Notice of Meeting Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 16 November 2017 at 10.00 am
Cherwell District Council, Bodicote House, White Post Road, Bodicote, Banbury, OX15 4AA

Membership
Chairman - Councillor Arash Fatemian
Deputy Chairman - District Councillor Monica Lovatt

Councillors:	Kevin Bulmer	Dr Simon Clarke	Laura Price
	Mark Cherry	Mike Fox-Davies	Alison Rooke
District Councillors:	Nigel Champken-Woods	Susanna Pressel	
	Andrew McHugh	Vacancy	
Co-optees:	Anne Wilkinson	Dr Keith Ruddle	Dr Alan Cohen

Notes: ***Date of next meeting:*** *1 February 2018*

What does this Committee review or scrutinise?
- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?
We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

For more information about this Committee please contact:

Chairman	-	Councillor Arash Fatemian Email: arash.fatemian@oxfordshire.gov.uk
Policy & Performance Officer	-	*Katie Read Tel: 07584 909530* *Email: Katie.read@oxfordshire.gov.uk*
Committee Officer	-	*Julie Dean Tel: 07393 001089* *Email: julie.dean@oxfordshire.gov.uk*

P G Clark

Peter G. Clark
Chief Executive

November 2017

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking 'outwards' and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 5 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

2. Declarations of Interest - see guidance note on the back page

3. **Minutes** (Pages 1 - 8)

To approve the minutes of the meeting held on 14 September 2017 and to receive information arising from them. (**JHO3**)

4. Speaking to or Petitioning the Committee

5. **Forward Plan** (Pages 9 - 12)

10:15

The Committee's Forward Plan is attached at **JHO5** for consideration. Members are asked to note the highlighted items added since the Committee's work programming meeting on 14 September 2017 and to consider items for prioritisation.

6. **Health Inequalities Commission - Update on Health & Wellbeing Board's response** (Pages 13 - 26)

10:30

The report (**HWO7**) contains an update on the Health & Wellbeing Board's response to the report of the Health Inequalities Commission. The paper includes extracts from a paper presented to the Oxfordshire Health & Wellbeing Board on 9 November 2017 detailing progress against the report's sixty recommendations. Dr Joe McManners, Chair of the Oxfordshire Clinical Commissioning Group (OCCG) will attend the meeting to present the report.

7. **Healthwatch Oxfordshire - Update** (Pages 27 - 32)

11:10

The attached regular report (**HWO6**) from Professor George Smith, Chairman of Healthwatch Oxfordshire (HWO) and Rosalind Pearce, Executive Director updates the Committee on the activities of HWO since the last meeting and gives the views from residents/patients on particular issues. The report itself is that which was presented to the Oxfordshire Health & Wellbeing Board on 9 November. Professor Smith and Rosalind Pearce will give an oral report on matters pertinent to this Committee which have arisen since the last report to this Committee.

8. **Banbury Health Centre** (Pages 33 - 52)

11:25

Information is sought by the Committee from the Oxfordshire Clinical Commissioning Group (OCCG) on its plans for future changes and consultation for Banbury Health Centre. In particular information on the challenges, priorities and approach will be sought, including the proposed new model of care in Banbury. The Committee will seek information on how the changes in Banbury relate to the broader context for primary care in the North Locality and on the areas of focus for the OCCG's consultation plan.

The following reports from the OCCG are attached:

- Delivering Primary Care at scale in Banbury (**JHO8**)
- Consultation Plan – Banbury Health Centre (**JHO8)**

LUNCH - 12:45

9. **Managing the impact of winter on Oxfordshire's Healthcare System** (Pages 53 - 114)

13:20

In light of the recent focus in the press on Accident & Emergency waiting times and winter resilience, a report has been requested from Health representatives on the system's preparedness for increased activity during the winter period, particularly in the context of the Delayed Transfers of Care (DTOC) figures and the impact of ward closures at the John Radcliffe Hospital (**JHO9**).

The Chief Operating Officer of the OCCG, Diane Hedges, will attend the Committee meeting to provide an update on the Winter Plan including the urgent performance and communications activity to support the plan.

10. **Chairman's Report** (Pages 115 - 122)

14:10

The Chairman's report is attached at **JHO10.**

11. **Item for Information** (Pages 123 - 126)

The Committee's attention is drawn to the following document which is for information only:

- A briefing on changes to the provision of musculoskeletal services in Oxfordshire (**JHO11**).

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned…..".*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 14 September 2017 commencing at 10.00 am and finishing at 1.40 pm

Present:

Voting Members: Councillor Arash Fatemian – in the Chair

District Councillor Monica Lovatt (Deputy Chairman)
Councillor Mark Cherry
Councillor Laura Price
Councillor Alison Rooke
District Councillor Jane Doughty
District Councillor Andrew McHugh
District Councillor Susanna Pressel

Co-opted Members: Dr Keith Ruddle

Officers:

Whole of meeting: Strategic Director for People; Julie Dean and Katie Read (Resources)

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.

42/17 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Cllr Jeanette Matelot attended in place of Cllr Mike Fox-Davies and apologies were received from Cllr Kevin Bulmer, Cllr Dr Simon Clarke, District Cllr Nigel Champken-Woods and Anne Wilkinson.

43/17 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

District Cllr Andrew McHugh declared a personal interest on account of his appointment as a short-term locum at West Bar GP Surgery, Banbury.

44/17 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 22 June 2017 were approved and signed as a correct record.

The Minutes of the special meeting held on 7 August 2017 were approved and signed as a correct record subject to the addition of the following to page 18, paragraph 2 (addition in bold italics):

'Valerie Ingram, administrator of 'Save Our Horton' Facebook page urged referral and spoke in particular against the proposals for maternity services by reference to the individual experience '***and the death of a baby'*** suffered by a pregnant woman and her family.'

There were no matters arising.

45/17 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed the following requests to address the meeting;

- Brenda Churchill, Deer Park Medical Centre Patient Participation Group (Agenda Item 6 – 'Advice from the Independent Reconfiguration Panel (IRP);
- Sarah Lasenby, 'Keep our NHS Public'', Agenda Item 6 – 'Advice from the Independent Reconfiguration Panel (IRP) – speaking at this item.

Sarah Lasenby, of 'Keep our NHS Public', addressed the committee to voice her concern that by making piecemeal changes to services the Oxfordshire Clinical Commissioning Group (OCCG) was disguising cuts. For example, the changes now proposed for stroke rehabilitation services at Witney and Abingdon community hospitals were being made ahead of the Phase 2 Transformation consultation. She also questioned the clinical basis for this decision. Ms Lasenby urged the committee to instruct the OCCG to halt the implementation of Phase 1 decisions until the Judicial Review of the consultation process had run its course.

46/17 HEALTHWATCH OXFORDSHIRE - UPDATE

(Agenda No. 5)

The Committee welcomed Professor George Smith MBE, Chairman, and Rosalind Pearce, Chief Executive Officer, of Healthwatch Oxfordshire (HWO) to present their regular update of issues/activities (JHO5). They undertook to circulate a list of all those invited to the postponed July 2017 primary care workshop to all members of the Committee. This workshop involved representatives from the Oxfordshire Clinical Commissioning Group (OCCG) , local Patient Participation Groups (PPG's), local GPs and Locality Forum representatives, local politicians, members of the public and representatives from various voluntary organisations. Its aim was to help all to understand the issues involved for primary care in areas of Oxfordshire that were developing rapidly. Rosalind Pearce reported that the workshop was now scheduled to take place on 20 September 2017. She apologised for the inadvertent exclusion of local county councillors to the list and gave her assurances that in future they would be invited to similar events. The OCCG was urged by the Committee to take on such a role rather than the onus being on HWO to organise this types of event.

On a request from a member of the Committee, Rosalind Pearce also undertook to organise a stall in Thame about Stroke Awareness. HWO was encouraged to consider including South Oxfordshire in more of their planned events and to work with their counterparts across the border in Buckinghamshire. HWO was also urged to turn their attention to the Vale of White Horse area which was experiencing ‘stresses and strains’, including long waiting lists for services following patient discharge from hospital, for example in Physiotherapy and Speech Therapy, thus causing possible re-admittance to community hospitals and GP surgeries. This often gave a feeling of ‘abandonment’ for patients.

With reference to pages 28/30 of the HWO report, members of the Committee made reference to public concerns about the need for ensuring that there were no increases in GP surgery waiting times or in mental health support services for children as an outcome of the new proposals for Stroke Services within the community. In this regard, the Committee also added its concern in relation to difficulties experienced by the elderly when using IT to make an appointment, maybe resorting to a visit to Accident & Emergency. Rosalind Pearce added to these concerns stating that HWO had found people of a younger age continued to ask for face to face visits with the GP, rather than using Skype. She added that it was HWO’s view that designs for a new surgery could not be based on all patients owning a smart phone. Moreover that HWO was looking to develop a younger aspect of HWO which would include the voice of the young in debates.

When asked, Rosalind Pearce reported HWO’s concern that 400 patients from Deer Park surgery had not re-registered with another surgery. Furthermore, they planned to send out a co-authored letter alongside the OCCG to these patients emphasising that it was very important to do so for reasons of their own safety. She accepted the OCCG’s contention that there were always a number of people left on a register in these circumstances called ‘ghost patients’, who had maybe left the area. She agreed that it was vitally important that Deer Park was included in all that was taken forward in discussions regarding the Locality Primary Care Development Plan within the West Oxfordshire area. Members of the Committee asked the OCCG to help them understand how these numbers compared with those of other surgeries that had closed for whatever reason.

A Committee member advised the meeting that funding for GP surgeries was based on the Carhill Formula. He emphasised the importance of defining the ‘ghost patient’ as a normal patient to avoid the problem of that surgery being stripped of funding for that area. He advocated the continuation of the FP69 process which made it a duty to do so.
Rosalind Pearce reported that more concrete plans for working with patients had been put forward by the West Oxfordshire Locality Forum. She added that three cluster meetings were planned to take place in this area, the first of which was with local PPG’s to hear what they would wish to see included in the Plan for the future.

With reference to Part 4 of their report Rosalind Pearce was asked whether HWO had moved forward with their suggestions on what action was required on Health Inequalities. She responded that it was HWO’s view that a more strategic approach was required, adding that HWO was looking to work with the voluntary sector in order to produce a design for what could be done in this sector.

Professor George Smith concluded by stating that HWO warmly welcomed the Director of Public Health's Annual Report. He wished to add concerns about the incoming numbers of population coming into Oxfordshire, demographics, the rising birth rate and the need for age distribution in order that the most appropriate health services could be designed. He added that HWO had the basic information in place, but needed a push to get the factual information required to undertake a modest project on the subject.

Both were thanked for the report.

47/17 ADVICE FROM THE INDEPENDENT RECONFIGURATION PANEL (IRP)

(Agenda No. 6)

Prior to consideration of this item the Committee was addressed by Brenda Churchill, Chair, Deer Park Surgery PPG. She stated the PPG's concern that, although the IRP report had been published at the beginning of July, nothing constructive had been done in response to its content. It was only in the last few days, on 8 September, had a meeting with the local MP taken place. She added that there were fears that the OCCG was procrastinating due to the need to concentrate on the Transformation proposals. She also reiterated the point made by HWO that NHS England still needed to appoint an independent person, asking the Committee to ensure that the outstanding work highlighted in the IRP report be carried out quickly. Furthermore, feedback from Deer Park patients had indicated that progress had not been smooth in relation to services provided, such as repeat prescriptions (72 hour wait). She asked what would happen when there was more housing development in this area – asking would patients have to wait even longer?

Brenda Churchill also expressed her concern that Witney and its surrounds had not been included within the current work being undertaken by the OCCG on future primary care for Oxfordshire. The Witney PPGs were thus calling for at least one public meeting in order that the proper consultation could take place.

The Committee welcomed Catherine Mountford, Director of Governance, and Sarah Adair, Head of Communications, OCCG to the meeting. Referring to the points made by HWO and by Brenda Churchill she stated the following:

- Since May of this year work had been ongoing on Primary Care sustainability. She pointed out that there were very different issues inherent in each locality to be looked at in relation to how to plan a strategic service. She added that there was a timeline for this work which had been published on the OCCG website and a web link would be made available to members of the Committee. In addition a template was being prepared on what patients felt were important in their primary care which would then go out to GP practices. She stated that the OCCG accepted the need to be open-minded and transparent about how surgeries would be staffed and funded etc. She assured the Committee that the OCCG accepted the responsibility to undertake this work in a proper manner and issues in West Oxfordshire such

as housing growth were not being ignored. Catherine Mountford reported also that the OCCG planned two events in the West Oxfordshire area, at which the public would be involved – one in Witney and Eynsham and another in the surrounding environs within the area. A further event would also take place at the end of April 2018 focusing on funding. She added that an update would be given on meetings taking place and future work to be undertaken on the sustainability of primary care. This work would include a perspective on other issues such as longer waiting times in GP surgeries;

- With regard to comments made about a reduction in primary care funding in the Witney as a result of patients at Deer Park Surgery not re-registering, she pointed out that 10% non-re-registration was fairly common for an area and the OCCG had not yet found the best way to ensure that patients moved on to another surgery. Furthermore that it was not normal procedure for the NHS to assign a patient to another surgery for patient choice reasons. She undertook to look into what was allowed under the regulations. However, if it was not, then the NHS was reliant on the individual themselves to undertake this. She also confirmed that a joint letter with HWO would be sent to those 400 patients who had not re-registered;
- Catherine Mountford assured the Committee that decisions about Deer Park would not be rolled into the Phase 2 Transformation consultation, but would take account of the general work underway looking at Witney, Eynsham and rural surrounds, looking a population growth, housing needs, current capacity etc.

At the request of the Committee, Catherine Mountford, on behalf of the OCCG, agreed the following:

- to take up the invitation to be extended by Witney Locality meeting to discuss the locality plan;
- (alongside the PPG Deer Park Chair) to ask NHS England to hasten their identification of an independent person to review the CCGs plan to commission a time-limited project to develop a comprehensive plan for primary care and related services in Witney and its surrounds, as recommended by the IRP. The Committee felt that this person should have an involvement throughout;
- to take back a request by Committee to review its decision making process in relation to Deer Park in order to build a more meaningful relationship, and genuine engagement with the community, to include information on GP availability, the GP tendering process and its transparency, what constituted and who rejected the GP bid, how decisions were made and current GP availability. Catherine Mountford also agreed to provide a cost analysis for the closure of the surgery, also information on whether incentives were given to other surgeries to take on more patients (it was pointed out that Witney had a population of nearer to 28k, not 23k as documented by the CCG. She also agreed to provide a web-link to information which was in the public domain regarding funding payments for increases of patient numbers on the register;
- to provide a detailed future plan of action, including responsibilities and timeline for Deer Park.

Katie Read also undertook:

- to give a response to HWO about the possibility of sharing traffic data during OTP discussions;
- to correct the reference in the timeline from the DoH letter to reflect the fact that members of the Committee were not involved in the meeting between the CCG and the former Chairman of HOSC;

The Committee **AGREED**:

(a) to form and informal working group comprising Councillors Price, Lovatt, McHugh, Champken-Woods and Fatemian and Keith Ruddle, together with CCG representatives, to produce a set of proposals of how to work together in a better way; and

(b) that an update be produced at the 16 November 2017 meeting and final recommendations be submitted at the January 2018 meeting.

48/17 STROKE REHABILITATION SERVICES

(Agenda No. 7)

Dominic Hardisty, Chief Operating Officer, Oxford Health Foundation Trust and Sara Bolton, Allied Professional from Older People's Directorate, Oxford Health Foundation Trust attended for this item. The Chairman welcomed them to the meeting.

The Chairman began by expressing the Committee's concern that the Toolkit process to ascertain whether the proposals were a significant change in service or not, had not been followed in this case. Dominic Hardisty explained the rationale to the proposals, as set out in the paper JHO7, which was that by amalgamating specialist medical/therapy services into one unit in the county, (based in Abingdon), this would allow a higher level of identity and provide a fully dedicated stroke unit with 20 beds.

The Committee asked Kate Terroni, Director for Adult Services, OCC, how the proposals aligned with Social Care in relation to the principle of patients being placed closer to home. She stated that, having discussed the proposals with Oxford Health, she had ascertained that there would be no real impact on Adult Social Care and she could therefore support the proposals.

A member brought the Committee's attention to the concerns of staff working at Witney Hospital. She feared that the proposals were not in their infancy, as some stroke therapists had already left their jobs through their own choice. This had led to some insecurities amongst other support staff working at Witney. Dominic Hardisty responded that the Trust was working on how to support staff more in circumstances such as these, to accord with specialist training guidelines.

With regard to the point made about the apparent pre-empting of Part 2 proposals relating to the Oxfordshire Transformation Plan and delivering a 'fait accompli', without proceeding through the Toolkit process, Dominic Hardisty stated that the Trust was continually changing and improving services and a judgement needed to

be made about what proposals needed to come before the Committee and how to do this. He assured members of the Committee that the Trust had tried to be open and transparent about its aims for this service.

They also pointed out that the proposals were for community-based rehabilitation for patients – which was a sub-speciality. It was not therefore a move towards a future vision of centralising services to the John Radcliffe Hospital.

Following discussion and in light of its concern that the proposals were being presented as a 'fait accompli' and would lead to community bed closures and the future centralisation of all services to the John Radcliffe Hospital, the Committee **AGREED** the following actions be undertaken with regard to the proposals:

- that the Toolkit be completed and circulated and also additional papers be circulated - and to reserve judgement pending receipt of these;
- to see an impact assessment of moving 10 stroke beds from Witney to Abingdon; and
- to request a breakdown of plans for staff as there had been reports of a lack of communication to them, and resulting confusion and concern. This to include information about whether ancilliary staff would be transferred alongside other staff.

49/17 DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT

(Agenda No. 8)

Dr Jonathan McWilliam, Director of Public Health, presented his tenth annual report to the Committee. Members considered both the strategic and local issues highlighted in the report that could be taken forward in the year ahead (JHO9).

The Committee felt the report was comprehensive and easy to read, although there was some surprise at the absence of information about levels of dementia and frailty in Oxfordshire from the report.

In particular Committee members discussed the following points:

- The pressures posed by an ageing population and difficulties obtaining accurate county population figures;
- The importance of ensuring health impact assessments are completed as part of any service redesign;
- How useful it was for all organisations to have a focus on primary prevention, particularly in relation to breaking the cycle of deprivation and supporting hard to reach groups;
- The impact of loneliness and isolation on Oxfordshire communities;
- How social housing was incorporated into healthy communities and the extent to which District/City housing authorities were meeting their affordable housing targets, including meeting the housing and employment needs of people with learning disabilities;
- The importance of ensuring that health was considered in the development of Local Plans, including the extent to which the County Council Highways team

is able to comment on plans in relation to air quality and how the development of new technologies, such as electric vehicles, was being taken into account;
- The links between increasing educational outcomes and breaking the cycle of deprivation;
- The effect of day centre closures on carers and health inequalities, as well as the funding of child mental health services and the effect this had on children's carers;

Following consideration of the Director of Public Health's recommendations in the report, the Committee **AGREED** to **RECOMMEND** the Health & Wellbeing Board to:

- Explore the implications of government plans to stop the sale of diesel cars on air quality and how the County Council is planning to update its fleet;
- Write to Oxfordshire MPs asking for their support for more legislation to reduce the levels of sugar, salt and fat in food and drink in order to combat obesity and drink related diseases;
- Recommend that the Health Improvement Board has a focus on measures to prevent and reduce the prevalence of obesity;
- Encourage the adoption of the "daily mile" in schools;
- All Councillors should be provided with information on tackling loneliness and isolation;
- Recommend that the Public Health team seek best practice and research from other countries where higher rates of breastfeeding are achieved, to inform Oxfordshire's approach in this area;
- Recommend that District/City councils routinely include health assessments in the development of their Local Plans. HOSC was also keen to scrutinise the ensuing work on this issue.

50/17 CHAIRMAN'S REPORT
(Agenda No. 9)

The Committee noted the Chairman's report.

.... in the Chair

Date of signing ....

HOSC Forward Plan – November 2017

The scrutiny work programming guide was shared in July 2017 and is designed to help assess the relative merits of topics brought forward in order to prioritise areas of focus for scrutiny through a transparent and objective process. The "PICK" methodology can help scrutiny committees consider which topics to select or reject. This is:

Public interest	➢ Is the topic of concern to the public? ➢ Is this a "high profile" topic for specific local communities? ➢ Is there or has there been a high level of user dissatisfaction with the service or bad press? ➢ Has the topic has been identified by members/officers as a key issue?
Impact	➢ Will scrutiny lead to improvements for the people of Oxfordshire? ➢ Will scrutiny lead to increased value for money? ➢ Could this make a big difference to the way services are delivered or resource used?
Council performance	➢ Does the topic support the achievement of corporate priorities? ➢ Are the Council and/or other organisations not performing well in this area? ➢ Do we understand why our performance is poor compared to others? ➢ Are we performing well, but spending too much resource on this?
Keep in context	➢ Has new government guidance or legislation been released that will require a significant change to services? ➢ Has the issue been raised by the external auditor/ regulator? ➢ Are any inspections planned in the near future?

Meeting Date	Item Title	Details and Purpose	Organisation
February 2018	Banbury Health Centre consultation	• Consultation on Banbury health centre	CCG
February 2018	Health Transformation	• Outcome of judicial review • Impact on HOSC's secretary of state referral on permanent closure of obstetrics at the Horton • Update on plans for phase two of the programme	CCG

Updated: 06 November 2017

Meeting Date	Item Title	Details and Purpose	Organisation
February 2018	ASC CQC inspection	• Health and social care's immediate response to the outcomes of the CQC inspection and scrutiny of plans in respond to this.	CCG, OCC
		Future Items	
	Health in planning and infrastructure	• How is NHSE engaging in the planning process, incl. the Health approach to CIL and s.106 funding • Learning from Healthy New Towns. • Impact on air quality and how partners are addressing this issue. • How can HOSC best support the	CCG, NHSE, Districts/City Planners, PH, OCC Infrastructure
	Musculoskeletal services	• Impact of recently commissioned service, incl. GP access to radiology and routes of referrals	CCG
	Health visiting services	• Impact of changes to children's centres on provision of health visiting service • Scrutiny of newly commissioned service • 0-5 health visiting services	PH & OH & CEF
	Health and social care workforce	• Impact of workforce shortages in reablement & domiciliary care on acute services • Impact of ASC precept	OCC
	GP appointments	• Update on the success of weekend and evening GP appointments – share data on demand and how this is monitored	CCG
	Anaesthetist training at the Horton General Hospital	•	OUH
	Health Transformation Consultation Plans for Phase 2	• Committee scrutinises the health consultation plans for Phase 2	Whole System
	Healthcare in Prisons and Immigration Removal Centres	• More in depth information on performance and how success is measured. • New KPIs in place from April 2017	NHS England
	Health and Wellbeing Board	• How effective is the Health and Wellbeing Board at	Whole System

Updated: 06 November 2017

Meeting Date	Item Title	Details and Purpose	Organisation
		driving forward health, public health and social care integration? • Is there effective governance in place to deliver this? • How well is the Health and Wellbeing Board preparing Oxfordshire's health and care system for greater integration?	
	Stroke patients	• From intensive care in hospital to home care – occupational therapy services and plans for expanding ESD service – seek further evidence, facts and figures about points from HWO.	
	Oxfordshire's Accountable Care Organisation	• Impact of an ACO on the Oxfordshire system • Erosion of referral targets – 18 weeks (national rules changed) – is this in line with NHS Constitution targets?	CCG, OH, OUH
	Pharmacy	• Levels of access and changes to pharmacy provision, incl. mapping provision and impact on health inequalities	
	Social prescribing	• The outcomes of social prescribing pilots and learning that can be shared. (Berinsfield vs. Cherwell)	
	School Health Nurses	• The impact of school health nurses in secondary schools and future service plans • This is being recommissioned by PH by March 2018	PH, OH
	Health support for children and young people with SEND	• How is Health contributing to improving outcomes for children and young people with Special Educational Needs and Disabilities and working with partners in Education and Care? • Linked to outcomes of SEND Local Area Inspection	OH, OUH
	Priorities in Health – Lavender Statements	• How the CCG manages competing priorities – Thames Valley Priorities Forum	CCG
	Commissioning intentions	• Committee scrutinises the CCG Commissioning Intentions	

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A report to the Oxfordshire Health Overview and Scrutiny Committee - 16 November 2017

The role of the Oxfordshire Health and Wellbeing Board in overseeing implementation of the Health Inequalities Commission recommendations

Introduction

The Oxfordshire Health Inequalities Commission report was presented to the Health and Wellbeing Board (HWB) in November 2016 by the Independent Chair, Professor Sian Griffiths. Reports on progress were further discussed by the HWB in March and July 2017.

