to travel out of OX12 to access services, particularly at Abingdon
- Respondents to the project survey also highlighted concerns about the availability, frequency and complexity of public transport to access services outside of OX12. Again, this echoed the 2018 Healthwatch report which described public concerns about bus services, particularly:
 - The reduction in services to local villages such as Challow
 - Buses to Abingdon and Oxford
- The Healthwatch report also noted the cost of taking taxis to attend health appointments. For example, the average charge from Wantage to the John Radcliffe in 2018 was £60.

- The Healthwatch report described the existing community transport options (provided by South Central Ambulance Service and Wantage Independent Advice Centre) but highlighted public confusion about how to access these services and eligibility

Innovation and Good Practice

Senior clinicians from provider and commissioner organisations across Oxfordshire came together in the 'Clinical and Care Forum'. Led by Oxfordshire CCG's Clinical Chair, the Forum reviewed and considered opportunities to utilise national evidence-based innovation and best practice in the county relevant to OX12.

Three clinical areas were identified as being particularly relevant to OX12 (based on the emerging data and information collated by the OX12 Project and the national and local direction of travel for health and care services). These were:

1. Proactive and responsive care to increasingly support people at home with long term conditions and frailty;
2. Making services traditionally provided in acute hospitals more local and accessible, with a focus on outpatient and follow-up appointments;
3. The potential benefits of an increased focus on primary prevention to promote health and wellbeing and on secondary prevention to reduce the impact of disease.

Clinicians focused on these three areas, drawing on their expertise and clinical experience alongside information on innovation and good practice from around the country (including the Vanguard programme). They also took into account the national direction of travel and Oxfordshire priorities and initiatives.

Detailed findings of each of the framework stages are included within the summary report.

3. Solutions, opportunities and ideas for the future

The latter stages of the framework concentrated on a review of the evidence from the early stages of the project. The work gave consideration to how current and future population needs could be best met. A solution building workshop with stakeholders was a core part of this work. This event and approach is detailed in the summary report. The workshop generated a range of ideas and opportunities informed by the health and care needs that were identified in the information gathering stages of the project.

This is an important section of the summary report. Health and Wellbeing Board members may be particularly interested in discussions as to how health and wellbeing could be promoted in the OX12 area. Headlines include:

- Wantage may benefit from a **Healthy Place** initiative. The experiences of Bicester and Barton as a part of the new towns initiative has shown significant positive impact on those areas. This has been achieved through local public sector organisations working with community groups and members of the public.
- **Working to achieve more sustainable primary care**
- **Delivering traditionally acute hospital based services in community settings**
- **Delivery of community rehabilitation**
- **Opportunities raised by plans to transform acute outpatient services**
- **Travel and Transport improvements**

The summary report shows that the health and care needs of the population of OX12 are broadly met by current service provision. Local residents experience some challenges in relation to accessing services. In short there are some opportunities to better support the population that the framework has highlighted.

6. Lessons Learned and Evaluation

In line with the NHS Change model an approach of 'plan, do, review, revise' has been utilised throughout the project; reviewing key events as the project has progressed, making changes and adjustments based on feedback and recommendations.

A formal evaluation will be undertaken once the project has closed. Findings from this evaluation will be reported back to the Health and Wellbeing Board and will directly inform future uses of the health and care needs framework.

7. Next steps

As a result of the work to follow the health and care needs framework there is now a much greater understanding of the OX12 postcode area. As expected the framework has provided information and insight about the population and the geographical area. Work with the local community and partners has generated ideas and opportunities for health and care provision for that population. The summary report presents those findings and provides links to the greater detail that sits behind the summary.

The opportunities for improving health and wellbeing in the area have been co-produced with commissioning and provider partners, stakeholders and members of the public. They align well with the strategic direction of health and care services as set out in The NHS Long Term Plan, Oxfordshire's Health and Wellbeing Strategy, clinical care pathways and system operational plans.

In line with implementation of these plans we can expect to see positive improvements in the planning and delivery of services in a more joined up way across Oxfordshire and in our local communities.

There are a number of specific ideas and options outlined in the report. Some aspects of these ideas are already being advanced by local partners and community groups.

System partners will now look to test the feasibility of the ideas and opportunities; aligning them with existing priorities and plans for Oxfordshire and those of the partner organisations. These tests of feasibility will include ensuring that an idea is clinically viable, operationally deliverable (particularly in terms of space for services), financially affordable and would deliver a measurable benefit for people in OX12

Oxfordshire Joint Health Overview and Scrutiny Committee asked that Oxfordshire CCG and Oxford Health reach a conclusion on the temporary closure of the community beds at Wantage Hospital. The analysis undertaken as a part of the project has highlighted that the overall utilisation of community beds is decreasing, nationally and in Oxfordshire and that the inpatient service requirements of OX12 are being met at other community hospitals in the County. On the basis of the work of this project there is not a compelling case for reopening the temporarily closed beds. Further work should be undertaken to test this. A report to the 6 February Joint HOSC meeting will set out a timetable for the work that will be required to do this.

8. Recommendations

It is recommended that Oxfordshire Health and Wellbeing Board

- Reviews and notes the findings of the OX12 Project Summary Report
- Extends thanks to those members of the public and representatives of community groups within OX12 who volunteered their time and expertise to support delivery of the project
- Considers the findings of the formal evaluation of the health and care needs framework when completed