The Health Inequalities Commissioners were independent members selected from public and voluntary sector organisations and academia. They received written submissions and verbal presentations from a wide range of people and organisations at four public meetings held around Oxfordshire in the winter and spring of 2016. Local data and information on health inequalities were also presented to the Commissioners supported by access to a wide range of local and national documents, including the Director of Public Health Annual Reports, the Joint Strategic Needs Assessment and data from Public Health England.

The full report and Headline report can be found here:
http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/health-inequalities-commission/health-inequalities-findings/

The role of the Health and Wellbeing Board in overseeing implementation of recommendations

The Health Inequalities Commission made many recommendations for many organisations in the NHS, Local Government, Voluntary and community Sector etc.

The Health and Wellbeing Board has a non-executive role in helping to oversee the operationalization of the recommendations from the Health Inequalities Commission which relate to its members and ensuring that progress is measured and reported. The executive accountability for each recommendation remains with the individual organisation and partnership. In addition, many of the recommendations can be taken forward by individual bodies, say in the Voluntary Sector without reference to the Health and Wellbeing Board and this is to be applauded.

The Health Inequalities Commission set out their advice on which organisation should lead on implementation for each of the recommendations. However, although there is a named lead organisation or partnership for each recommendation, most of this work cannot be done by one organisation alone. Other partners are expected to engage in taking each recommendation forward. An Implementation Steering Group has been set up and have been devising action

plans and coordinating some of this work. The group comprises representatives from the CCG, County and District Councils, voluntary sector, NHS trusts and others.

The Health and Wellbeing Board will consider a comprehensive overview of progress against each of the 60 recommendations at their meeting on 9 November 2017. Extracts from that paper are included as Appendix 1.

A verbal update on the outcomes of that discussion will be given at the meeting of the Health Overview and Scrutiny Committee on 16 November.

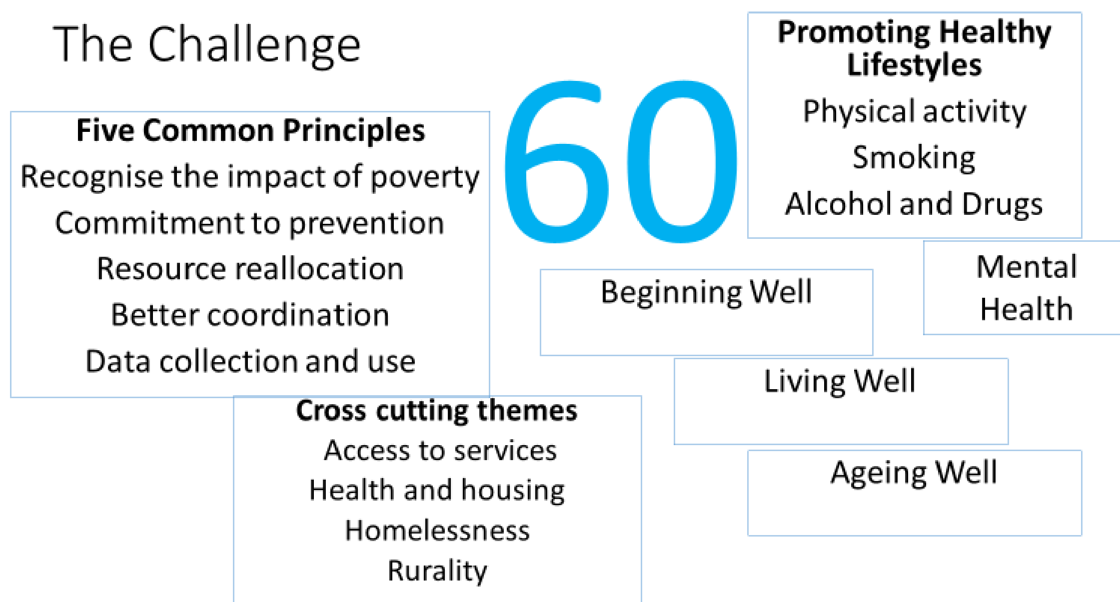
Jackie Wilderspin,
on behalf of the Health Inequalities Commission Implementation Group.

November 2017

Appendix 1 Extracts from the paper presented to the Oxfordshire Health and Wellbeing Board on 9th November 2017

Background
The Oxfordshire Health Inequalities Commission report was presented to the Health and Wellbeing Board (HWB) in November 2016. Reports on progress were discussed by the HWB in March and July 2017.

The recommendations are set out in various groups in the report as illustrated in the figure below:



Recommendation
The members of the Health and Wellbeing Board are asked to note the content of the report and nominate partner organisations to lead on issues which still need to be taken forward.

The work of the Health Inequalities Commission (HIC) Implementation Group

An Implementation Group has been convened under the leadership of the CCG and includes representatives from local authorities, voluntary sector and health services. Some members have links to other networks and partnerships who are also implementing this work.

The HIC Implementation Group has reviewed all the recommendations set out by the Commission and compiled a comprehensive overview of relevant work currently underway or in the planning stages. The resulting information shows considerable progress on most of the recommendations but also illustrated the need to coordinate and increase ambition in some of the areas of work. It was clear that it is impossible to keep a detailed overview of all of the work being undertaken to address inequalities issues in Oxfordshire. However, it is also noted that the momentum

gained from the publication of the report has had a positive effect and galvanised joint action in new areas of work.

The Implementation Group agreed to set out the recommendations in 3 main categories which are:

1. Priority business for the Implementation Group in 2017-18. This group of recommendations needs the coordination and input of the Implementation Group to be taken forward. These are set out in five areas of work which will deliver 26 of the recommendations. The 5 work areas are
   a. Basket of Inequalities Indicators
   b. Innovation Fund
   c. Income Maximisation
   d. Social Prescribing
   e. Promoting Physical Activity as part of improving prevention of ill health.

2. Recommendations being taken forward by specific groups / organisations in 2017-18. Good progress is being made on work to implement 15 recommendations and some have been completed. Progress reports are set out in the second section of the action plan below.

3. Recommendations to be considered for future implementation. A further 19 recommendations are under consideration and not yet being fully implemented. These are listed in the third section of the action plan below with some notes on the current state of implementation.

Action Plans

Section 1: Priority business for the Implementation Group, 2017-18

There are five areas for action which is being led and coordinated through the HIC Implementation Group. These actions cover a range of recommendations which are listed in the descriptions below.

1. Basket of inequalities indicators (Recommendation 3[1])

Objectives

- Develop a set of local indicators which highlight health inequalities and which can be used to monitor progress in reducing variation.
- Publish these indicators as part of the JSNA.
- Use these indicators to report regularly to the Health and Wellbeing Board.

[1] Also linked to other recommendations

- Monitor impact to ensure gap is not widened (5); Access more data on health inequalities (10) and ethnicity (11); Use NHS performance frameworks (15); DPH Annual Report recommendations (24); Use Child health profiles (43)

- Develop collection of more local data on a range of subjects including ethnicity of service users where this is not yet robust. Also use NHS Outcomes Framework, Child Health Profiles and other appropriate data sources for targeting and monitoring performance as needed.
- Add more indicators to monitor mental wellbeing and mental health as well as the physical health indicators already included.

Progress to date

- A basket of indicators, showing variation across the county at ward level Is under consideration by the Health and wellbeing Board
- Subject to comment and suggestions for improvement, this set of indicators will be published on the JSNA website before December 2017.
- More work is underway to add mental wellbeing indicators to the basket.
- The JSNA steering group is continuing to develop the annual report which will be published in March 2018. Recommendations on use of wider data sources to highlight inequalities are being sought in that process.

2. **Establish an Innovation Fund (Recommendation 7)**

Objectives

The wording of recommendation 7 is:

"*An Innovation Fund / Community Development and evidence fund should be created for sustainable community based projects including those which could support use of technology and self-care to have a measurable impact on health inequalities, and improve the health and wellbeing of the targeted populations*."

The objectives that have been defined are:

- Secure contributions from partners to establish the fund.
- Agree criteria for use of the funding which will have an impact on health inequalities.
- Report use of the funding to all stakeholders to attract further contributions.
- Ensure robust evaluation of outcomes.

Progress to Date

Work is progressing well and has included

- Oxfordshire Growth Board agreed to make contributions of £2k per local authority. This total is matched by the CCG. OUHFT have also agreed to contribute £2k giving a total of £30k to date.
- Discussions are in progress with Oxfordshire Community Foundation about managing the Innovation Fund.
- Initial ideas on using the money to support the Social Prescribing initiatives are being discussed e.g. a crowd sourced map of assets and services, digital support for front line workers and digital literacy initiatives for clients.
- Criteria for bids and a specification for the work will be finalised in the coming weeks and it is hoped the project can be completed by the end of 2017-18
- Further funds will be sought so that other innovative ideas can come to fruition.

3. Income maximisation (Recommendation 13[2])

Objectives

- Establish a working group to coordinate and develop work to promote income maximisation for people on low incomes e.g. through promoting entitlement to benefits.
- Consider how to improve access to advice in health settings.
- Approach a range of funders and work to sustain advice services

Progress to Date

- Following discussion at the Implementation Group a working group is being convened. This includes local authorities, public health and other commissioners of benefits advice services and a range of current providers including Citizens' Advice, Mind and neighbourhood advice centres.
- Ideas for providing advice in the hospital setting have been proposed for discussion.
- Oxford City Council Executive Board approved a Financial Inclusion Strategy 2017-2020 on 16th October 2017.

4. Social Prescribing (Recommendation 17[3])

Outcomes

Build on existing projects to expand and develop social prescribing in Oxfordshire.

Areas of work should target populations with worst outcomes and can include

- Primary prevention and healthy lifestyles
- Mental wellbeing, depression, anxiety, loneliness
- Frequent attenders in primary care
- People with complex long term conditions

Best practice on social prescribing

a. General signposting by a range of agencies or access to activities for self-referral.
b. Link workers (e.g. Care Navigators) with specific referral criteria. May include some specialists e.g. for autism
c. Strategic coordination – an overview of the networks, directories and services available locally.

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[2] Also linked to recommendations to:

- Expand Benefits in Practice (12); Engage district councils and other funders (14)

[3] This also links to recommendations on

- Commitment of statutory bodies (1); New models of care (2); Investment in Prevention (4); Resource allocation (7); Address loneliness (54); Promote healthy lifestyles including smoking (31), alcohol (33); Increase resources for Prevention and lifestyles advice (46); Integrate health and social care for complex needs (50); Older people support to prevent isolation (54)

Progress to Date
Discussion at Implementation Group has led to:

1. CCG overview of current projects.
2. Literature review of models completed by Public Health.
3. Workshop held 19.9.17 with a wide range of stakeholders
4. Steering group convened and met 5.10.17

In addition:
- Cherwell DC are considering a VCS led bid to the national funding for social prescribing potentially across Cherwell and working with West Oxfordshire DC and Practices.
- West Oxon DC have shared a report on their methodology with village agents in Gloucestershire.
- Discussion with City Council on the use of £100k strategic pot for taking work forward.
- Consideration of use of Innovation Fund.

5. Increasing physical activity (Recommendation 28, 58[4])

Objectives
- Develop opportunities for people who are inactive to increase their levels of physical activity and reduce their risk of preventable disease.
- This work should be linked to the Social Prescribing actions so that referrals and recommendations to appropriate activity can be made easily.
- This should be appropriate for the individual or particular group of people but also be accessible county wide.
- Particular target groups include mental health service users, people with disabilities, over 50s, children. Use social marketing to communicate effectively with each group.
- Make information on local opportunities to be physically active available to social prescribers and sign-posters.

Progress to Date
Several strands of work have been identified but there is no overview of all the bids and programmes going forward. Work that has been identified so far includes:
- a bid by OxSPA and Mind for Healthy Bodies Healthy Minds
- Mind is leading a bid to Health Education England to fund a combination of wellbeing and physical activity initiatives.
- Analysis of the current situation for Exercise on Referral that was drawn up by OxSPA and district councils

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[4] Also linked to other recommendations:

- Use of social marketing (29); Increase participation of people with disabilities, mental ill-health (30); Target over 50s (58)

OxSPA bid for Sport England funding to target inactive people from disadvantaged communities. The bid was unsuccessful but work to prepare the bid can still be used to take this work forward.

Section 2: Recommendations being taken forward by specific groups / organisations. 2017-18

There are 15 recommendations which are being taken forward or already completed by particular organisations. These are outlined in this section:

Recommendation being taken forward	Progress to date
Recommendation 6 Core preventative services such as Health Visiting, Family Nurse Partnership, School Health Nurses and the Public Health agenda should be maintained and developed	**Complete: Public Health** The Public Health Grant remains ring-fenced until at least the end of 2018-19 although with a reduction in the size of the grant each year. Health Visitor and Family Nurse Partnership services have been re-commissioned and plans are being taken forward to re-procure the School Health Nursing Service.
Recommendation 18 In 2014 9.1% of households were fuel poor. This should be reduced in line with the targets set by the Fuel Poverty Regulations of 2014.	**In progress: Affordable Warmth Network** Detailed plans[5] for developing work to tackle fuel poverty were approved by the Health Improvement Board in Sept 2017 following a workshop in July.
Recommendations 19 and 20 19. All public authorities are encouraged to continue their collaboration and invest in supporting rough sleepers into settled accommodation, analysing the best way of investing funding in the future. Homelessness pathways should be adequately resourced and no cut in resources made with all partners at the very least maintaining in real terms the level of dedicated annual budget for housing support. 20. The numbers of people sleeping rough in Oxfordshire should be actively monitored and reduced.	**In Progress: Health Improvement Board, Housing Support Group, City Council, CCG.** • Adult pathway for homeless people is currently pool-funded by councils and CCG for 3 years. • City Council funding for additional provision has been announced (Sept 17) including additional government funding. • Trailblazer project to prevent homelessness on hospital discharge and release from prison is being implemented. • CCG re-procuring homeless medical provision (Luther Street) • Health Improvement Board monitors reports of rough sleeping as part of the performance framework.
Recommendation 23 Reports of isolation and loneliness in older people/people suffering from dementia in rural areas should be collated and monitored on an annual	**Some Progress: various agencies** • Loneliness Summit held in July 2017 led by Age UK Oxfordshire. • Proposal to set up a strategic Task and Finish group led by Age UK Oxon.

[5] http://mycouncil.oxfordshire.gov.uk/documents/s38738/Item%2012%20-%20Setting%20a%20new%20strategic%20direction%20for%20fuel%20poverty%20and%20health%20HIB%20Sept%202017%20V2.pdf

basis with a reduction achieved year on year utilizing advice in the Age UK publication "Evidence Review of loneliness and Isolation" .	• Healthwatch Oxfordshire published a report on Dementia Friendly Communities in 2015 and work is being picked up through social prescribing and Dementia Friendly training.
Recommendation 25 and 26 25. Funding for locally enhanced services for refugees and asylum-seekers should be made available to all GP practices, with the expectation that funding for this service would primarily be drawn on by practices seeing large numbers of refugees and asylum seekers. 26. Outreach work in communities with high numbers of refugees, asylum seekers and migrants, should be actively supported and resources maintained, if not increased, especially to the voluntary sector, to improve access to the NHS, face to face interpretation /advocacy and awareness raising amongst health care professionals.	**Some progress: CCG** OCCG has a Locally Commissioned Service for Deprivation and Inequalities. The criteria for additional payment is: • to support those Practices which have child protection plans and • to allow longer appointment times for patients who require use of interpreting services (Language Line) **Good Progress: City Council / CCG and VCS partners** A bid to the Controlling Migration Fund was successful and work to be implemented includes providing pre-entry English classes for speakers of other languages (ESOL), orientation and service information packs, mentoring and befriending scheme,
Recommendation 32 An alcohol liaison service should be developed in the OUHT	**Some Progress: CCG** Work has started on producing a business case for an alcohol liaison service in the hospital trust.
Recommendation 35. Support and develop schools interventions including support given to school health nurses as well as services such as those run by The Training Effect to increase capacity of young people to choose not to misuse substances.	**Good progress: Public Health** The Training Effect continue to deliver sessions in schools and collaborate with Aquarius (substance misuse services for young people) and School Health Nurses. They provide support for staff and emphasise the need for resilience and confident decision making. Future commissioning will build on this.
Recommendation 36 and 38 36. Resources in the public health budget should be maintained to provide services and support for drug misusers and their families 38. Policy and action should be targeted to continue to address - the rates of successful completion of drug treatment in non opiate users - the rate of parents in drug treatment - the rate of people in substance abuse programmes who inject drugs who have received a hep C vaccination - the rate of children facing a fixed period of exclusion due to drugs/alcohol use - NPS use	**Good Progress: Public Health** Drugs and Alcohol Treatment services in Oxfordshire are still fully resourced and there have been no changes made to the range of provision. The number of clients now successfully completing treatment for opiates, non-opiates and alcohol has improved markedly though this is still under surveillance to ensure the improvement is sustained. There has also been improvement in uptake of Hep C vaccination. Work on identifying the numbers of children who are excluded from school as a result of substance misuse is yet to be completed.

Recommendation 42 Use of food banks needs to be carefully monitored and reported to HWB	**Complete: Good Food Oxford** A map showing the location and accessibility of Food Banks and other providers was published on the Good Food Oxford website[6] in summer 2017. This complements the Feeding the Gaps report and other work of Good Food Oxford.
Recommendation 45 The current plans for closures of Children's Centres should be reviewed by March 2017 to ensure prioritization of effective evidence-based investment and good practice in early intervention for children and to ensure that the change of investment and resource allocation to young children and their families does not disadvantage their opportunities especially for those children & families from deprived areas and identified disadvantaged groups	**In progress: Oxfordshire County Council and other partners** - Grants were made available by the County Council to local initiatives to continue provision of services. - Cherwell DC are working with the Sunshine Centre in Banbury to sustain local services. - Brighter Futures in Banbury continues to develop multi-agency work in 3 particular wards - A Community Impact Zone is being set up in Banbury to enable partners to work together tom improve outcomes for children
Recommendation 47 Promoting the health of those in work should be a priority and examples of good practice shared by establishing a county wide network .	**In Progress: Well at Work network and others** • A network of businesses and other employers continues to champion well at work initiatives. They have recently established a Linked In network to increase their reach. • NHS employers have established a network of Workforce HWB leads • Brighter Futures in Banbury will be working with local employers to promote workforce wellbeing and Cherwell DC will work across the district to promote the Wellbeing Charter. • OxSPA promote the Workplace Challenge to increase physical activity • Unison and Oxfordshire County Council are holding a wellbeing conference in Nov 2017
Recommendation 53 The recommendations from the 2016 DPH annual report are endorsed and the Commission wishes to ensure they are targeted to reduce health inequalities and progress reviewed by HWB in 2017	**Complete: Director of Public Health** All recommendations from the 2016 report were reviewed and findings included in the 2017 report.
Recommendation 58 Promoting general health and wellbeing through a linked all ages approach to physical activity, targeting an increase in activity levels in the over 50s, especially in deprived areas, using innovative motivational approaches such as 'Good Gym' and Generation Games	**Some progress: CCG, local authorities, Age UK** • The CCG commission Generation Games and Dance to Health for older people and those at risk of a fall or who have had a fall • Cherwell DC work with Age UK to deliver activities in rural parts of the district. • District Council Sport and Activity Plan targets under-represented groups. • OxSPA bid to target inactive people was unsuccessful but work can be taken forward and will be a focus of the Health Improvement

[6] http://goodfoodoxford.org/good-food-for-everyone/food-access-services-map/

	Board.

Section 3: Recommendations for future implementation

A total of 20 recommendations will need more consideration so they can be taken forward. The recommendations are:

	Recommendation	Next Steps
7	Resource allocation should be reviewed and reshaped to deliver significant benefit in terms of reducing health inequalities. • The CCG should actively consider targeting investment at GP surgeries and primary care to provide better support to deprived groups, to support better access in higher need areas, and specifically address the needs of vulnerable populations. • The CCG should conduct an audit of NHS spend, mapping health spend generally and prevention activity particularly against higher need areas and groups, setting incremental increasing targets and monitoring progress against agreed outcomes. • The ring fenced funding pot for targeted prevention should be expanded in higher need communities, using a systemwide panel of stakeholders to assess evidence and effectiveness, with ongoing independent evaluation of impact, including quantification of impact on other health spend.	This recommendation has 4 sub sections and the parts listed in the column to the left still need to be fully addressed by the CCG. In working towards meeting this recommendation the CCG report that all Primary Care workplans are now required to address health inequalities. The fourth recommendation in this list concerns the Innovation Fund which is being taken forward and details are given in section 1 of this action plan. The wording of that part of the recommendation is: • *An Innovation fund/Community development and evidence fund should be created for sustainable community based projects including those which could support use of technology and self care to have a measurable impact on health inequalities, and improve the health and wellbeing of the targeted populations.*
8	The Health in All Policies approach should be formally adopted and reported on across NHS and Local Authority organizations, engaging with voluntary and business sectors, to ensure the whole community is engaged in promoting health and tackling inequalities. Regular review of progress should be undertaken by HWB	There are already some good examples of Health In All Policies, e.g. Public Health working with Planners and Transport planners. Strategic leadership is needed if this is to be implemented across all organisations.
9	The presence of the NHS and of the voluntary sector should be strengthened on	Governance will be discussed at HWB in November 2017

	the Health and Well Being Board	
16	Public agencies, universities and health partners should work together to develop new models of funding and delivery of affordable homes for a range of tenures to meet the needs of vulnerable people and key workers. Specifically, public agencies should work together to maximise the potential to deliver affordable homes on public sector land, including provision of key worker housing and extra care and specialist housing by undertaking a strategic review of public assets underutilized or lying vacant .	Some districts have been reviewing Housing Strategy and plans but this work has not been done jointly to date. Some examples of current work include • Cherwell DC update of Strategic Housing Land Area Assessment • Establishment of a Housing Company in the City. • Involving people with disabilities in developing the City Local Plan.
21	An integrated community transport strategy should be developed	There is some coordination at district level. VCS groups are mapping current provision e.g. Communities First Flexible Transport Forum and Oxfordshire Research Partnerships looking at access to lifts and minibus services.
22	A digital inclusion strategy, which explicitly targets older people living in rural communities should be developed and the % of older people over 65 with access to on line support regularly reported	Work is needed to verify what is already available and link this to the social prescribing work in particular.
27	Robust pathways to community services for community rehabilitation (including Community Rehabilitation Companies) on release, particularly for short term offenders, need to be developed	Discussion will take place with partners who lead the Reducing Reoffending Strategy through the Safer Oxfordshire Partnership.
34	Building on experience from Wantage, Community Alcohol Partnerships should be established across the county to address the problems of teenage drinking, particularly in Banbury as A&E data shows high numbers of under 18s attending the Horton ED for alcohol related reasons. [The partnership model brings retailers, schools, youth and other services together to reduce under age sales and drinking.]	Data on attendance of under 18 year olds will be presented to the Community Safety Partnership in Cherwell for their consideration and a proposal for establishing a CAP will be discussed.
37	School based initiatives should be promoted for all age groups	There are currently programmes to promote physical activity, reduce substance misuse and improve resilience. Further coordination of offers is needed and one suggestion is that a conference could be held to share local knowledge and develop action plans.
39	The under provision of resources for Mental health services should urgently be addressed	A review of Mental Health services is underway and further action will be based on the outcomes.
40	The implementation of the Five Year	

	Forward Strategic View of mental health services for the county should explicitly state how it is addressing health inequalities and how additional resources have been allocated to reduce them.	
41	Perinatal mental health should be a priority with appropriate investment to improve access to perinatal mental health services across Oxfordshire	Further detail is needed on current provision and gaps. This may be available through the Mental Health service review (see above). Brookes and Mind are collaborating on a relevant research bid.
44	New and creative ways to work with schools, such as Oxford Academy, should be explored and initiatives funded and evaluated through the proposed CCG fund	Some good links with the community have been made by Oxford Academy. A more strategic approach is needed, as set out in recommendation 37 above. Oxford Academy is a partner on the Leys Health & Wellbeing Partnership group. The Back on Track project is a good example of work in this area (Mind and the Oxford Academy)
48	The NHS workforce should engage in equity audit and race equality standards should be routinely reported	All public bodies to be encouraged to undertake Equity Audit in addition to the statutory publication of race equality standards already in place. An example of good local practice is that Oxford Health are now engaged with the Workplace Equality Index with Stonewall.
49	The needs of adults with learning disabilities within the County should be reviewed in 2017 and targets set to reduce their health inequalities .	A review is planned in 2018. In the meanwhile there has been a focus on reducing hospital admissions and supporting discharge – plans are co-produced with service users and their carers.
51	Shared budgets for integrated care should be considered and how this fits with the broader care packages available to older people. For example, looking at how domiciliary care can be integrated into health and social care more effectively, and what can be done to provide more robust support for carers	More information on current work is needed by the Implementation Group
52	Support for carers , including their needs for respite care and short breaks , should be supported with resources by all agencies	
55	Strategic action should be taken to oversee increased access to support for older people in disadvantaged and remote situations: o physically through a better coordinated approach to transport across NHS, local	These recommendations overlap with others to improve transport coordination (21), consider digital inclusion (22) and improve income maximisation (13). It is suggested that work on these topics is being taken forward and described above.

	authority and voluntary/community sectors ○ digitally through a determined programme to enable the older old in disadvantaged situations to get online ○ financially, through support to ensure older people, who are often unaware of their financial entitlements, are helped to access the benefits they are entitled to claim.	
57	The current gap in provision of support for older people with mental health needs other than dementia needs to be addressed urgently.	The Implementation Group needs more information on current work.
60	The resources produced by PHE to support local action should be used as part of the formal review process.	Specific resources from PHE have to be identified but data has already been used to set up the Basket of Inequalities Indicators.

Your voice on health and social care

Healthwatch Oxfordshire Update November 2017

1. Introduction

The Healthwatch Oxfordshire (HWO) Board has met twice since last HWWB meeting on 11th July and 10th October 2017. Minutes of the July meeting are on Healthwatch Oxfordshire web page: http://healthwatchoxfordshire.co.uk/healthwatch-oxfordshire-board-meetings-and-minutes

1.1 Health Improvement Board

Richard Lohman, ex HWO Board member and Commissioner on the Oxfordshire Health Inequalities Commission has agreed to take up the vacant position of Healthwatch Ambassador on the HIB.

1.2 Children's Trust

Sylvia Buckingham, Director of Healthwatch Oxfordshire is to attend the Children's Trust Board as Healthwatch Oxfordshire representative.

2. Key points relevant to the Health and Wellbeing Board Agenda November 2017

2.1 Governance

One of the suggestions made by attendees at our Voluntary Sector forum in July was to explore how the sector can be represented on the Health & Wellbeing Board – with a seat reserved for it.

2.2 Special Educational Needs and Disability (SEND) reform

Healthwatch Oxfordshire was asked by the CQC Children's Services Inspector to contribute information to their recent inspection of SEN Children services & disability.

2.3 Director of Public Health Annual Report

The Director of Public Health was the key speaker at the Board's last meeting in October.

We welcome his report and are particularly supportive of the section on population and the need for all stakeholders to work together to plan for health and social care services.

2.4 Health Inequalities Commission

Healthwatch Oxfordshire continue to support the implementation of the recommendations of the Commission and play an active part in the implementation group. The development of a strategic approach to supporting social prescribing across Oxfordshire is an exciting outcome that will support self-care and properly begin to engage with the voluntary organisations in the health agenda.

3.0 Bicester Town event – summary early points to note

Bicester Town event ran from Friday 29th September to Friday 14th October. The first two events organised and delivered by HWO staff were held on the 29th September:

'The Healthwatch Happening' where 24 different organisations involved in health and social care were promoting their services and available to offer to members of the public advice and support. The Mayor of Bicester Cllr Les Sibley opened the event and spent over two hours meeting exhibitors and talking to the public.

Dr Helen van Oss, Chair of North Oxfordshire Locality Forum kindly offered free blood pressure readings – out of 11 readings taken she advised three people to visit their doctor to have their pressure checked and seek advice.

Bicester market HWO stall and in seven hours we spoke to over 150 people. A long day but very worthwhile.

We often heard about how difficult (impossible) it is to register with a NHS dentist in Bicester. Bicester Advertiser followed up this story and it was on the front page that week. We are now developing a project to find out whether other areas of Oxfordshire are experiencing similar difficulties in accessing NHS dental services.

Other activities included attending the opening of the new sports pavilion as part of Bicester Healthy New Town, a stall at the Bicester library, visited Humming bird group, met residents from The Willows and Kingsman estate, visited the veterans' self-help group, and attended a toddlers group.

4.0 Locality Forum support

We welcome Veronica Barry who has started work at HWO as Community Information Officer (Localities) to provide the secretariat support to the Locality Forums and development support to patient participation groups.

5.0 Project Fund

HWO is to relaunch our project fund. The fund will be used to:

- support local voluntary and community groups to carry our qualitative studies and research within their communities

- support HWO projects including large qualitative studies

Further details will be available in November 2017.

6.0 Outreach activity

Over four busy months, the Healthwatch Oxfordshire team has attended several events, giving us an excellent opportunity to listen to a wide range of experiences from many different users of Oxfordshire's health and social care services.

We have heard the concerns of people from the many regions of rural Oxfordshire and have noticed some recurring themes and concerns.

Many of the events where we have run the Healthwatch Oxfordshire stall have been the Play and Activity Days organised by Oxfordshire Play Association where we have been given the opportunity to speak to parents and carers of children and younger people. A recurring theme that emerged from these days was the impact of the cuts on children's services including the loss of children's centre services resulting in feelings of isolation; difficulty in accessing services including health visitors; lack of breast feeding support in the community whilst the support at JR was excellent.

6.1 Mental health support for children

Common concerns regarding the length of time to access the service

6.2 Schools

Healthwatch Oxfordshire heard from young people that:

- Drug and alcohol sessions were not useful because the overriding message was just "Don't do it" rather than teaching young people about harm reduction which, they felt would be far more effective.
- Counselling services should be more anonymous and accessible – perhaps using a direct telephone line.
- On Healthy Eating, the students said that it cost £1.80 to buy a salad for lunch in the school canteen compared to 90p for a sausage roll or Cornish pasty. They said that there were posters around school promoting the "Eat Healthy, Eat Well" message but that the school canteen prices did not encourage students to do that.

6.3 Hospital Experiences

Good care and praise for nursing staff but concerns included those around hospital food, the use of 'technical language' by staff that is not properly understood, waiting times for physiotherapy that resulted delay in discharge.

6.4 Military Families

At the **Carterton** Play and Activity Day we had the opportunity to talk to the Community Fundraising Officer for Combat Stress, The Veteran's Mental Health Charity.

He informed us that only eight percent of referrals to the charity came from GPs. He explained the reason, as being that veterans were reluctant to talk about their feelings due to the stigma that still surrounds mental health. This creates a barrier to seeking help and support for those who are finding it difficult to adjust to life as a civilian.

He felt that the solution was at the point of referral so that it is clear on patient's referrals whether they have served in the armed forces, allowing the GP to see this and be aware of the patient's history.

6.5 GP Practices

Lots of feedback on lots of practices across the county, and common theme was the wait associated with getting a GP appointment. We spoke to a lady who pointed out the challenge of phoning the GP practice and being made to wait in a queue which eats away at phone credit. She told us that she has previously run out of credit, lost her place in the queue, and had to go to a neighbour to phone again. She felt that there should be a free phone number.

6.6 Physiotherapy

We have received many expressions of concern about the transfer of physiotherapy services from OHFT/OUHFT to Healthshare Ltd. The loss of facilities in Abingdon and Wantage, poor communication between the authorities and the public, and the difficulty of establishing continuity of appointments and treatment, have given rise to much anxiety. The proposal to concentrate stroke rehabilitation facilities in Abingdon Community Hospital raises further issues. We consider that greater clarity is required regarding the future provision of, and continuity between, in-patient and out-patient physiotherapy services for stroke patients in the Abingdon area, following the transfer of services

7.0 Voluntary Sector Forum July 2017

Focussing on Health Inequalities the Forum with presentations from Richard Lohman, Health Inequalities Commissioner and Jackie Witherspoon, Public Health Oxfordshire – on progress made since the Oxfordshire Health Inequalities Commission Report was published in November 2016. This was an opportunity for the voluntary sector to hear what is happening, contribute to the debate, and explore the role of the sector in addressing health inequalities in Oxfordshire. The report is available on HWO web site follow the link here http://healthwatchoxfordshire.co.uk/healthwatchoxfordshirereports.

To summarise what the sector had to say:

The voluntary sector has an important role in tackling health inequalities including:

- Signposting their communities to services
- Prevention and awareness raising
- Developing and delivering social prescribing services / activities
- Challenging the system when it does not work for their community
- They are experts in their communities, have access to the community and often fill the gaps in services where the statutory sector is unable to meet a need

Suggestions made on what needs to be done to tackle health inequalities included:

- Involving the voluntary sector organisation early on in-service design and delivery.
- Explore how the sector can be represented on the Health & Wellbeing Board – with a seat reserved for it.
- Following the Forum, Healthwatch Oxfordshire reported that in light of the issues raised by attendees, we recognise that we can play an important role in supporting community and voluntary groups, including local, self-help groups to:
- Have their voices and their members' voices heard by decision makers, commissioners and providers of health and social care services in the county.
- Stay informed
- Network with each other on key issues and areas of interest.

Healthwatch Oxfordshire is keen to develop further our mechanisms for ensuring this happens. To this end, we will be holding another Forum in December 2017 to explore with voluntary sector partners how we can strengthen this aspect of our work.

8.0 Travel Survey Outcome

Our travel survey report of patient experiences travelling to the four Oxford University Hospital NHS Trust (OUHT) sites completed in May 2017 has been accepted and included in the documents for consideration during implementation of the Oxfordshire Health Transformation Programme.

9.0 Witney

The Report on our Witney Town activity is now available.

In September Healthwatch facilitated a meeting of stakeholders including Deer Park Action Group, Witney Town, West Oxfordshire District Councillors, County Councillor and Officers from Oxfordshire Clinical Commissioning Group, and WODC, local patient participation group members, Chair of WO Locality Forum and representatives from local GP surgeries.

The purpose of the meeting was agreed in April following discussions between HWO, OCCG and Deer Park Action Group to explore how well all stakeholders work together when planning health services. Key notes / actions:

1. WODC and OCCG are working together regarding information sharing and planning particularly around housing development.
2. Key emerging themes for the West Oxfordshire Locality Plan were shared – timeline for is completion to OCCG Board December 2017
3. OCCG to work with Healthwatch to make data information aka OCCG slide show more accessible for wider distribution
4. Deer Park patient group has concerns that the Locality Planning is not within the IRP report parameters.
5. OCCG slide presentation and PCLP data is the start for planning Locality Plan, now need to reach out to PPGs, patients and public to find out their ideas for future and opinions on emerging themes.
    a. Two meetings in public with PPGs and others to be arranged by CCG with support from the Forum and Healthwatch

10.0 Links with Foundation Trust Councils of Governors

The Council of Governors of a Foundation Trust is intended to be the voice of the people whom the Trust serves. It helps to set priorities and shape services, and holds the Trust Board to account. There is a commonality of interests between such Councils and Healthwatch. We have had a cordial and productive meeting with the Governors of OHFT, and a similar meeting with the Governors of OUHFT is scheduled to take place early in the New Year. We expect that, by providing evidence-based reports to these bodies, we will be able to increase our influence upon key strategic decisions within the Trusts.

Oxfordshire
Clinical Commissioning Group

Developing primary care at scale in Banbury

Background
All GP practices in Banbury have faced significant difficulties maintaining services over the past few years. This has been partly related to difficulties in recruiting to vacant posts in practices but also in relation to the increasing demands on primary care to deliver better access to services, a broader range of services and in supporting patients to avoid admission to hospital.

Smaller practices are more vulnerable to these increasing demands and to difficulties caused by vacancies in their team. Larger practices tend to be more resilient and flexible.

Oxfordshire Clinical Commissioning Group has been working closely with these practices to support them in maintaining services and looking for ways to develop more sustainable and resilient primary care for the people of Banbury.

Over the past months, practices have been discussing how they might work more closely together to improve their sustainability and resilience.

At the same time, the contract for Banbury Health Centre is coming to an end and there is an opportunity to create a new model of primary care in Banbury.

North Oxfordshire Locality Place Based Plan
GP practices are working together with patients and others in all localities in Oxfordshire to develop plans for the future of primary care in their area. They are using the OCCG Primary Care Framework to guide this work.

The locality plans are intended to build resilient, sustainable primary care for the future. In doing this, the plans are intended to support the overall strategic vision for health services in Oxfordshire where patients will receive more care closer to home and be supported out of hospital as much as possible.

Engagement with GPs and others working in primary care and patients and residents is ongoing. In addition to the events with Patient Participation Group members, public meetings are providing opportunities for people to find out more and to share their views about the future of primary care.

The Challenges identified for primary care in north Oxfordshire are:

- Compared to the rest of Oxfordshire and the country, the population is slightly older than average with a growing ageing population.
- There are pockets of deprivation in Banbury.
- Significant housing growth of 6,000 homes in the next 5 years and nearly 10,000 in next 10 years.

- Use of urgent care services is particularly high in Banbury with confusing access points.
- The primary care workforce is varied across the locality with a traditional model of care in rural practices, high numbers of vacancies and practices reporting being significantly under pressure.

The priorities identified so far:
1. Ensure sustainable primary care
2. Improve outcomes for the frail and elderly
3. Access to the right care at the right time
4. Address deprivation and inequalities

The approach to meeting these priorities include:
- Wider skill mix, including building on successes of pharmacists and mental health workers in primary care
- Expanded primary care visiting service
- Support to practices for recruitment
- Expanding social prescribing
- Integrated urgent care facilities in Banbury

A new model of primary care
There is an opportunity in Banbury to develop a new way of working across several practices.

The CCG is working with West Bar Surgery and Woodlands Surgery and PML who run Banbury Health Centre, to develop a resilient and sustainable solution for the services they provide. The vision is for the CCG to commission primary care services from a single provider who has a unique relationship with the local GPs and their practices with a combined list of at least 24,000 or more registered patients. Once established, there will be an option for other GP practices to join this initiative in the future.

There are some legal and business implications for delivering this vision. Each GP practice would need to consider carefully the implications for their partner GPs and will want to seek legal advice before finally agreeing to any new organisation form. Until then, practices are proceeding with discussions that do not bind them into completing this course of action.

Banbury Health Centre
Banbury Health Centre is run by PML[1] under a contract that expires on 31 March 2018. The Health Centre provides services for its 6,186 registered patients and bookable appointments for non-registered patients. It is also providing extended hours 365 days each year 8am – 8pm. The practice runs from a building in the centre of Banbury Town, close to public transport but without any patient or staff parking.

[1] Principal Medical (PML) PML was founded in 2004 by a small group of GPs. It is a 'not-for-profit' organisation, which means that all the money they generate through service contracts is reinvested back into providing patient care.

The services provided from Banbury Health Centre were originally commissioned in response to a national policy direction for every Primary Care Trust (PCT), the Clinical Commissioning Group (CCG) predecessor organisation, to have a GP led health centre (or 'Darzi centre) to be open 8.00am – 8.00pm, 365 days a year. Banbury Health Centre opened in 2009.

Since the opening of Banbury Health Centre, the policy direction has changed. The Five Year Forward View, published in 2014 and the General Practice Forward View published in 2016, focus on:

- delivery at scale (larger practices);
- extending hours of access to primary care for everyone
- extending the multi-disciplinary team (groups of clinicians and professionals – doctors, nurses and therapists – working together);
- developing new models of care in General Practice (looking at different ways of working such as using technology).

This is reflected in Oxfordshire CCG Primary Care Framework published in March 2017.

Banbury Health Centre is now at capacity with no space to expand but is still relatively small, leaving it vulnerable in terms of workforce to cover the hours of operation. The current provider has indicated that they would not bid to continue to provide the services under a similar contract.

OCCG is planning a consultation with patients in early 2018 to share the options available and to seek views before making a decision on the future of the practice. There will be a number of possible and it is likely that there will be a preferred option(s) at the time of consultation.

In preparing for the consultation, OCCG has met with the practice Patient Participation Group on four occasions. At these meetings, information has been provided and discussed about the practice, the contract, the options open to OCCG when the contract ends and the draft consultation plan. Changes were made to the consultation plan as a result of these discussions, both in terms of the presentation and the content to ensure there was an option included that retained the use of the building. A further meeting is planned in December to share the draft consultation document and to seek their views and comments before it is finalised.

A travel survey is being conducted with patients attending Banbury Health Centre to understand the mode of transport used by patients and their journey time. This information will be used to reflect the impact any changes to location would have on patients. The survey has been conducted face-to-face in the waiting room at the practice.

The consultation plan is attached. It sets out the approach to the consultation and provides more description of the options. A full consultation document will be produced that will provide more information.

Julie Dandridge, Deputy Director of Delivery and Localities. Head of Primary Care and Localities
Ally Green, Head of Communications and Engagement
Oxfordshire Clinical Commissioning Group
16 November 2017

NHS
Oxfordshire
Clinical Commissioning Group

Consultation Plan

Banbury Health Centre

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1. Introduction

This document sets out the consultation plan on proposals relating to Banbury Health Centre. This plan is designed to:

- Describe the approach to the consultation.
- Describe the materials to be produced to support the consultation.
- Set out a timeline for the consultation.

2. Background

Banbury Health Centre is run by PML[1] under a contract that expires on 31 March 2018.

The Health Centre provides services for its 6,186 registered patients and bookable appointments for non-registered patients. It is also providing extended hours 365 days each year 8.00am – 8.00pm. The practice runs from a building in the centre of Banbury, close to public transport but without any dedicated patient or staff parking.

The services provided from Banbury Health Centre were originally commissioned in response to a national policy direction for every Primary Care Trust (PCT), the Clinical Commissioning Group (CCG) predecessor organisation, to have a GP led health centre (or 'Darzi centre) to be open 8.00am – 8.00pm, 365 days a year. Banbury Health Centre opened in 2009.

Since the practice opened, the policy direction has changed. The Five Year Forward View, published in 2014 and the General Practice Forward View published in 2016, focus on:

- delivery at scale (larger practices);
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- extending the multi-disciplinary team (groups of clinicians and professionals – doctors, nurses and therapists – working together);
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[1] Principal Medical (PML) PML was founded in 2004 by a small group of GPs. It is a 'not-for-profit' organisation, which means that all the money they generate through service contracts is reinvested back into providing patient care.

3. Local context

All GP practices in Banbury have faced significant difficulties maintaining services over the past few years. This has been partly related to difficulties in recruiting to vacant posts in practices but also in relation to the increasing demands on primary care to deliver better access to services, a broader range of services and in supporting patients to avoid attendance at Accident and Emergency departments and admission to hospital.

Smaller practices are more vulnerable to these increasing demands and to difficulties caused by vacancies in their team. Larger practices tend to be more resilient and flexible.

3.1 A new model of primary care

There is an opportunity to develop a new way of working across several practices that would improve the resilience and sustainability of primary care in Banbury.

The CCG is working with PML (who run Banbury Health Centre) and two of the other Banbury GP practices (West Bar Surgery and Woodlands Surgery), to develop a sustainable solution for the services they provide.

The vision is for the CCG to commission primary care services from a single provider with a unique relationship with the local GPs and their practices caring for at least 24,000 or more patients. This would facilitate greater skill mix and an ability to provide more services in primary care.

The new model for a single large practice would offer a number of advantages including:

- It could be more efficient with its ‘back office’ functions.
- It would have the ability to offer a broader range of services for patients in-house with GPs and other staff with specialist skills (e.g. diabetic nurse).
- It would be more resilient when staff retire or leave.
- It would be an attractive place to work making recruitment and retention of staff easier.

Once established, there would be an option for other GP practices to join this initiative in the future.

There are some legal and business implications for delivering this vision. Each practice would need to consider carefully the implications for their partner GPs and will want to seek legal advice before finally agreeing to any new organisation form.
Until then, practices are proceeding with discussions that do not bind them into completing this course of action.

3.2 Extended hours for GP services

Under separate contracting agreements, all residents across Oxfordshire should have access to appointments with GPs during evenings and weekends. This is organised in different ways with ‘hubs’ being used in some parts of the county. In the north of the county (including Banbury), ‘hub’ GPs are based in some GP surgeries as well as at Banbury Health Centre. The additional appointments rotate around these locations.

The ‘hub’ appointments at Banbury Health Centre have largely been used by registered patients of that practice and unregistered patients presenting there. However, as the service has become more readily available an increasing number of patient are being referred to the hub from their registered practices.

With the contract for Banbury Health Centre coming to an end, there is an opportunity to improve the equitable access to GP appointments during the extended hours period to the wider population of Banbury.

Work is currently developing the potential options for providing extended hours access to primary care for everyone living in the Banbury area. This will be more fully described in the consultation document.

4. The options

The contract held by PML for Banbury Health Centre is complex and unique in Oxfordshire because it includes offering services to registered and unregistered patients 8.00am – 8.00pm, every day of the year. PML has a separate agreement with OCCG to deliver a GP access service including in-hours and extended hours provision from Banbury Health Centre for the wider North Oxfordshire population.

There are a number of options available to OCCG when the Banbury Health Centre contract comes to an end. These include:

- finding a new provider to manage the registered patient list;
- look to a neighbouring practice to provide a branch surgery from Banbury Health Centre and incorporate the registered patients into their practice registered list;
- close the practice and disperse the registered patient list by asking patients to register with another practice;
- close the practice and transfer all registered patients to another practice and informing them that they have been transferred and offering the option to re-register elsewhere.

To allow arrangements to be developed that will improve access to extended hours for everyone living in the Banbury area, it is intended to separate out this part of the current contract. This means the services provided 6.30pm – 8.00pm Monday to Friday and

8.00am – 8.00pm Saturday and Sunday. More details will be provided in the consultation document about the options for this.

4.1 Option A: Re-procure Banbury Health Centre by advertising for a new provider (not including the parts of the contract relating to extended hours and unregistered patients)

The current contract has an end date of 31 March 2018. This option would require a full procurement process to be undertaken to find a new provider as the current provider has indicated that it would not bid to run this service.

Advantages:

- Current patients would continue to receive a similar service;
- Meets likely public expectation of retaining a practice in the centre of Banbury;
- Employed staff protected under TUPE[2] rules;
- It would be possible to commission additional services as well as those currently provided.

Disadvantages:

- The space is limited within the building and so little potential to expand services.
- Given that this is a small practice with little potential to expand, it will be difficult to find a new provider.
- OCCG may need to negotiate either with PML or others to put in place a short term contract to allow sufficient time for the procurement process to take place (9-12 months);
- This is likely to be the most expensive option – OCCG will need to offer an APMS[3] contract and consider offering it at a higher price than the standard GMS[2] contract;
- This does not help to create more sustainable primary care for Banbury.
- This is not in line with the strategic direction to strengthen practices and to work at scale;
- A recent procurement for a small practice in Witney was not successful

4.2 Option B: Practice Merger

Banbury Health Centre is run by PML under an APMS[3] contract. All other GP practices in the Banbury area have a GMS[3] contract with OCCG. The NHS Regulations do not

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[2] Transfer of Undertaking (Protection of Employment) is part of employment legislation. The TUPE Regulations preserve employees' terms and conditions when a business or undertaking, or part of one, is transferred to a new employer.

[3] National rules apply for GP contracts that OCCG is required to follow. Two types of contracts are used for GP practices. APMS contracts are for a fixed time, typically 5 years, and cost more than a GMS contract that has no end date. GMS contracts cannot be offered with a procurement process and are the type of contract most GP practices hold.

allow the merger of an APMS contract with a GMS contract. This is not a viable option and will not form part of the consultation.

4.3 Option C: Provision of a branch Surgery at Banbury Health Centre for patients registered with the practice (not including the parts of the contract relating to extended hours and unregistered patients).

An existing practice in Banbury may be willing to provide a branch surgery from the Banbury Health Centre site.

Advantages:

- Current patients continue to receive similar service.
- Meets likely public expectation of retaining GP services in the centre of Banbury;
- Employed staff would be protected under TUPE rules.

Disadvantages:

- An existing practice may not wish to provide a service as a branch surgery as their operating costs would be increased.

4.4 Option D: Dispersal of the list of registered patients

This would mean patients currently registered with Banbury Health Centre would be asked to register with another local practice. Patients would be informed by letter that the practice is closing and provided with a list of alternative practices from which to choose who to register with. This is a cost effective solution, but the CCG would need to be sure that there is sufficient capacity within neighbouring practices.

Advantages:

- Easiest solution to manage by OCCG;
- Can be carried out within the remaining period of the contract;
- Groups of patients likely to disperse across existing Banbury practices;
- Potential savings for premises budget.

Disadvantages:

- Existing practices may not be able to expand due to workforce or building restriction and are thus unable to absorb the registered patients of Banbury Health Centre;
- Additional patients may make the existing Banbury practices more vulnerable;
- Unlikely to be popular with patients;
- Increased cost - newly registered patients attract extra funding (1.46%) during their first year of registration at an alternative practice;
- Some patients may not register with an alternative practice and so their continued care might be put at risk;
- There may be job losses for staff employed at Banbury Health Centre.

4.5 Options E1 and E2: Managed dispersal of the list of registered patients

This is a cost effective solution in which all patients are transferred to one or more other practices. They are informed of the practice closure and provided with details of their new practice and their right to register with another practice if they so wish.

This option would be linked with the new model of primary care in Banbury and it will be proposed to disperse all patients registered with Banbury Health Centre to the new practice proposed to be formed from Woodlands Surgery and West Bar Surgery. This is a unique opportunity that offers some additional advantages for patients of all practices and for primary care as a whole in Banbury by ensuring sustainability for primary care in the future.

There are two versions of this option that will be part of the consultation. The difference between the two is whether the Banbury Health Centre premises is retained. It is anticipated that patients of Banbury Health Centre would prefer the building to be retailed. There is, however, a cost implication for doing this.

Option E1: Closure of the Banbury Health Centre building and transfer the patients to the new practice created from bringing together the patient lists of Banbury Health Centre, Woodlands Surgery and West Bar Surgery.

This option would mean no primary care services would be provided from the current building of Banbury Health Centre. The new practice created from bringing together the patient lists of Banbury Health Centre, Woodlands Surgery and West Bar Surgery would operate out of the Woodlands Surgery and West Bar Surgery premises.

Advantages:

- Can be carried out within the remaining period of the contract;
- Potential savings for premises budget;
- May provide some protection for staff who could transfer to the new practice.
- Wider range of services for patients including specialist clinics and clinicians.
- More resilient to staff leaving or retiring, particularly GPs. Larger practices are more attractive places to work and a practice with 30,000 patients would offer wider opportunities for GPs and other clinicians.
- More efficient practice with opportunities to reduce administration costs and redistribute funds released as a result to direct patient care.
- More financially viable - the large registered patient list will mean the practice will have a larger budget and potential to offer more services attracting further funding. This would bring benefits for patients who would have high quality and wider range of services;
- Easiest solution to manage by OCCG.

Disadvantages:

- This option will reduce patient choice for primary care in Banbury;
- The loss of the Banbury Health Centre premises would mean patients would need to attend one of the other practice buildings for appointments which may not be convenient for all.
- Patients who use public transport may find it difficult to attend another building for an appointment.

Option E2: Transfer the patients to the new practice created from bringing together the patient lists of Banbury Health Centre, Woodlands and West Bar practices.

This option would mean primary care services would continue to be provided from the current building of Banbury Health Centre. The new practice created from bringing together the patient lists of Banbury Health Centre, Woodlands Surgery and West Bar Surgery would operate out of three buildings.

There would be cost implications of doing this because the rent for the building is significantly higher than other practices and the running costs of operating out of three buildings would be higher. These additional costs could be met within the review of the extended hours provision (see below).

Advantages:

- Patients would benefit from services continuing to be offered from the Banbury Health Centre building;
- Can be carried out within the remaining period of the contract;
- May provide some protection for staff who could transfer to the new practice.
- Wider range of services for patients including specialist clinics and clinicians.
- More resilient to staff leaving or retiring, particularly GPs. Larger practices are more attractive places to work and a practice with 30,000 patients would be offer opportunities for GPs and other clinicians.
- More efficient practice with opportunities to reduce administration costs and more money available for direct patient care.
- More financially viable - the large registered patient list will mean the practice will have a combined, more flexible budget and potential to offer more services attracting further funding. This would bring benefits for patients who would have high quality and wider range of services.
- Easiest solution to manage by OCCG;

Disadvantages:

- This option will reduce patient choice for primary care in Banbury;
- The additional cost of retaining the building will have to be met and this could impact on the opening hours or other primary care services.

Options E1 or E2 would be preferred options of OCCG.

5. Access to GP appointments in the evening and weekends (extended hours)

Currently, Banbury Health Centre is open every day of the year from 8.00am until 8.00pm. Appointments are available to unregistered patients as well as those registered at the practice. However, the majority of patients who use the extended opening hours are those registered at the practice. There is also a substantial workforce challenge in trying to recruit GPs and other staff to these extended opening hours that attracts a

significant cost burden. There are also other services open at the same time such as A&E and the hub appointments.

To improve the equity of access for all patients in the Banbury area, options for providing access to appointments in the evening and weekends are being reviewed. Options will be presented in the consultation document but at this stage they are still being developed.

If Option E2 above were the favoured option, it would be necessary to find savings from the extended hours element of the contract. At least one option will be developed that will deliver sufficient savings to allow the building to be retained.

More information will be provided in the consultation document.

6. Consultation Aim

The aim of the consultation is to inform and engage patients of Banbury Health Centre and the wider population of the Banbury area to:

- Share the information about the future and potential options.
- Explain why the CCG might have a preferred option(s).
- Seek feedback from patients about their view of the options and preferences.
- Seek views about what impact the changes could have and what mitigation the CCG should put in place.

To achieve this, the CCG will work with PML and the PPG in producing suitable materials to support the consultation:

- Poster and display material for the practice waiting room.
- Leaflet to be available in the practice and sent to patients.
- Letter to be sent to all registered patients.
- Questionnaire to be sent to registered patients and to be available on the CCG website via Talking Health.

Community groups will be contacted to inform them of the proposed changes and to ask for their support in sharing information amongst their members or visitors. Offers will be made to attend meetings and these will be supplemented by organising two open events in Banbury.

Oxfordshire Health Overview and Scrutiny Committee will consider the proposals formally at their meeting in February 2018.

7. Patient Engagement

Over the summer, three meetings took place with registered patients from Banbury Health Centre to explain the issues and the various options available. The Chair of the

North Oxfordshire Locality Forum attended two of these meetings. An article was published in the practice newsletter to also raise awareness.

A further meeting with patients took place in September to share the draft consultation plan and to seek their feedback and their support in helping OCCG in developing appropriate materials for the consultation. Changes were made to the consultation plan presentation and content with the most significant concern raised being the potential loss of the building location.

The PPG will be asked to support the consultation in the following ways:

- This consultation plan has been shared with them for comment and changes made as a result.
- Draft materials for patients will be shared with them before being finalised.
- A meeting will take place with the PPG before the start of the consultation to listen to any concerns and answer questions. At this meeting, the draft consultation document will be shared with them to allow them to review the content and suggest where improvements can be made.
- Members of the PPG will be asked to attend the open events.
- Members of the PPG will be asked to support raising awareness.

8. Travel Survey

Patients who use Banbury Health Centre have been surveyed to find out how they travel to the practice. The results of this survey will be included in the consultation document and used in the decision making following consultation.

9. Responsibilities

Ensuring appropriate consultation with patients is the responsibility of OCCG.

PML will support the consultation by:

- Coordinating communications with the practice PPG, including meetings with them.
- Sending information provided by the CCG to registered patients.
- Making suitable space available in the practice waiting room to display materials.
- Supporting the CCG at meetings with patients.
- Gathering feedback in the practice.
- Taking responsibility for all staff consultation/engagement in relation to their on-going employment.

10. Key Messages

The key messages to be used during the consultation:

- Explaining how Banbury practices have been struggling to maintain services.
- Explaining why practices working together could deliver improved service that will lead to more patients having their needs met.
- The CCG is leading positive changes to deliver sustainable primary care that is safe, efficient, value for money and offers an improved service and the most appropriate care for patients.
- An emphasis on the benefits both to patients/public and to clinician/GPs of a new model of primary care that delivers sustainable, improved and enhanced primary care service to patients.
- How the new model of care might work differently (and what might be the same) for patients, staff and organisations involved
- Any new services or features that the patient might experience i.e. will patients and the public see/experience anything different?
- Reassurance to patients that primary care services are the bedrock of NHS care and so any changes that might result from the new model will be ones that will ensure services are sustainable for the future.

10.1 Risks

It is important to consider and plan for any risks that may arise though the consultation with different audiences. These risks may include but are not limited to things such as:

- Confusion caused by complexities of different contracts and the legal/business procedures required to deliver any change.
- Confusion among patients and public about what the changes will mean for them.
- Practice staff concerned that it may affect jobs.
- Patients and/or staff losing confidence in primary care due to uncertainty of what is happening – particularly if there is negative media activity.
- Unrealistic raising of expectations of how things might immediately improve for patients/the local population.
- The media promoting negative messages after the consultation relating to the Horton General Hospital which affects patient and public confidence in services.

Clear and consistent messages will help to minimise some of these risks alongside continuous engagement with those stakeholders most closely affected.

11. Communication and Engagement Methods

A number of different communication and engagement methods will be used to target registered and unregistered patients of the practice.

11.1 Newsletters/websites and email communications

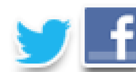
The practice newsletter will be an important communication tool for sharing information with patients about the consultation. For patients with an email address, this same information can be shared with them electronically. All information about the consultation will also be published on the practice and OCCG websites.

11.2 Talking Health engagement website

Oxfordshire CCG has an area on their website for engaging the public called Talking Health. This is where surveys can be placed and space will be made available to hold information about this consultation and all relevant information can be hosted on this page.

For example this may include:

- **Frequently Asked Questions (FAQs)** – to ensure the facts are clear.
- **A documents area with any relevant information**. – This may also include summary information available in 'Easy Read' or other languages to enable the messages to reach a wider audience and be easily understood.
- **A questionnaire** – to gather views from patients about the options and mitigation.



11.3 Social Media

Social media such as Twitter and Facebook is capable of reaching large and varied audiences very quickly e.g. OCCG has over 7,600 followers on Twitter. Using all social media sites reaches a great number of patients and community and voluntary organisations quickly. Paid-for advertising through Facebook can be targeted at certain demographic groups using information provided by Facebook users such as where they live, their age, interests and family situation. This form of advertising to raise awareness about the consultation will be used with links to the website information and the questionnaire.

11.4 Media communications

A press release will be issued at the start of the consultation to ensure local media provide coverage and help to raise awareness about the options and any changes to access to extended hours for Banbury. Additional statements will be prepared for use depending on how the story is covered during the consultation.

Spokespeople will be identified as appropriate should interviews be requested.

11.5 Open meetings

Two meetings will be organised to take place during the consultation. These will be publicised widely and will be open to registered and unregistered patients. Details about the options will be provided and questions and comments will be invited.

11.6 Equality Impact Assessment

An Equality Impact Assessment has been conducted. This identifies the groups in the community that will be affected by the proposed changes and whether there are some that are more affected than others. The focus is on those groups that are protected under the equality legislation but is not restricted to them. For example, homeless people are less likely to be registered with a GP practice and the proposed changes to services

for unregistered patients could impact on this group more than others. The full report will be published and the findings will be included in the consultation report.

12. Actions

All actions in the consultation plan will be managed and co-ordinated by the Head of Communications & Engagement at Oxfordshire CCG, with delivery of local actions supported by PML.

13. Key stakeholders

For this consultation the following stakeholders will be engaged:

Stakeholder	**How they will be engaged**
Patients registered with Banbury Health Centre	• Letter to patients • Information available in the practice • Questionnaire • Invitation to open meetings

Unregistered patients in Banbury	• Information sent to community groups working with the homeless:
	  o Banbury Young Homeless Project
	  o Connection Support Banbury
	  o Banbury Salvation Army

General public who may access the additional hours service	• Information on display in neighbouring practices • Information on OCCG website • Questionnaire • Press release to local media • Open meetings in Banbury
Community Partnership Network	• Consultation materials shared • Agenda item for discussion at meeting (open to the public)
Local Authorities	• Letter to local authorities • Consultation materials
MPs and councillors	• Letter to MPs and councillors • Consultation materials
Health Overview and Scrutiny Committee	• Share consultation plan at Nov 2017 meeting of HOSC • Consultation materials • Attend February 2018 meeting to seek formal view of HOSC

Community Groups	• Consultation information to be translated into Polish and to other languages on request.
	• Information shared with all community groups in Banbury including:
	  o Faith groups
	  o Colleges, schools and nurseries
	  o Black and minority ethnic community groups
	  o Banbury Carers Support Group

14. Analysis and reporting

The following activity will be monitored and analysed:

- Quantitative and qualitative analysis of media coverage (including local and national press).
- Quantitative and qualitative analysis of social media coverage.
- Quantitative and qualitative analysis of the reach of communications materials via patient/stakeholder group networks and channels such as websites and newsletters.
- Qualitative feedback from practices and PML.
- Analysis of feedback via the questionnaire and written responses.

A report will be produced describing the consultation activities, the responses received and the evaluation. This will be published within four weeks of the end of consultation.

15. Decision-making

The decision on the consultation will be made by Oxfordshire Primary Care Commissioning Committee and widely communicated following the decision.

16. Timeline

The consultation will run for six weeks and will start in January. The date is still to be confirmed but the intention is for it to be completed in time for decisions to be taken before the end of the contract.

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NHS
Oxfordshire
Clinical Commissioning Group

Oxfordshire Joint Health and Overview Scrutiny Committee

Date of Meeting: 16 November 2016

Title of Paper: Winter Update

Purpose: To provide the Oxfordshire Joint Health and Overview Scrutiny Committee with an update on the Winter Plan including the urgent performance and communications activity to support the plan.

Senior Responsible Officer: Diane Hedges, Chief Operating Officer and Deputy Chief Executive, Oxfordshire Clinical Commissioning Group

1. Introduction

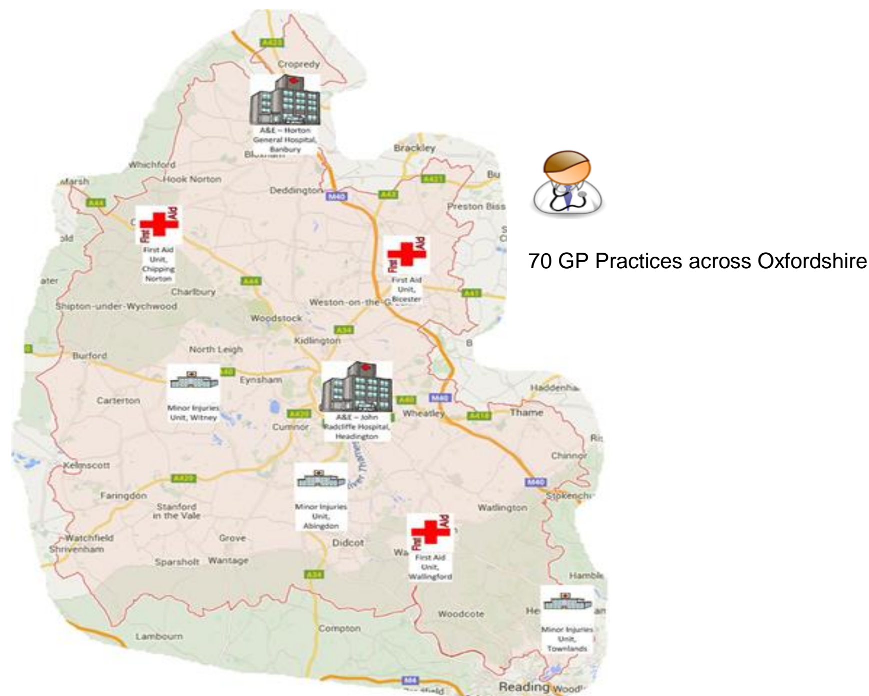
Nationally there is considerable focus on A&E 4-hour performance as we approach the winter period. Demand for urgent care services is rising and financial pressures have grown throughout the year. We are continuing to see rising attendances and emergency admissions compared to previous years and the resources required to meet the needs of all our residents continue to rise.

There is recognition that the 4-hour standard is an indicative measure of how well the urgent care system is performing in delivering care to patients. Both at a national and local level, patient flow through the health and social care system continues to be challenging.

Collaborative system working through our A&E Delivery Board and System Flow Executive continues to focus on key priorities for the system:

- Pathways and flow
- Managing demand
- Achievement of the A&E 4-hour target
- Delayed transfers of care
- Workforce
- Securing value for money
- Primary care capacity and resilience

The Oxfordshire Urgent Care System

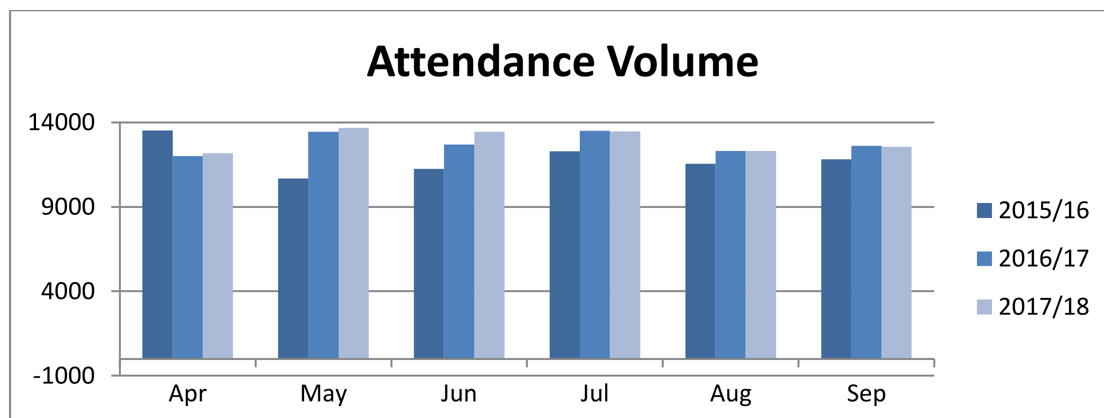


We are also working in collaboration with colleagues across the Buckinghamshire, Oxfordshire & Berkshire West (BOB) STP footprint to improve access to the most appropriate treatment and care services and to harness the strengths across the three place-based systems. We aim to work together on a number of initiatives to share expertise and work more efficiently. Examples include Primary Care Hubs, Emergency Department streaming, reducing Ambulance Handover delays.

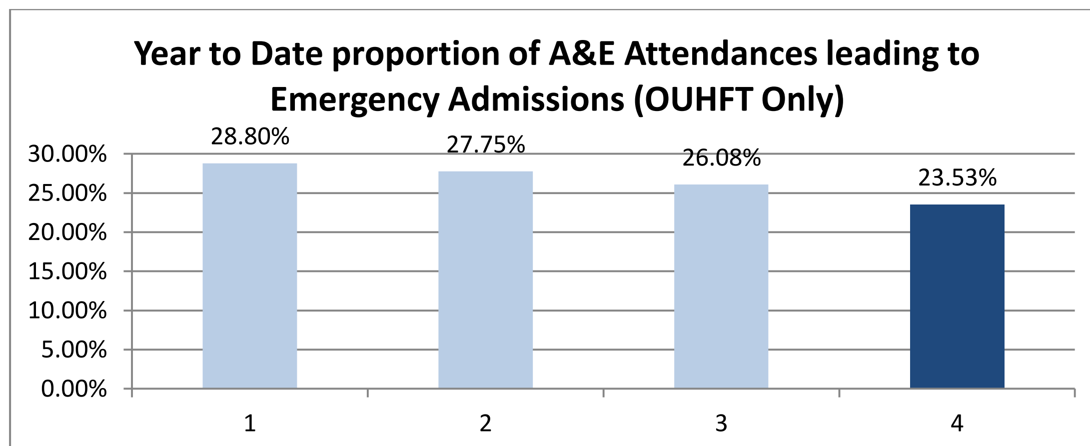
2. Oxfordshire Urgent & Emergency Care

A&E attendances and performance

In Oxfordshire, the number of people using A&E has risen by 1.45% compared with last year or an additional 1108 patients have attended this year to date compared to last year. The proportion of patients admitted when attending ED stands at 23.6% in Year to Date to August 17. The number of people admitted following attendance at ED (conversion rate) for the full year 2016/17 was 26.53%. Year to date performance at the end of September was 84.33% of people transferred out of A&E within 4 hours against the 95% target. Clinicians report increased demand from frail, older people with chronic, long term conditions.



Attendances continued to increase on last year during the early part of the year with a particular spike in demand in June however have remained similar to last year in recent months.



The number of people needing to be admitted from A&E into a hospital bed has decreased slightly over time (vs national trend of increase), with rates tending to be highest in the winter. This lower rate of admission reflects our development of alternative pathways to manage patients in an ambulatory care setting without admitting them to hospital. The ambulatory pathway provides rapid senior review, rapid diagnostics and rapid turnaround for patients without the requirement of staying overnight in hospital bed. This model is supported by national urgent and emergency care priorities and CCG vision and strategy increasing care closer to home and improving outcomes and quality of care for patients. There is enhanced social care support funded through the Better Care Fund which is supporting flow through the system. This includes additional social care staff supporting EDs to identify people who can go home and support these people with any onward arrangements.

Those waiting for admission tend to wait in A&E longer than other people. This is particularly a problem in hospitals when the bed occupancy rate is already high as there is more limited bed availability.

OUH have had five 12 Hour Wait breaches following a 'decision to admit' throughout 2017/18. This compares to no 12 hour breaches in the same period in 2016/17.

Struggling A&E performance has been seen over recent months and priorities have included:

- Ring fencing of staff to prioritise and improve 'minor' performance in ED (i.e. presentations not immediately life threatening). Performance has improved to over 95% in August and September
- Staffing and patient flow issues to ensure alignment for demand and capacity.
- Increased capacity required for discharge flow in reablement and community hospital capacity.

As a system classified by NHS England as Category 3 we are part of the Emergency Care Improvement Programme (ECIP) 3 Programme with support from the ECIP team within the OUH. The national expectation for ECIP3 is that 90% performance by quarter 3 will be achieved and sustained across quarter 4.

A very significant pre-hospital pathway support service has been in operation within the OUH since January 2016. The service is open to primary care clinicians, ambulance clinicians and to clinicians supporting care settings such as care homes and community hospitals and operates for extended hours seven days a week.

Senior clinical decision makers (usually at Consultant or Chief Registrar level) accept calls directly to proactively work with referring clinicians to better determine the appropriate service, timing and venue of care, aiming to avoid reactive, non-patient-centred hospital attendance whenever appropriate.

For example, following discussions and 'co-production' of the optimal clinical pathway between referring and receiving clinician, a patient may be directed to attend one of the Ambulatory Assessment Units (AAUs) on the same or the following day with pre-arranged diagnostics, rather than attend immediately, unscheduled and without prior workup. Such pathway management serves to reduce congestion and over-crowding in the Emergency Department and the Emergency Assessment Unit, improves patient experience, and has the potential to improve other outcomes through matching of need to available resource, and intelligent individualised direction of patients to teams with skills best able to meet their needs.

It is recognised that adoption of good practice in patient flow (the ability of systems to manage patients effectively and with minimal delay as they move through stages of care) is essential.

In line with the National Delivery Plan for Urgent and Emergency Care, Primary Care streaming in ED will also be in place for winter. This will increase GP capacity in ED and will help to improve patient flow through streaming patients to services appropriate to acuity and reducing pressure on emergency pathway.

A&E Performance reporting

Our urgent care system comprises of 2 EDs (JR and Horton) supported by Minor Injury Units (MIUs) and First Aid Units (FAUs) across the county – Three MIUs based at Abingdon, Witney and Henley. Three FAUs based at Wallingford, Bicester and Chipping Norton. This whole system offers same day urgent walk in care.

As we approach winter, there is significant interest in how well the NHS performs in relation to the A&E four hour target. This puts significant focus on our hospital A&Es. At the same time there is a general lack of consistency nationally about how activity is captured (principally within Minor Injury Units / Walk In Centres). The way this activity is collected currently depends on whether the unit is co-located with a hospital A&E department or not, which means that some parts of the country are being held to account for performance that is reported on a different basis to neighbouring areas.

For Oxfordshire, A&E performance and Minor Injury Unit performance are reported to NHS England separately as they are provided in different locations by different organisations. However, in a recent letter from NHS improvement on October 13th systems are asked to review their approach to address this national variation and to consider monitoring performance on a system-wide basis. This brings together NHS providers and Social Care to work together to help patients and residents of Oxfordshire get the right care they need. Performance for each part of the system will continued to be recorded and reported separately by each organisation but will then be collated centrally to report an Oxfordshire system-wide performance.

For Oxfordshire, this would mean continuing to monitor and report publicly performance for each individual A&E and MIU but to report to NHS England a combined performance including:

- A&E at the John Radcliffe, Oxford
- A&E at the Horton General Hospital, Banbury
- Minor Injuries Unit at Witney Community Hospital
- Minor Injuries Unit at Abingdon Community Hospital
- Minor Injuries Unit at Townlands Hospital, Henley

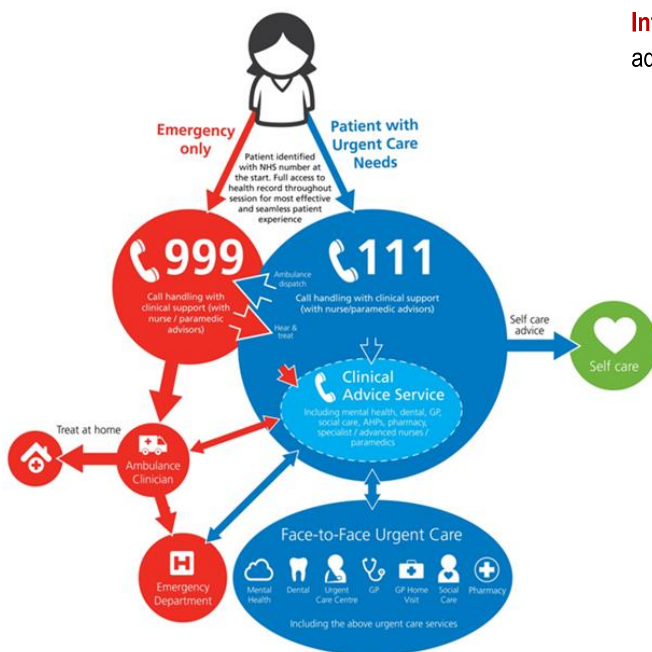
Once we have agreement from all relevant local parties, including our A&E Delivery Board Delivery Board, NHS Improvement will then allocate all A&E and MIU together in line with these local agreements, for performance reporting purposes. The advantage in doing this would be to change the focus of NHS Improvement performance management to recognise the system-wide approach that Oxfordshire takes to managing pressures in urgent care. The A&E Delivery Board supported this approach in their October meeting and we are asking for support in this approach.

Recognition of the role MIUs play in our urgent care system would mean that the system average is around 3% higher than A&E alone. We would be very interested in HOSC views on taking this whole system approach.

NHS 111

The Thames Valley CCGs (including East Berkshire CCGs within the Frimley STP) have collaborated on the procurement of a regional Integrated Urgent Care service, provided by the Thames Valley 111 Partnership- an alliance between South Central Ambulance Service, Berkshire Healthcare NHS Foundation Trust, Buckinghamshire Healthcare NHS Foundation Trust and Oxford Health NHS Foundation Trust. The service was launched on 5th September 2017.

This new service with enhanced multidisciplinary staffing within the service will enable enhanced clinical review of calls to access the right care with information from the call to passed on to clinicians. The Thames Valley Clinical hub is interconnected with providers to transfer calls 24/7 and also enables direct booking to out of hours GPs, some community services and referral to local services including direct to pharmacists.

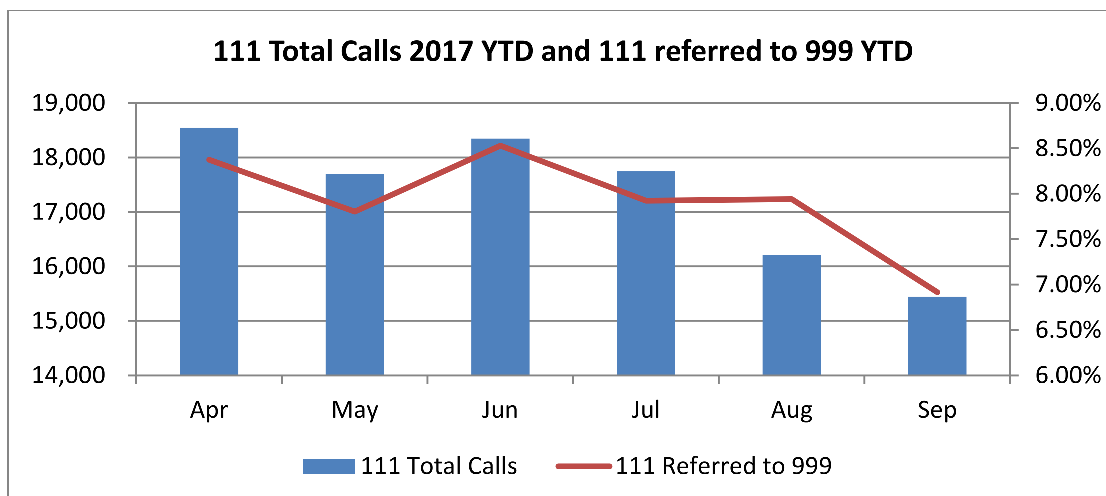


Integrated Urgent Care Service aims for the right advice or treatment first time through:

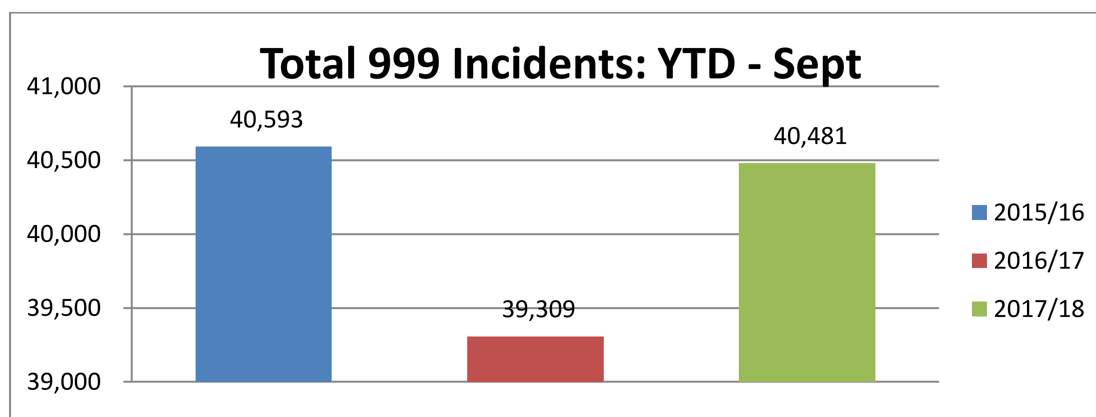
- Improved patient information
- Comprehensive Directory of Services
- Greater levels of clinical input
  E.g. mental health, pharmacist, GP
- Links to booking systems

As represented in the graph below comparative activity is in line with seasonal trend although year to date there has been an overall increase in 111 calls of 11.6% compared to 2016/17.

The graph below also demonstrates reduction in of 111 calls referred to 999 in September.



Ambulance 999 Activity and Performance



Demand for 999 services continues to grow in activity this year. The Year to Date position for Oxfordshire shows an increase of 2.84% in Red 1 and an increase of 8.23% in Red 2 (life-threatening) call demand in Oxfordshire compared to the same periods in 2016/17. This also shows an increase in demand for Red 19 ambulances of 7.92%. Despite this significant increase, SCAS outperformed many other ambulance services across the country. They are working hard to help as many people as they can where they are without conveyance to hospital.

Year to date activity has significantly increased overall with significant increase in Red See, Treat and Convey as compared to the same period last year. This means people who they can offer solutions for on scene and then must bring to hospital.

	YTD to August %Inc/(dec) versus prior year							
	Calls	Hear & Treat	RED See & Treat	RED See, Treat and Convey	GREEN See & Treat	GREEN See, Treat and Convey	HCP's	Subtotal incidents
Oxfordshire	***5.7%***	**20.7%**	**-9.3%**	**17.6%**	**-9.9%**	**-1.7%**	**-4.4%**	**1.6%**
SCAS	**3.8%**	**10.0%**	**-7.5%**	**13.2%**	**-5.3%**	**-3.3%**	**-1.4%**	**1.6%**

Oxfordshire 999 Performance:

	Red 1incidents within 8 minute target – threshold 75%	Red 2 incidents within 8 minute target – threshold 75%	Red 19 incidents within 19 minute target threshold 95%
July 2017	74.4%	70.0%	93.0%
August 2017	70.5%	69.1%	92.4%
September 2017	63.6%	66.8%	92.0%

SCAS continue to fall behind the target for performance due to higher activity and difficulties in resourcing. Actions are underway but are yet to have anticipated full impacts. It is noted however that SCAS remains one of the top performing ambulance trusts across the country.

Name	**Red 1**	**Red 2**	**Red 19**

England	67.9%	60.5%	89.7%
East Midlands Ambulance Service NHS Trust	68.2%	52.8%	82.7%
East of England Ambulance Service NHS Trust	70.4%	57.2%	88.6%
Isle of Wight NHS Trust	54.8%	65.0%	89.5%
London Ambulance Service NHS Trust	72.4%	68.5%	94.1%
North East Ambulance Service NHS Foundation Trust	73.1%	53.5%	85.1%
North West Ambulance Service NHS Trust	64.7%	64.2%	89.8%
South Central Ambulance Service NHS Foundation Trust	75.5%	71.0%	94.8%
South East Coast Ambulance Service NHS Foundation Trust	57.5%	45.7%	86.5%
South Western Ambulance Service NHS Foundation Trust	-	-	-
West Midlands Ambulance Service NHS Foundation Trust	-	-	-
Yorkshire Ambulance Service NHS Trust	-	-	-

Following a successful 18 month trial of the national Ambulance Response Programme at SCAS, all English Ambulance Services have now been mandated by NHS England to adopt the new Ambulance Response Standards. These new standards have been designed to deliver a more clinically appropriate response to 999 calls to drive clinically focused behaviour to ensure the most clinically appropriate response to the patient first time. Key elements of the programme are:

- The use of a new set of pre-triage questions to identify those patients in need of the fastest response at the earliest opportunity.
- Dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need.
- A new evidence-based set of clinical prioritisation codes that better describe the patient's presenting condition and subsequent response/resource requirement.
- A full review of ambulance service measures and quality indicators.

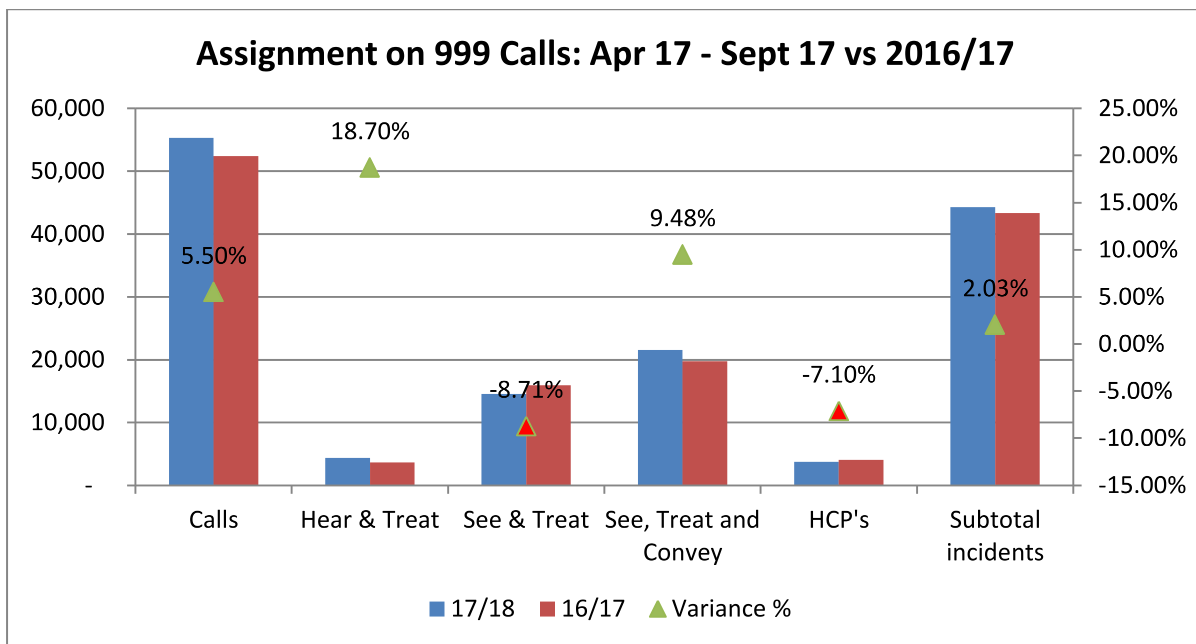
From now on call handlers will be given more time to assess 999 calls that are not immediately life-threatening, which will enable them to identify patients' needs better and send the most appropriate response. There will be four categories of call. Category 1 is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes. Category 2 is for emergency calls. These will be responded to in an average time of 18 minutes. Stroke patients will get to hospital or a specialist stroke unit quicker because we can send the most appropriate vehicle first time. Category 3 is for urgent calls. These types of calls will be responded to at least 9 out of 10 times before 120 minutes often as a see and treat. Category 4 is non-urgent calls often referred to another service such as a GP. These less urgent calls will be responded to at least 9 out of 10 times before 180 minutes. In these cases the patient will generally be at home.
Evaluation of the pilot provided strong evidence that the introduction of longer call assessment times produces clear benefits for operational efficiency and this is translated in to better response time performance for the most seriously ill patients. SCAS will go live with the Ambulance Response Programme from 31 October.
One of the continuing aims within the transformation of the ambulance service into a mobile healthcare provider is to increase the number of patients that the ambulance service can hear and

treat, where advice is provided over the phone with appropriate signposting and see and treat, where the patient is seen by an ambulance clinician and then either treated within their home or referred to the most appropriate care. Oxfordshire's performance during the winter period is shown below:

% of Total Calls:

	Hear and Treat	See and Treat	See, Treat and Convey
July 2017	11.05%	36.47%	52.49%
August 2017	9.80%	35.98%	54.21%
September 2017	10.04%	35.97%	53.99%

As shown within the table above, SCAS continues to only convey approximately half the patients that dial 999 by providing healthcare closer to home.



Patient Transport Services

Since December 2016, SCAS and Oxfordshire CCG, has continued working closely with our partners across the Thames Valley region realigned the service provision to improve the discharge and transfer part of the PTS provision, this has enabled the Oxfordshire system to be able to respond to the higher demand for the hospital beds, improving the experience of patients returning home or transferring from the acute hospital to ongoing care.

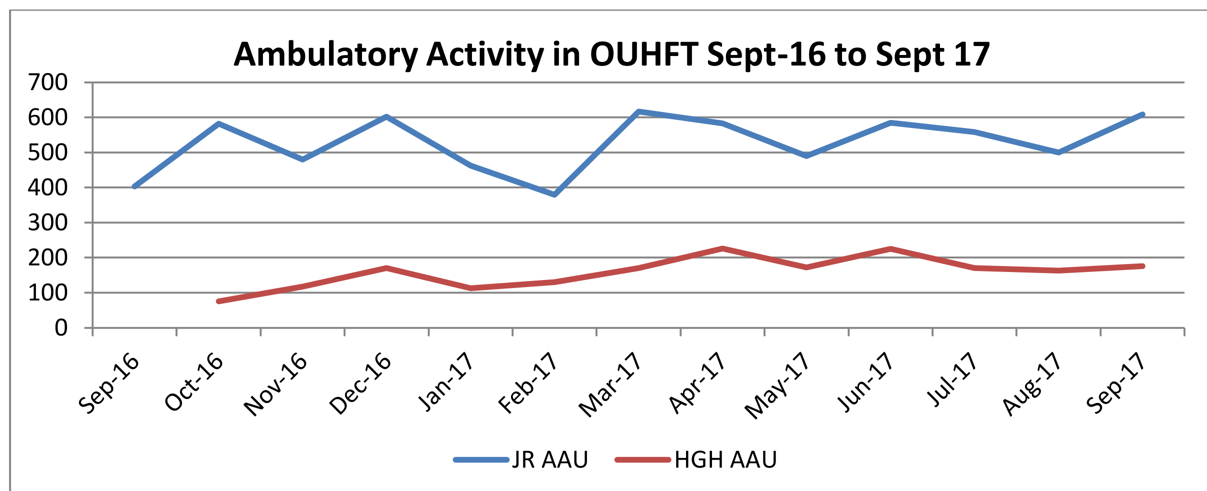
Urgent Treatment Centres

Urgent Treatment Centres are a national initiative aimed at providing a uniform and consistent approach to the delivery of community Urgent Care Services. This includes services such as: Minor Injuries Units, First Aid Units, GP Out of Hours and GP Extended Hours Services. The national drive looks to support patients in making more informed decisions about the use of Urgent Care Services and to simplify the complex “front doors” to existing services. Oxfordshire is looking at the potential efficiencies that can be achieved through the implementation of Urgent Treatment Centres in Oxfordshire. This will be achieved by reviewing existing community services such as Minor Injuries Units and First Aid Units to establish the best model for delivery for patients in Oxfordshire.

Ambulatory Assessment Units

The Ambulatory Assessment units at the John Radcliffe and Horton have developed very substantially since their inception. Their role is vital in streaming patients as early as possible to Urgent Care settings that are not the ED. The unit operates seven days per week with activity volumes increased to an average of 50 patients each day.

The Unit continues to provide assessment and treatment that is timely and tailored with an early focus on de-escalation, enhanced recovery and prompt supported discharge incorporating on-going monitoring arrangements.



Primary Care

There has been much identified nationally about the pressures on General Practice and the sustainability of the current model going forward (The Kings Fund, Understanding pressures in general practice. May 2016). Oxfordshire practices offer about 4 million appointments each year which may be delivered as face-to-face, telephone, or home visit consultations, by GPs, nurses, and other clinical staff. This accounts for about 70% of patient contacts with healthcare in Oxfordshire. This number is currently increasing at the rate of about 4% a year and is likely to increase further as a result of a growing and aging population. The practices are responsible for the majority of urgent appointments, prescribing, long-term condition (such as diabetes or asthma) care, end-of-life care, continuity of care, and co-ordination of care for complex patients. As such, they face challenges common to general practices across the UK, including:

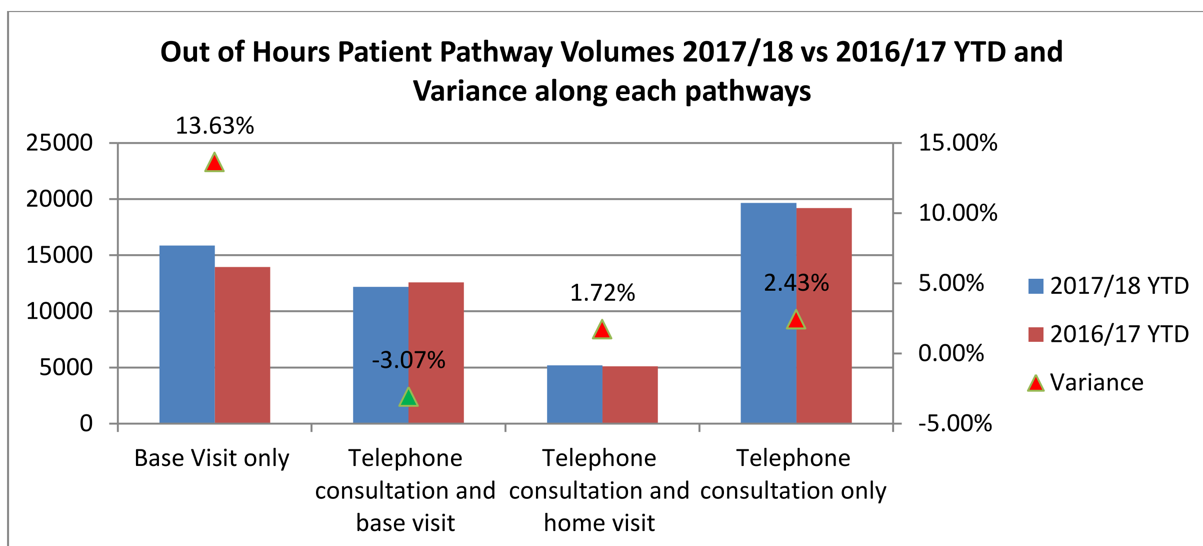
- Increasing need from patients requesting same-day access for urgent care, who are generally low-intensity patients;
- Increasing need from complex, frail, or elderly patients who require continuity and co-ordination of care, who are generally high-intensity patients;
- Worsening practice sustainability due to reduced funding, difficulty in recruiting or retaining staff, need to update premises and other infrastructure, and retirement of older GPs;
- Proliferation of patient contacts and multiple patient records across various organisations (general practice, hospital, mental health services, community health services, social care, and so on), leading to delays and gaps in communication, and greater difficulty in understanding and co-ordinating how care is delivered to the patient.

The Extended Access to GP Services scheme was launched in July this year. The scheme is being delivered by four GP federations in Oxfordshire and includes consultations with GPs, practice nurses and other clinicians such as healthcare assistants.

So far this year the scheme has provided more than 6000 more appointments a month in the county. The additional appointments are provided from locality hubs which serve the patients within that locality. Half of the appointments are provided at times when the practices are usually closed, including weekday evenings or Saturdays and Sundays. This gives patients greater choice about when and where they can access GP services.

Primary Care Out of Hours

Overall activity has increased YTD to date compared to 2016/17 by 3.9% with particular increases in base visits during this period.

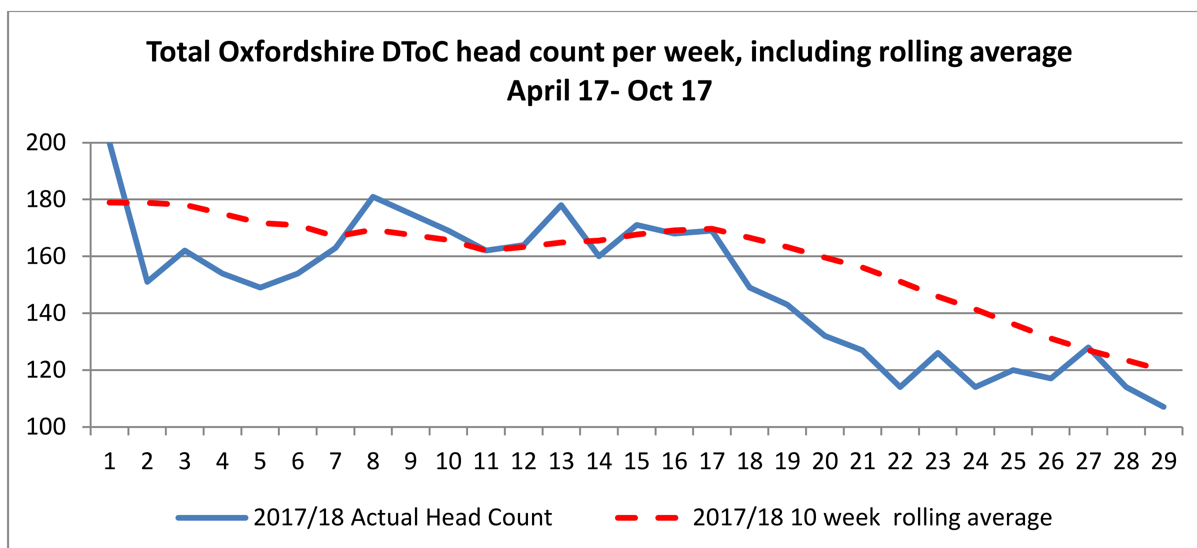


GP workforce remains a challenge within the out of hours service and this remains a risk to the service as we approach the winter period however much work is underway internally to improve this situation and continual focus has resulted in an improving position.
Collaboration with other OOH providers is also being explored to further improve capacity and use of resources.

Delayed Transfers of Care (DTOC)
Delayed transfers of care, occur when a patient is ready to depart from care and is still occupying a bed. Our work on improving delayed transfers of care has a clear interface with the flow people through our beds. According to NHS England, a patient is ready to depart when:

1. A clinical decision has been made that patient is ready for transfer and
2. A multi-disciplinary team decision has been made that patient is ready for transfer and
3. The patient is safe to discharge/transfer.

As we are aware longer stays in hospital can have a negative impact on older patients' health, as they quickly lose mobility and the ability to do everyday tasks. Keeping older people in hospital longer than necessary is also an additional and avoidable pressure on the financial sustainability of the NHS and local government. NHS guidance is that patients are moved out of acute hospital as soon as it is clinically safe to do so. It is important to achieve the correct balance between minimising delays and not discharging a patient from hospital before they are clinically ready.



The total number of delayed patients rose and remained high between January and July 2017. There has been a significant reduction across the Oxfordshire system over recent weeks (from July 2017). This has returned the system wide position to below where it was in the same period in 2016. In the intervening period there has been considerable workforce pressure in the HART reablement service which has impacted on the DTOC. The system has agreed some mitigation activity including purchasing of alternative services. These services are in place and are providing additional capacity to support hospital discharge or admission avoidance.

Based on the trend from the previous years it is expected there would be a rise in the head count in Oxfordshire through the winter period. Our agreed Better Care Fund trajectory is to reduce to a head count of 99 in November then to 83 in March 2018. So far, we are ahead of this target. The target was 137 average daily delays for month at 30 Sep however the actual figure achieved was ahead of plan at 119.

Over recent months significant work has been undertaken in collaboration with all organisations to improve discharge flow. Workshops in August and Sep 2017 identified complex pathways with multiple decision points which may drive poor system performance Other opportunities that were identified include efficiency and LEANing approaches that can make improvements now through operational changes, redesign of existing pathways and reallocation of resources to improve flow and exploring new ways of working (e.g. third sector)

Delays continue to be driven by 4 key areas

- The number of people in both acute and Oxford Health NHS FT community hospital settings waiting for reablement support. Mitigations to improve this include pathway work to reduce duplication and unnecessary referrals and increasing physiotherapy and occupational therapy to support reablement. Also ensuring that a full range of services are available to patients to support discharge including the voluntary and community sector.

  A new community rehabilitation pathway is now in place for patients who require a community hospital setting for part of their rehabilitation once their other nursing or medical needs have been met. These patients could continue their rehabilitation under the care of a clinician in their usual place of residence with 1-2 rehabilitation interventions per day and 1-2 care visits (average LOS on whole pathway 21 days). These are patients who need to remain on a

clinically led rehabilitation pathway which otherwise would be delivered in a community hospital setting. They would continue to be managed by the community hospital team which would support up to 6 patients at any one time in their usual place of residence. The patients would remain under the care of the community hospital until they are discharged from the community rehabilitation pathway. These are patients who are likely to have no ongoing care needs.

- The underlying availability of domiciliary care owing to workforce pressures in Oxfordshire. Workforce challenges are being addressed by OCC, CCG, OUHFT & OHFT collaboratively with a recruitment programme in progress.
- The underlying availability of nursing and care home capacity, especially in relation to people with complex dementias. A tender is underway to source additional care home beds for people with nursing and dementia needs. This is a joint OCC / CCG project.
- Patients self-funding their onward care who are unable to move: this is also related to both the domiciliary care and nursing home issues above. We also need to ensure we are supporting people to make decisions and set expectations from the outset about when they are discharged.

3. Winter Planning

In preparation for winter and in line with Pauline Philip National Urgent & Emergency Care Director NHS England and NHS Improvement July letter gateway 06969, 2017/18 has seen formal winter planning starting in July, with a requirement for final local plans to be submitted in early September. In developing their overarching winter plans the A&E Delivery Boards has prioritised the following: demand and capacity plans, front door processes and primary care streaming, flow through the Urgent and Emergency Care pathway, effective discharge processes, planning for peaks in demand over weekends and bank holidays, ensuring the adoption of best practice as set out in the NHS Improvement guide: Focus on Improving Patient Flow.

The Oxfordshire Winter Plan 2017/18 demonstrates the set of things we are doing and how we will ensure organisational resilience across the Health and Social Care System. The plan describes and provides reassurance on capacity planning, management structures and business continuity and escalation plans within and across the system. It embeds good practice and resilience principles to bring evidenced improvement in achievement in Constitutional Targets and benefits to patient when the system is facing challenges due to increased demand and /or reduced capacity over the winter period.

It also builds upon lessons learnt from winter 16/17 which have informed our planning for this year. These include care home market supply; recognising the value in collective leadership and whole system proactive planning; clinical leadership for improving hospital flow and discharges; workforce planning particularly in the domiciliary care /reablement system.

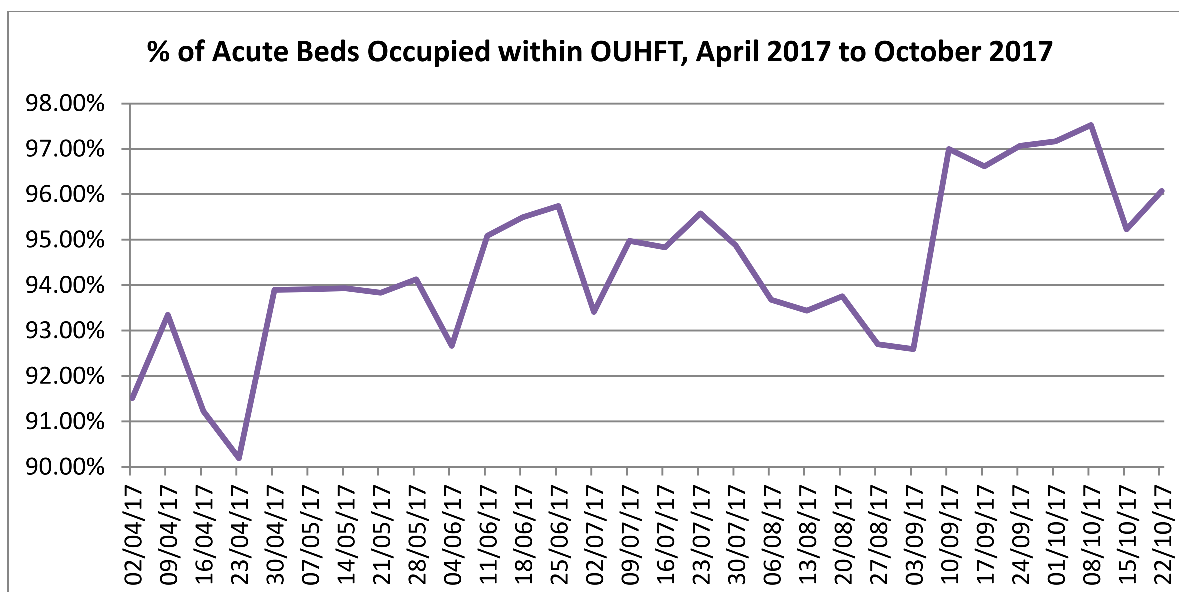
A systemwide communication plan was agreed in September at the A&E Delivery Board. The activities tie together national initiatives, including the NHS England 'Stay well this winter' campaign, which includes information on self-care and sign posting and the national seasonal flu campaign, with

a focus on encouraging targeted groups to maximise uptake of flu immunisation. The CCG is working in partnership with Oxford University Hospitals NHS Foundation Trust, Oxfordshire County Council, and Oxford Health on joint winter communications in support of the work of the A&E Delivery Board and the national winter campaign. The communications strategy will also identify local charities, community groups and schools who can assist us in cascading our messages directly to the target audience using digital, print and face-to-face methods of communication.
There is also significant work underway to maximise uptake of influenza vaccine for our at risk and vulnerable patient groups. Extra provision which has been put in place to ensure less able patients can access this immunisation and we have expanded our programme locally to provide immunisation to key workers in health and social care. We are also working together to increase communications with both health care professionals and patients to raise awareness of the importance of vaccination in these patient groups and the resources available to support this campaign.

Key challenges for the system

Workforce remains a challenge across the whole system and work is underway to develop a whole system Workforce Strategy however this remains a risk for winter 2017/18.
However there has been investment from the improved Better Care fund to increase rates of pay for home care hours and investment in home care agencies with training on values based recruitment. Collaboration on recruitment into care roles between private sector and various NHS entities is also in development.
The OUHFT Urgent Care Improvement Plan has been refocussed given the and key elements are currently being implemented include additional staffing such as pharmacist and physiotherapist to support the Emergency Department and recruitment of additional consultants to ensure senior medical capacity during the late afternoon / early evening peak period.

Acute bed capacity is another significant challenge as we approach the winter period. As a result of the closer of the Trauma Unit back in August 52 beds were reallocated with the Trust. This resulted in opening of a 22-bedded ward however the remaining 30 beds were allocated from existing bed stock. In addition to this staffing pressures have meant that safety-related bed closures have taken place in recent weeks. These have affected a range of services, including medicine at the John Radcliffe, surgical specialities, children's and other services. As at 3 September 2017, a total of 92 beds were temporarily closed
There is some daily fluctuation in these bed closures depending on staffing and there are plans underway to review/consolidate these workforce/safety related bed closures to maximise efficiency and use of resources.



NHS Improvement published Improving Patient Flow through Urgent and Emergency Care earlier this year which called for health systems to maintain bed occupancy at below 92%. OUH has relaunched its Escalation Framework to support patient flow across its four hospital sites. Despite the pressures described, OUH's length of stay on discharge has been relatively stable since April at around 4 days however bed capacity remains a concern going into the winter period.

The Oxfordshire system winter plan (Appendix1) describes work already underway to improve efficiency and flow through a safe and responsive Urgent Care service, demonstrating an emphasis on value-adding activities, given known workforce and financial constraints.
The plan includes range of new initiatives which will be in place during the winter period.

A summary of these plans is below:

Area	Initiative	Start Date	Lead Organisation	Impact
Pharmacy	Minor Ailment Scheme to provide care and support through community pharmacy	Nov-17	OCCG	Managing Demand, Reduce ED attendances
	Patient Group Direction for UTI Management supplied by pharmacy	Nov-17	OCCG	
	NHS Urgent Medicine Supply Advanced Service (NUMSAS) Repeat prescription supply via community pharmacy to reduce the burden on urgent and emergency care services of handling urgent medication requests, whilst ensuring patients have access to the medicines or appliances they need.	Sep-17	NHS England	
Care Homes	Medication Review – to reduce inappropriate polypharmacy and review patients at risk of admission	Winter 2017/18	OCCG	Admission avoidance, Quality of Care

Area	Initiative	Start Date	Lead Organisation	Impact
	Specialist Continence Prescribing Service – a specialist service to provide increased support to patients	Oct-17	OCCG	
	Improving Nutrition – to improve nutritional support to care home through increased dietician support	Winter 2017/18	OCCG	
	Care Home Support Service – to focus support on discharge and supporting discharge of more complex patients.	Winter 2017/18	OH	
	Proactive GP Support – to provide more support to care homes in proactive management and review of patients.	Winter 2017/18	OCCG	
Attendance Avoidance	SOS Bus – stationed in the centre of Oxford to respond to alcohol related incidents and minor injuries.	Dec 17	SCAS	Improved flow and patient outcomes
Primary Care	Increase in Hours of Provision – to provide additional appointments during the winter period.	Dec-17	OCCG	Reduced demand in ED
Flu	Increasing Flu Vaccinations for at risk groups	Oct-17	OCCG	Reduce admissions, Improve patient outcomes
	Flu Vaccinations for Social care workers – new scheme to provide vaccination to key workers in social care , care homes and domiciliary care	Oct-17	OCC	
Flow	Trusted Assessor – improved liaison and communication to ensure timely discharge.	Oct-17	OUH/OH	Reduce length of stay, Reduce ED Admission, Improve patient outcomes
	Primary Care Streaming in ED – triage of patients to the most appropriate care in ED.	Dec-17	OUH	
Discharges	Complex Discharges – to improve this process for patients and commissioning of additional capacity to support these patients	Aug-17	OH	Reduce length of stay, improve patient outcomes, Reduce admissions
	Hospital at Home – collaborative working to improve patient pathways.	Nov-17	OCCG	
	Third sector Initiative to develop a model to provide alternative support to patients to reduce social admissions.	Winter 2017/18	OCCG	
	Therapy Support to HART – to increase reablement support	Oct-17	OUH	
	200hrs of Contingency care – to provide additional domiciliary care capacity to support the HART team	Oct 17	OCC	
	Procurement of further 200hrs of Contingency care to provide additional domiciliary care capacity	Winter 2017/18	OCC	
	Community Hospital Home Leave- with virtual beds held on each ward to support early supported discharge from community hospitals.	Nov-17	OH	
	Patient Transport Service support to ED – additional support to support discharge and transfer patients home.	Nov-17	SCAS	

Area	Initiative	Start Date	Lead Organisation	Impact
North East Oxfordshire Training Pilot for non-registered staff – increased training provided to support patients and recognising deteriorating patients.		Winter 2017/18	OCCG	Improve patient outcomes

The Oxfordshire system continues to work together to improve patient flow and experience across the urgent and emergency care system. This year NHSE and NHSI have mandated that local systems ensure their winter plans meet specific priorities as well as ensuring preparedness to meet the expected increase in demand on the health and social care system over the winter months. This health and social care winter plan provides our response to these requirements and also describes the programmes of work collectively underway aiming to meet national requirements on A&E performance, delayed transfers of care and reducing variation in best practice. This work will continue to be monitored through the Oxfordshire A&E Delivery Board and System Flow Executive.

Sara Wilds, Oxfordshire CCG Head of Urgent Care and Medicines Optimisation

Will Tighe, Oxfordshire CCG Project Manager Urgent Care

November 2017

NHS
Oxfordshire
Clinical Commissioning Group

Oxfordshire Winter Plan 2017 – 2018

Health and Social Care Winter Resilience Plan

Sara Wilds – Head of Urgent Care and Medicines Optimisation
Will Tighe – Project Manager Urgent Care
Deimante Pelakauskaite – Freimoniene – Assistant Project Manager Urgent Care

North

North East

Oxford City

South East

South West

West

Introduction

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The Winter Plan will…

- Provide organisational resilience across Oxfordshire against the anticipated system-wide priorities identified by Oxfordshire's A&E (4 hour) Delivery Board and System Flow Board.
- Describe and Provide reassurance on management structures within and between organisations
- Embed good practice and resilience principles in every day practice to bring evidenced improvement in compliance with Constitutional targets and benefits to patients when the system is facing challenges due to increased demand and/or reduced capacity over the winter period.

The system promises to…

- Utilise the System-wide Urgent Care Strategy including a well-established online escalation dashboard (Alamac report)
- Undertake Daily Teleconference Call (as per OPEL framework or when requested by a provider when necessary) to enable rapid resolution of issues as well as leading the reduction of delayed transfers of care and reducing unnecessary admissions.

Taking into consideration lessons learnt from Winter 2016-2017 and guidance received from NHSE & NHSI in July 2017 (gateway ref. no. 06969), the plan is aligned into the following 4 categories:

Priorities

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Oxfordshire System Flow Board: Key Priorities

- Pathways and flow
- Demand
- A&E 4 hour target
- Workforce
- Value for money
- Primary care capacity

Priorities listed in the document embedded below were agreed by system-wide Chief Operating Officers (COOs) following a visit from the National Hospital to Home team in May 2017. A weekly COOs meeting is taking place where pressing operational issues and strategic priorities are discussed.

Appx. 2

A&E (4 hour) Delivery Board: Key Priorities

- Winter Planning
- Workforce & Number of beds available
- Impact of Integrated Urgent Care 111
- Delayed Transfers of Care
- Impact of Ambulance Response Programme (ARP)
- Out of Hospital Urgent Care Access
- Primary Care streaming in ED

Appx. 3

Priorities for winter planning target Workforce issues with nursing staff, targeting available beds and utilising effective alternatives

Summary of Winter 17/18 Initiatives

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Area	Initiative	Start Date	Lead Organisation	Impact
Pharmacy	Minor Ailment Scheme PGD for UTI Management NUMSAS	November 2017 November 2017 September 2017	OCCG OCCG NHS England	Managing Demand Reduce ED attendances
Care Homes	Medication Review Specialist Continence Prescribing Service Improving Nutrition Care Home Support Service Proactive GP Support	Winter 2017/18 October 2017 Winter 2017/18 Winter 2017/18 Winter 2017/18	OCCG OCCG OCCG OH OCCG	Admission avoidance Cost effectiveness Quality of Care
Primary Care	Increase in Hours of Provision	December 2017	OCCG	Reduced demand in ED
Flu	Flu Vaccinations for at risk groups Flu Vaccinations for Social care workers	October 2017 October 2017	OCCG OCC	Reduce admissions Improve patient outcomes

Summary of Winter 17/18 Initiatives

NHS
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Area	Initiative	Start Date	Lead Organisation	Impact
Flow	Trusted Assessor Primary Care Streaming	October 2017 December 2017	OUH/OH OUH	Reduce LOS Reduce ED admission Improve patients outcomes
Discharges	Complex Discharges Hospital at Home Third sector Initiative Therapy Support to HART 200hrs of Contingency care Procurement of further 200hrs of Contingency care	August 2017 November 2017 Winter 2017/18 October 2017 October 2017 Winter 2017/18	OH OCCG OCCG OUH OCC OCC	Reduce LOS Improve patient outcomes Reduce admissions
<u>Proposals under consideration:</u>				
SOS BUS PTS support to ED Third sector initiative North East Oxfordshire Pilot for non-registered staff		November 2017 November 2017 Winter 2017/18 Winter 2017/18	SCAS SCAS OCCG OCCG	Reduce ED attendances Reduce 999 demand Improved flow Reduce social admissions Reduce LOS Improve patient outcomes

Lessons learnt/challenges: Winter 16-17

Care Home market supply and demand – including affordability

Collective leadership and involving the whole system in winter planning as well as people at all levels.

Risks should be identified early - the system should be less "reactive".

Clinical leadership crucial for improving hospital flow and discharges.

Lack of flow in the system

The domiciliary care/reablement system is highly susceptible to a downturn in capacity at critical times of the year
(e.g. Christmas, Easter, bank holidays).
We need a system-wide workforce plan.

The above challenges and lessons learnt were identified and discussed over a series of conversations with system partners in February 2017.

System challenges: as Identified in CQC Preparation

We do not have the workforce available to meet the current demand: What are we doing?

- An 86% increase in the amount of home care purchased between April 2011 and April 2017.
- Investment from the improved Better Care Fund to increase the average hourly rate we pay home care providers.
- Worked with partners to develop a Workforce Strategy
- Investment in Home care agencies with training on values based recruitment
- NHS are using new apprenticeship models to help to make these roles more attractive in the medium term
- Collaboration on recruitment into care roles between private sector and various NHS entities is in its infancy
- Innovative HART recruitment campaign

A bottle neck in the reablement service leading to delays in people being discharged from hospital: What are we doing?

- Commitment not to revert to old behaviours of creating duplicate services
- Reablement Outreach Team review cases to ensure there is no over commissioning of care
- Improved Better Care Fund money used to commission 30 HART mitigation beds
- Increase in D2A additional service providing up to 24hr care in people's homes for 6 weeks
- HART are working to ensure they are fully staffed

System challenges: as Identified in CQC Preparation

High level of Delayed Transfers of Care: What are we doing?

- Agreement to jointly commission (OCC & CCG) a single pathway out of hospital for people going home
- Discussion about Intermediate care and Hub beds being consolidated in one place with one key provider partner
- Range of new admission avoidance models – 'community frailty/LTC teams' and Urgent Treatment Centres
- Pilot a rehabilitation pathway for Community Hospitals (ambition - can we achieve 'zero waits'?)
- The procedures to transport people home have been improved

Fragile Care provider market: What are we doing?

- Investment in business support to agencies
- Increase in the rate we pay providers to encourage them to remain in the market
- Refreshed investment in outcome based support plans
- Decision to explore the council introducing a small, flexible internal service

Lack of Winter acute beds response – as agreed at the System Flow Board on 13th October

Other system-wide preparation

Breaking the cycle week

- Chief Operating Officers committed to a system-wide Breaking the Cycle week beginning on 6th November 2017. Leading organisation – OUH
- Similar approach as the one during the Perfect week 2015
- In preparation, every organisation was asked to submit the Ask & Offer to OUH, who will then arrange a series of preparation meetings. Once the Breaking the Cycle week is over, all organisations will reflect on what went well and will identify areas for improvement. Outcomes of the Learning session (planned a week after) will inform the changes to be made to the Winter plan.

Communications

- Oxfordshire's Winter Communications plan (appx. 4) was approved by A&E Delivery Board in September.
- A&E Delivery Board agreed a budget for promotional campaigns

Winter 16-17 performance

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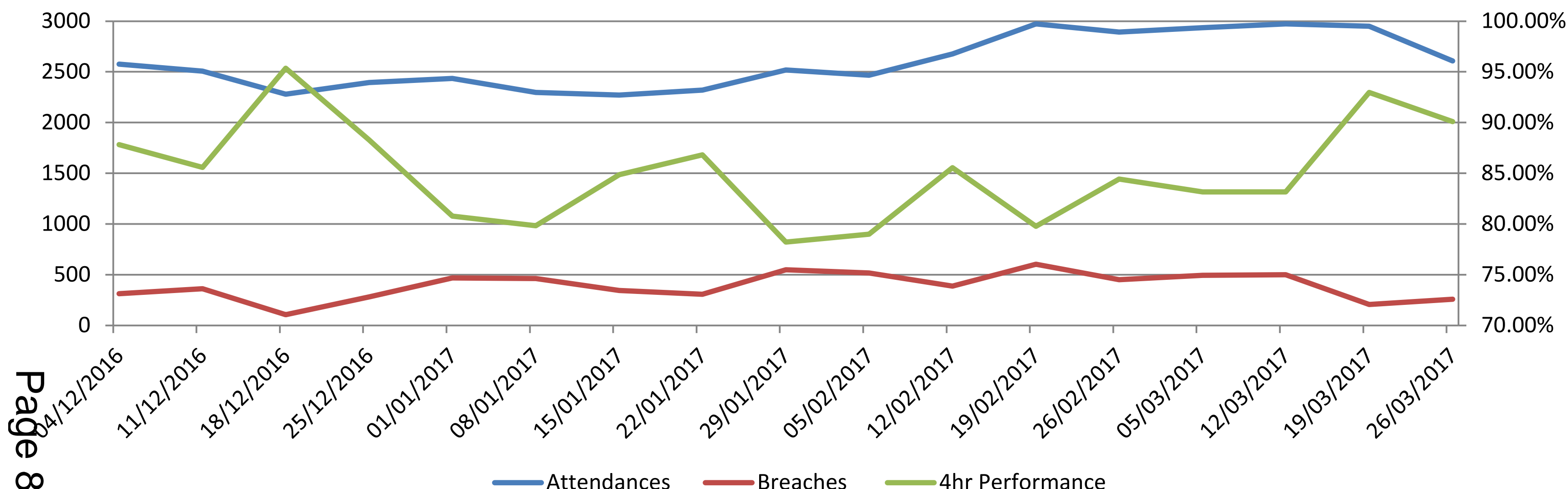

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Key Findings:

- The biggest rise in attendances in the 3 days after Christmas is in the age category of 18-59.
- From the 24th the average LOS in A&E will rise drastically and will likely peak just after new year's day.
- The increase in LOS with go from an average of 2:30 to nearly 4 hours.
- NELs peak in the 3 days after Christmas, and will return to normal levels prior to new year's.
- The 26th and 27th will see the largest increase in minors attendances, which will again peak around the New Year period.
- There is little to no trend in the Major attendances.
- Two North Oxfordshire practices (West Bar and Horsefair) had the most attendances at A&E during this time.
- Oxford City practices contributed the most attendances during this period.

Xmas & New Year Demand Modelling

	Attendances 16/17	2% Additional	Predicted Attendances 17/18
20-Dec (Wed)	316	6	322
21-Dec (Thu)	333	7	340
22-Dec (Fri)	296	6	302
23-Dec (Sat)	271	5	276
24-Dec (Sun)	321	6	327
25-Dec (Mon BH)	292	6	298
26-Dec (Tue BH)	376	8	384
27-Dec (Wed)	443	9	452
28-Dec (Thu)	334	7	341
29-Dec (Fri)	308	6	314
30-Dec (Sat)	334	7	341
31-Dec (Sun)	309	6	315
01-Jan (Mon BH)	355	7	362
02-Jan (Tue)	413	8	421
03-Jan (Wed)	344	7	351

A&E Demand Modelling

- Current year on year growth in A&E attendances in 2%
- Applying this to the winter period for this year shows an average increase per day of 7 additional attendances
- Utilising the attendances from 2016/17 and the additional anticipated demand provides identification of spikes in attendances
- Expected peaks include 26/27th of December and 1st/2nd of January

Current performance: System wide

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System performance is monitored on a monthly basis at A&E (4 hour) Delivery Board. A system wide task and finish group was formed to agree and source metrics and data to support the system.

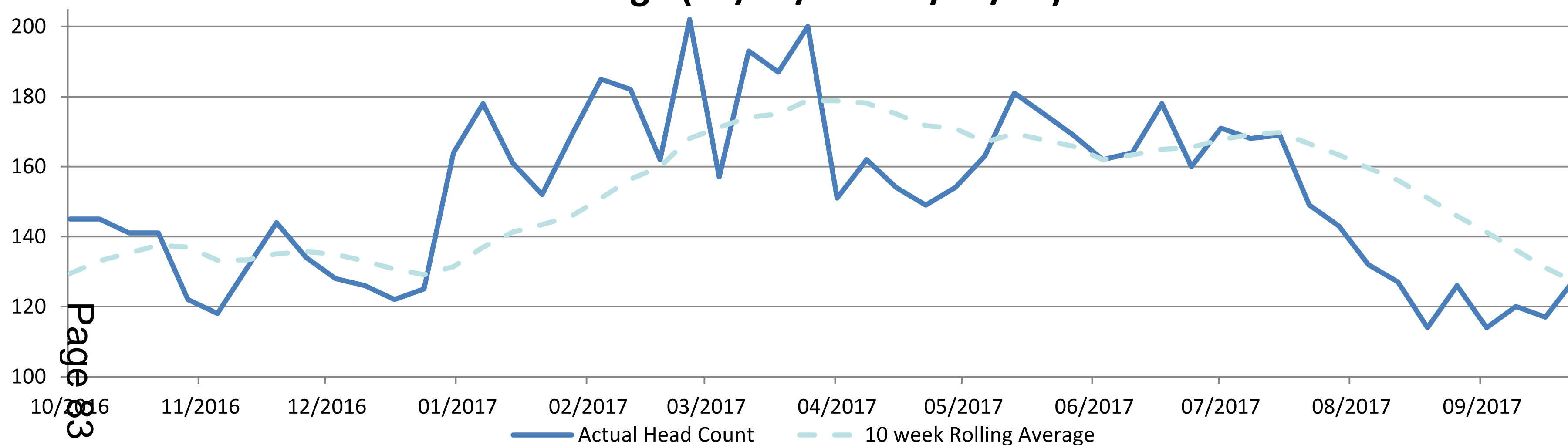
The Dashboard targets key metrics that act as "early Warning" indicators for Demand, Capacity and Flow. The dashboard also contains additional standards regarding achievements of targets in the Oxfordshire System.

Please see slide "Escalation and on-call arrangements" for a description how performance is monitored on a daily basis and what arrangements will be in place for Winter 2017 – 18.

A&E Delivery Board Performance Report

	Measure	Target	2017/18 Apr	May	Jun	Jul	Aug	YTD
Demand	ED attendances not above 16/17 outturn on month-by-month basis		172	238	768	-27	5	1178
	Emergency admissions not above 16/17 outturn on month-by-month basis		-121	-346	-245	-391	-258	-712
	111 - Total Activity		18545	17695	18348	17745	16204	103979
	111- % Transferred to All Clinicians (5.22)	30%	31.36%	24.11%	29.74%	28.48%	28.89%	27.54%
	111 - Number Referred to A&E	5%	1420	1381	1565	1406	1287	8127
	111- % Referred to Primary Care		57.36%	45.72%	51.34%	50.54%	51.48%	50.95%
	GPAF: Appointments Utilised	95%	2872	3855	3629	3964	3883	18203
	Total 999 Incidents		6440	7064	6722	6951	6650	33827
Capacity	Average Daily Beds Available - Acute (G&A Only)		91	71	60	58	70	70
	Average Daily Beds Available - Community Beds		3.4	3.5	3.9	3.7	4	3.7
	Average Daily Beds Available - Intermediate Care Beds		1.8	1.6	2.3	2	2.6	2.1
	Non-bed Capacity - HART delivered hours	8440	5691	6106	6039.75	6217.95	6348	6131
	GPAF: Appointments Available	6211	3843	5108	4850	5599	5684	25084
	% of OOH Shift un-filled	2%	3.7%	5.6%	8.9%	12.1%	13.2%	8.7%
Flow	Deliver a 15% cumulative reduction in DToC in OUHFT quarter by quarter, so 110 by Q1, 93 by Q2, 79 by Q3 and 67 by Q4		178					
	DToC Trajectory head count performance against trajectory (Starts in August)		154	181	178	169	114	
	CHC eligible patients moved on within 7 days of assessment decision (48 hours not yet available)		75%	45%	63%	55%		59%
	Where the patient is not fit for transfer to D2A bed CHC assessment will take place within 7 days			60%	78%	61%		66%
	Where the patient is fit for transfer to D2A bed the assessment will take place in that bed.			100%	100%	80%		92%
	Average Length of Stay - Community Beds	24	38	27	29	30.5	36	32.10
	Average Length of Stay - Intermediate Care Beds							2800%
	Average Length of Stay - Hub							
Additional Standards	**OUHFT 4 Hour Standard Overall Performance**	95%	88.84%	86.40%	82.78%	80.76%	84.78%	84.63%
	4 Hour Performance (Type 3 MIU/FAU)	95%	96.63%	95.37%	97.14%	96.98%	97.62%	96.63%
	Total AAU Attendances (inc EMU)		1184	1142	1244	1199	1123	5892
	Total Pick Ups - HART		176	177	175	197	174	1124
	Red 1	75%	75.7%	74.1%	70.4%	74.4%	70.5%	72.9%
	Red 2	75%	70.7%	69.9%	68.2%	70.0%	69.1%	69.6%
	Red 19	95%	94.1%	91.6%	91.0%	93.0%	92.4%	92.4%
	PTS - Planned Discharges %	35%	33.9%	30.1%	29.7%			31.2%
	Acute Discharges		6681	5490	6898	5477	5458	30,004
	Discharges before 12noon %	33%	19.2%	19.1%	19.1%	19.5%	18.7%	19.1%
	Conversion Rate from A&E	25%	25.0%	23.8%	22.7%	22.3%	24.2%	23.6%

Current performance (DTOC)



DToC Weekly Snapshot - Head Count

- The Oxfordshire weekly snapshot shows…
  - The total number of delayed patients rose and remained high between January and July 2017.
  - There has been a drastic reduction across the Oxfordshire system in the last few weeks (from July 2017)
  - This has returned the system wide position to below where is was in the same period in 2016.
  - Based on the trend from the previous years it is expected there would be a rise in the head count in Oxfordshire through the winter period. Our agreed trajectory is 99 in November to 83 in March.

Current performance (DTOC)

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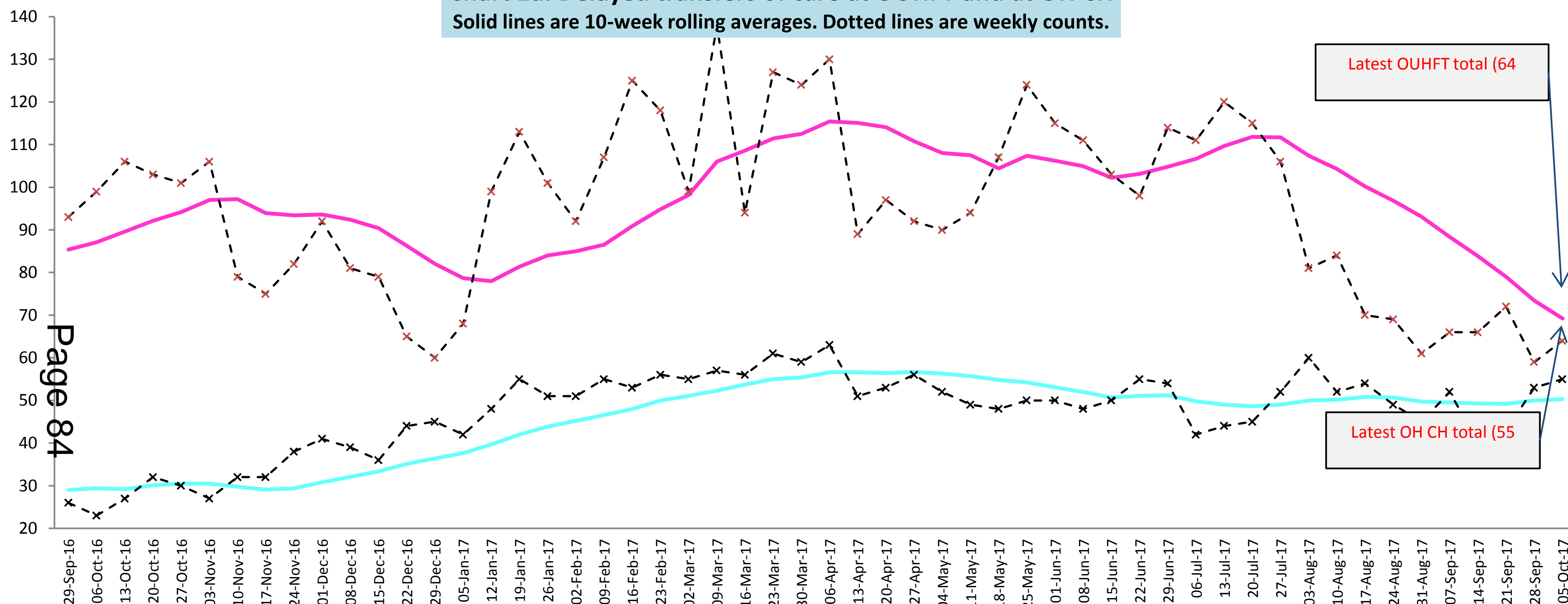

DToC Weekly Snapshot – Head count by Trust

- The Oxfordshire weekly snapshot by trust shows both NHS Trusts in Oxfordshire have risen quite sharply over the last year
- OUHFT Head Count is now 50% of the highest point during the previous 12 months
- OHFT Head Count is still higher than earlier in the year.
- The sharp drop in head count at the end of July 2017 was mostly contributed to by OUHFT who reduced the overall head count by a large proportion.

DTOC Trajectory

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151: Aug-17 → ✓ - 145

137: Sept-17 → ✓ - 120

109: Oct-17

99: Nov-17

97 :Dec-17

97: Jan-18

96: Feb-18

83: Mar-18

Reduction in System wide Head Count

Escalation and on-call arrangements

Winter Daily Dataset

- Currently the dataset used for daily escalation status determination is a report provided by Alamac (appx. 5).OCCG is in the process of designing a dataset especially for Winter, which would allow to spot risks and challenges earlier. A new dataset will include monitoring of stranded patients, bed occupancy levels, ambulance handover delays etc.

Daily Escalation in line with OPEL Framework

- We have agreed numerical triggers which used to form the basis of the daily escalation declaration, in line with the Operational Pressures Escalation Levels (OPEL) Framework that takes place at 11:00am Monday to Friday. These sets out the procedures across Oxfordshire, incorporating all health and social care organisations to manage day to day variations in demand.
- These triggers provide a consistent and co-ordinated approach to the management of escalation across Oxfordshire where local escalation triggers (appx. 6) have been applied since 2015.
- OCCG Directors on-call will have a training session in November 2017

OUH ED escalation framework now revised and restarted in September 2017

- Weekly system-wide reporting has been developed and monitored carefully within the Trust and through AEDB.
- Focus is on maintaining minors flow both 'in' hours and 'out' of hours – ring fenced staffing and supported by physiotherapy and pharmacist
- Focus on escalation and immediate action which is critical to create and manage flow from ED.

Repatriations

- South Central Onward Care Procedure March 2017. Escalation process in place for repatriations with ongoing monitoring. Escalation to CCG/NHSE and robust mechanisms are required between operational teams across counties to ensure patients are not unnecessarily delayed in their transfer of care to community and social care facility closer to their home.
- Funding of dedicated role to ensure a system whereby no patients are delayed whilst waiting to be repatriated back to their original ward/ DGH with tighter escalation process.
- Priority Northamptonshire to increase presence on HGH site, agree pathways and expectation, agree escalation process to be in place for Winter. Meeting to progress 11/10/17

Business continuity & Winter plans

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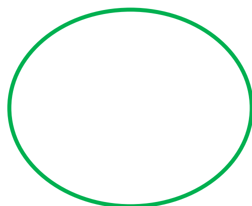
OCCG	OUH	OH	Social Care	SCAS
Available from OCCG upon request	Available from OCCG upon request	Available from OCCG upon request	Available from OCCG upon request	Available from OCCG upon request

Director on Call Rota

Held by OCCG; available upon request

New Initiatives: Pharmacy



Anything within the green circles are the areas anticipating impacts as a result of the planned initiatives during the winter period

Pharmacy services

Minor Ailment Schemes and PGD for management of UTI in place through community pharmacies – review and expansion of current schemes to increase availability for winter. This service is profiled to the DOS to maximise uptake.

Managing Demand Reduce ED Attendances

NHS England in partnership with 111 and the DOS in Thames Valley (Berkshire, Buckinghamshire and Oxfordshire) will go live with the National Urgent Medicines Service Advanced Service (NUMSAS) on Monday 25 September 2017. Pharmacies continue to register to provide the service so the geographical spread of participating pharmacies will increase over the coming weeks. The multiples Boots and Tesco's are starting to register their stores.

Managing Demand Reduce ED Attendances

Review and re-profiling of Directory Of Services (DOS) to maximise use of Community Pharmacy completed in August 2017. Pharmacy Choose Well Scratch Card Campaign will start in November 2017

Managing Demand Reduce ED Attendances

New Initiatives: Care Homes

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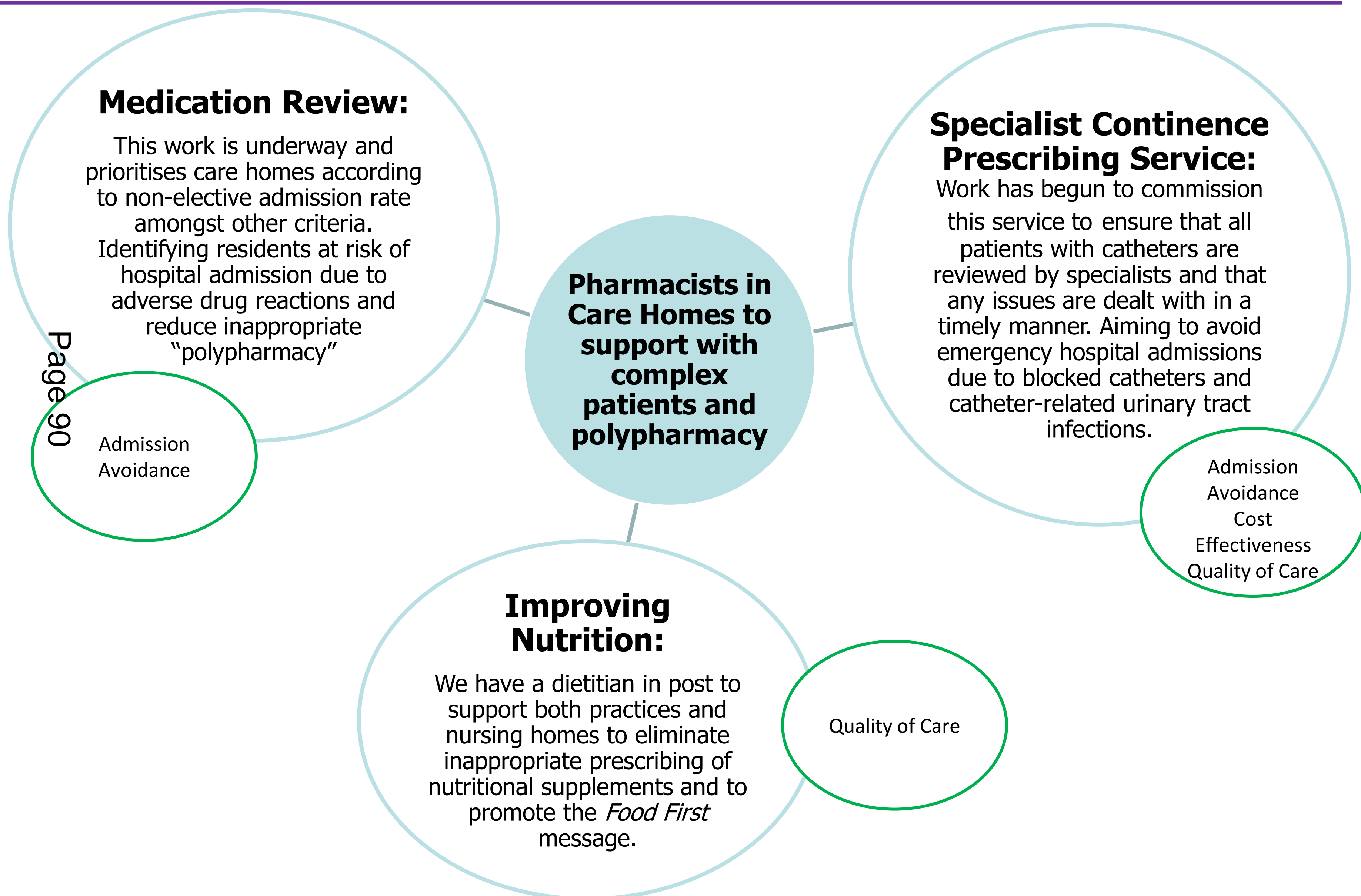

New Initiatives: Care Homes

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Enhancing health in care homes

Admission avoidance

Care Home Support Service

Commissioned from Oxford Health Foundation Trust. The Service was first introduced in 2010 as a two year pilot, the provision and commissioning of the service has subsequently continued. We are seeking to focus the support provided by the service to support discharge and management of complex patients so as to improve the capacity and capability of the nursing home sector.

Proactive GP support to Care Homes

Those care homes that have been supported by a GP who has signed up to the scheme there have been demonstrable and significant reductions in NELs; coverage of homes is around 55%. Further work is underway to develop a model of support that will be deployed during 2017/18 to care homes that will enable similar reductions in NELs from those care homes not covered by the scheme.

Oxfordshire County Council is working with CCG and system partners to reduce the number of admissions from care homes. Recruitment underway for a senior joint post overlooking Care Homes. Initiatives include working with the Care Home Support Service to provide support to homes with highest admission rates. Funding dementia specialist nurses to provide additional short-term support to homes when they accept someone with challenging behavior related to dementia.

Appendix 8 – Care Home phone support pilot scheme

New Initiatives: Primary Care

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Primary care: Possible increase provision in hours using slippage in the winter months

Support practices to be sustainable over the winter months

Use of resilience support to those practices highlighted as in need of support

Maximum provision and utilisation of GP access appointments Out of Hours GP appointments offered by the Federations through the Hub model. Services during the week will be scheduled based on reviews of peak out of hours activity and high demand periods in practices. GP services will be available during core hours over the winter period.

Reduced Demand in ED

In Hours

Possible increase in provision

The CCG is commissioning an additional GP appointments on key pressure days that may be delivered through practices or GP access hubs. We expect to also provide additional GP access hub appointments over the winter period to ensure that primary care capacity is maintained over the winter period.

Out of Hours

Federations Hub model (GPAF) Services during the week will be scheduled based on reviews of peak out of hours activity and high demand periods in practices.

Oxford Health Out of Hours service (winter plan – appx. 9) Demand and capacity planning to meet the requirements on days of expected increased demand.

Weekly meetings will be arranged to ensure all these items are being covered off. To provide essential assurance that the service is effectively planning for winter pressures a regular brief weekly update will be provided to commissioners on a regular basis

New Initiatives: Flu

Flu vaccinations

Action Plan in place to demonstrate how all groups of patients who are entitled to influenza vaccine this season will be able to access a vaccination. This year the system will also be funding Flu vaccination programme for Social Care workers (appx. 10) i.e. domiciliary care and care home workers (approx. 6226 people).

Actions to address low uptake:

Oxford health has been commissioned to increase the provision of influenza vaccination for school aged children to include reception and year 4. As this occurs within school hours, it enables school nurses to vaccinate larger numbers of children within specific clinics in school.

Continue the use locality groups to highlight key messages and resources

Communications Plan underway to promote awareness of flu campaign and key NHSE 'stay well this winter' resources through locality groups, GP bulletin and use of social media. Use disease specific leaflets in key areas such as hospital outpatient clinics link with pharmacy.

Dial in to weekly teleconferences to monitor activity and vaccine uptake – use this information to identify practices who are not performing well

Use Immform to monitor activity and identify practices who are performing below the expected level & use last year's cover data to identify key practices where uptake was low and increase communication with these practices, assisting in removing barriers to uptake

Provide maternity services with key resources and materials to support discussions between midwife and women to highlight importance of flu vaccine.

Staff will be asked to sign the forms confirming that flu vaccinations were offered when they decline the vaccination

Flu vaccinations action plan – appx. 11

Flu vac programme comms plan – appx. 12

New Initiatives

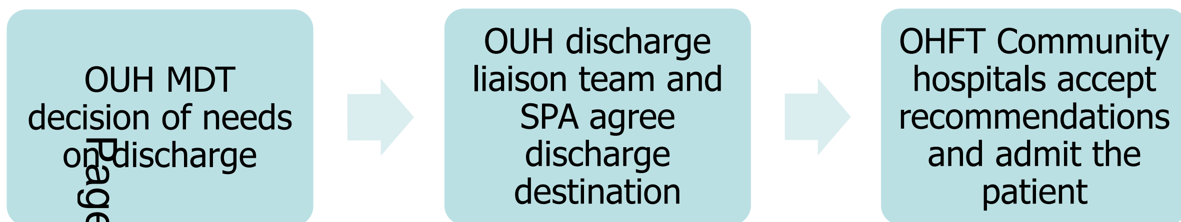
Trusted Assessor

OCC are working with Order of St John (major block provider of care home beds) to pilot a care home trusted assessor model to facilitate access across Oxfordshire to 18 homes October 2017

Agreement of OUH OH Acute to Community trusted assessor model (appx. 13) to be implemented from 16/10/2017

Discharge patient cohorts (appx. 14) and criteria (appx. 15) for use of step down beds

Reduce LOS Improve Patient Outcomes



Complex Discharges

Complex Discharges Task & Finish group was set up in August 2017 to improve the way complex discharges are managed; the group is meeting monthly.

The Group is focusing on ensuring consistent approach in applying the Choice policy across the county; purchasing dementia/EMI beds, setting up a complex patients management team and exploring the possibility of extending the scope of Extra Care housing. Learning will be [illegible] the Breaking the Cycle week (w/c 6th November 2017).

Reduce LOS Improve Patient Outcomes

Terms of Reference – appx. 16

New Initiatives

Hospital at Home

- Hospital at Home - In advance of Winter 2017/18, we are working with providers to develop effective and universal pathways for referrals and standardised working protocols.. The desired outcome of this work is improve patient pathways and to work collaboratively with all providers and have a proposal acceptable to all which is equitable across Oxfordshire.

Reduce LOS
Reduce
Admissions

Third Sector Initiative

- To reduce social admissions and improve discharge we are working with the third sector to support at risk patients such as those living alone, housing, benefits, dementia, self funders. In line with evidence from the hospital to home service is provided by Age UK in St James' University Hospital in Leeds. The service has two arms, one works with patients attending A&E to avoid admission to a hospital base ward, the other provides support to patients who have been admitted to hospital and need support in the discharge process.

Reduce LOS
Reduce
Admissions

North East Oxfordshire Pilot for Non-Registered Staff

- Multi organisational training delivered to non-registers health and social care workers
- Initial sessions are based around "Identifying Deteriorating Patients"
- Targeted workforce includes:
  - Domiciliary Care workers
  - Care Home Staff
  - Carers

Reduce LOS
Reduce
Admissions

New Initiatives - SCAS

SOS Bus

- A dedicated ambulance vehicle stationed in the centre of Oxford to care for and respond to alcohol related incidents and minor injuries. The vehicle will be crewed by minimum of 2 SCAS clinicians, a RAF emergency nurse and a SCAS non-clinician. The vehicle will attempt to See and Treat as many patients as possible without then referring these patients onto the A&E department
- Cohort of patients: Alcohol related incidents including minor injuries. Most likely young adults but not restricted to any age range
- Timescale for Go-live: Friday 10th November 2017 - Monday 7th January 2018 every Friday and Saturday evening from 22:00 - 05:00 and major event days (e.g. new years eve)

Reduce ED attendance; reduce demand 999 demand

Increase PTS Support to ED

- Dedicated Discharge vehicles during core hours Monday to Friday to support the acute Trusts and the pull of discharges and transfers back into the community as well as supporting increased activity out in the community hospitals. Resource to be managed directly by the OUH Bed Managers team with the crew recording details of journeys on paper and these being entered retrospectively onto our system for data collection and reporting purposes.
- Timescale for Go-Live (subject to funding approval): Monday 30th October 2017 - Friday 2nd March 2018
- Impact: This would largely impact A&E and EAU within the OUH sites however will also support discharges out of medical and surgical wards as required and determined appropriate by the OUH team. (A&E 4 hour target, NEPTS Discharge Pick Up). This would give greater resilience and make it less likely that any patient journey will be declined, as well as faster discharges out of the acutes to assist with patient flow, pressures at ED and other critical departments within OUH sites.
- Cohort of patients: Patients requiring transport for discharge out of A&E, EAU and other critical wards across OUH sites

Improved flow

Front door

New process in place for receiving and managing ambulance stream

- inclusive of timely observations and cue cards. Implementation of the Medical Rapid Nurse Assessment (mRNA), supporting and enhancing the RNA process introducing a senior decision maker at times of surge. On-going review of the nursing and medical staffing models to ensure they are sufficient to meet dynamic clinical need, responding to the varying levels of patient acuity and activity in the Emergency Department. Deployment of safer care bundle, handover review between lead clinician and Senior Nurse.
- All patients who present via ambulance services are triaged and assessed within 15mins of arrival. In addition to this, patients are signposted as Sepsis, trauma over 65yrs etc. This is to ensure that the high risk patients are seen by senior decision maker within 30 mins or earlier of arrival.

4hr performance

Mental Health Capacity and Crisis Management

- Patients presenting to the Emergency Department with mental health conditions requesting specialist input are reviewed by the Emergency Department Psychiatric Service (EDPS). Patients are seen within 60 minutes in JR and 90 minutes in HGH once the patient is fit for assessment.

4hr performance, Improved Pathways

Clinical Coordination Centre

- Available to primary care clinicians, ambulance clinicians and to clinicians supporting care settings such as care homes and community hospitals. Operates for extended hours seven days a week. Senior clinical decision makers accept calls directly proactively working with referring clinicians to better determine the appropriate service, timing and venue of care, aiming to avoid reactive, non-patient-centred hospital attendance whenever appropriate e.g. Ambulatory Assessment Units (AAUs) on the same or the following day with pre-arranged diagnostics, rather than attend EAU or ED immediately, unscheduled and without prior workup.
- From October - Mobile phone held by a consultant in Acute Medicine, Trauma, Gastro, Emergency Surgery, ENT, Plastics, Cardiology, Oncology and Urology 0900-2100 7/7

Reduce Admissions

Primary Care Streaming

- Phased Implementation from December 2017
- Primary Care Streaming - It is imperative that the OUHFT fully embraces the potential that ED Streaming brings, given the requirement to provide sustainable Urgent Care and to achieve 90% of the performance standard in 2017, maintaining this as a minimum until achieving 95% by March 2018. Recruitment has commenced for Acute Interface GPs, offering portfolio job plans.

4hr performance

Community and intermediate care services respond to requests for patient support within 2 hours

- The re-tendered Urgent Response and Telecare Service is up and running. New service started with DANA on the 18 Sept

Reduce Admissions

Improving Patient Flow

4hr Performance, LOS Reduction, Improved patient flow and outcomes

OUH Urgent Care Pathway 2017/18 – Improving Patient Flow Plan

- Presented to September A&EDB & outlines the case for a continuation of the transformation in Urgent Care. Adoption of good practice in patient flow (the ability of systems to manage patients effectively and with minimal delays as they move through stages of care) is essential. The drivers for change are growth in both *need* and *demand* for 'hospital services' together with a change in the nature of each. This detailed plan describes pragmatic delivery of the on-going requirements of a safe and responsive urgent care service which demonstrate an emphasis on value-adding activities, given known workforce and financial constraints.
  - Pre hospital pathway support – to primary care, SCAS.
  - Physician in reach into ED (between peak ambulance arrival period 1300 – 2000hrs) and streaming direct to specialty. In addition at times of extreme congestion there is an urgent need for streaming of patients direct to specialty following triage in the ED to avoid over-crowding and to improve patient care and experience. A standard operating procedure covering those specialties that interface most frequently with ED is in place.
  - ED Staffing – Acuity and Dependency exercise completed and expected to demonstrate increase nursing needs and increase consultants at peak times in order to enhance capacity for timely management of patients in ED.

Introduction of Emergency Frailty Team

- Integrated team from HART, Acute Hospital at Home and therapists
  - AAU medical support
  - Active in reach to ED, EAU and AAU to assess frail patients quickly, and 'Discharge to Assess'

Improving Patient Flow

ED Paediatrics

- Attendances by children to ED in Oxfordshire are about 25% of all ED attendances and are increasing annually. Following collaborative work between the Emergency Department and Paediatric Medicine there is a proposal to reconfigure the Paediatric Emergency Department (PED) to integrate relevant specialist resources. The case for change is one of an improvement in performance, a reduction in admissions and improved quality – addressing CQC requirements of improvements to privacy and confidentiality, patient flow and multi-disciplinary working. The proposal is at an early stage and requires further work, but offers the prospect of improved value, performance and patient experience. In the immediate term an additional PED navigation nurse with no clinical duties at the busiest times of day between 12.00-24.00 will work alongside the Paediatric/PED consultant to manage patient flow.
- Paediatric Navigational Nurse with no clinical duties to work mid day to mid night to manage flow alongside the PED Consultants (25% of ED activity is children)

4hr Performance, Improved patient flow and outcomes

Full Capacity Protocol

- A Full Capacity protocol has also been implemented. This effectively means that a patient awaiting admission from ED or EAU would to sent to the admitting ward at times of extreme pressure, to 'board', pending the discharge of another patient.

SAFER Bundle

- SAFER implemented with MRC; NOTTS and SUON divisions. OCCG visited some wards within MRC and NOTTS to review how SAFER was implemented and how it had been embedded.

Improved patient flow and outcomes

Expand resus capacity

- This will expand the capacity in resus and ambulatory major capacity access to dedicated imaging to ensure fastest possible diagnosis and treatment to reduce congestion

Reconfigured medical model

- Acute (first 48 hours), Complex (multimorbidity) and Ambulatory (same day) Medicine.

Improved patient flow and outcomes

Improving Patient Flow

Real Time Bed Management

- Real Time Bed Management system not in place. OUH working with Cerner and IM&T colleagues to review Cerner bed board. Once agreed it will take at least 6 months to implement. – no timescale commitment given.

Management and monitoring bed occupancy and stranded patients

- Discharge coordinators in EAU to support achievement of 12 hour policy

Monitored through daily SitRep

Reconfiguration of Acute General Medicine with named consultants supporting:

- Acute Medicine (EAU and short stay wards)
- Complex Medicine (including Frailty)

End of Life

In Hours	Out of Hours
• End of Life Matron Service • Katharine House Hospice • Marie Curie Night Service • Fast track Coordination of Marie Curie Night Service (in hours) • Sobell House Hospice • Sue Ryder • Kate’s Home Nursing • Lawrence Homes Nursing • CRUSE	• Urgent Care Out of Hours service • Hospital at Home • Marie Cure -> Fast Track Coordination • Sobell House Hospice

Discharge

Medication on Discharge

- Implement "one stop" ward rounds whereby TTOs and ordering of test are undertaken at the time of review rather than after the ward round.
- In addition, TTO listing is now live in Trauma and stroke units (JR site) and 7C. The ePMA discharge summary has been updated for the new process i.e to show TTO list has been signed off by the doctor. This enables the TTOs to be physically handed over to the patient. This pilot will be rolled out across the trust.

Discharge

Seven-day discharge capabilities

- Oxfordshire is committed to improve the availability of health and social care services 7 days per week, particularly where they support discharge and prevent unnecessary admission. The system carried out an exercise to scope to what extent the 7 day working arrangements are in place and the findings were as follows:
- 1. All organisation have plans in place to extend routine working across a 7 day week;
- 2. OUH is a National Early Implementer for 7 day working. The Trust ensures that ward rounds take place twice a day (inc. weekends and Bank Holidays). Availability of diagnostics and pharmacy has been increased at weekends and there are plans to extend further;
- 3. The majority of Oxford Health services operate 7 days per week from 8.00 a.m. to 10.00 p.m. as a minimum;
- 4. Adult social care has recently improved operations at weekends across acute and non-acute inpatient bedded areas, within emergency multidisciplinary units and Emergency Departments.
- 5. A number of care agencies and residential care providers have a more flexible approach supporting the system at the weekend and particularly during high demand holiday periods.
- 6. Oxfordshire is working with NHSE as part of the Winter Review Group to develop Standardised Operating Procedures for Discharge.

Discharge

Discharge to Assess

- "Home First" approach when discharging patients from hospital and utilising D2A principles to facilitate discharge for more complex patients - the model is implemented with HART (Hospital Assessment and Reablement Team) being the primary service for assessing people returning to their own homes. Where HART has insufficient capacity, people who would have used this service are being discharged to Hub beds or to another home care agency, DANA, that has been specifically commissioned to provide increased support to HART service. The new model is provided by OUH and is integrated into the Discharge & Liaison Hub and works to improve flow out of hospital and also prevent admissions through the community based service. There have been significant mobilisation problems relating to recruitment and staffing the new service and the system has dedicated significant resource from within the BCF and iBCF to mitigate the resulting pressures and support flow. HART performance mitigations action plan as of September 2017 embedded and trajectory (reduction of DTOCs due to delays in HART) below:

		Aug			Sep			Oct			Nov			Dec		
	RAG	Targ	Act.	Var.	Targ	Act.	Var.	Targ	Act.	Var.	Targ	Act	Var	Targ	Act.	Var.
HART		60	47	-13	58	41	-17									
Total		151	**145**	-6	137	**120**	-17	109			100			97		

CHC Assessment beds

- Continue to purchase dedicated CHC D2A beds for those people who checklist for full assessment in line with the National Framework. These beds will be within the hub bed stock to support the onward assessment and discharge of anyone who does not fulfil CHC criteria on assessment. These beds will be used to deliver the target that no more than 15% of CHC assessments taking place in hospital.

EMI bed model

- CHC and Adult social care budgets will be used to purchase block beds using an established and successful model; looking to block purchase beds in few locations across the county, so that appropriate medical and other support can be built in. The contracting model will build in a Trusted Assessor mechanism to ensure timely flow into vacancies and will have agreed escalation and support protocols to avoid unnecessary NELs

Discharge

Complex needs beds model

- In addition to the EMI beds, there is a gap of beds for people with complex behavioural needs and/or high level of physical disability. The demand is lower, but these are often the most complex discharges. See slide 23 (new initiatives – complex discharges) for more info.

Hub and hub beds

- Discharge and liaison hub based at the acute trust, overseeing and co-ordinating flow out of hospital, to be extended and will manage dedicated step down beds that will be used as D2A function to assist flow where patients are medically fit for discharge, but do not have rehab needs.

Therapy Support to HART

- Therapists working as part of the MDT team within HART

200hrs of contingency care

- Provider – OH. Started w/c 9th October 2017. OCC is exploring possibilities to procure further 200 hrs of contingency care

Discharge

NHS
Oxfordshire
Clinical Commissioning Group

Early discharge planning

- Early engagement of patients with relatives and/or carers in hospital for discharge decision and planning;
- Early planning in the community in preparation of a hospital discharge.

OUH	Oxford Health	Social Care
Discharge planning starts on the day of the admission; patient is also given a "Planning your discharge" leaflet upon admission. Daily board round with the MDT reviewing the EDD and providing regular communications with families to agree discharge plans are in place. Carers are kept informed of expected date of discharge and ward staff refer and discuss patients with community team during the discharge planning process. Contact assessment (Section 2) sent within 48 hours.	Discharge planning starts on the day of admission. Daily board rounds with the MDT reviewing the EDD and providing regular communications to families/carers to agree discharge plans. Weekly review of all patients who are MDT-fit and awaiting support to return home or onward placement.	Social workers involved in MDT for daily board rounds where EDD is set and reviewed. Social care input provided on discharge plan where required. If care is required, planning begins for sourcing once contact assessment (Section 2) is received. Two new social work posts to work with MDT in "Front door" 7 days per week identifying/arranging alternatives to admission & intelligence re those people who will need social work involvement once medically fit.

Appendix 2: Winter Communications Activity

1. Introduction

The following provides an update on the communication activities for the winter campaign across Oxfordshire.

2. Background

As already outlined in the winter pressures paper winter can be seriously bad for our health and a challenging time for the NHS, particularly urgent and emergency care services. A joint national initiative from NHS England and Public Health started on 12 October 2017 aimed at the following groups:

- all children aged two to nine on 31 August 2016
- all primary school-aged children in former primary school pilot areas
- those aged six months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers

The campaign is not about preventing those that need urgent care form going to hospital, but aims to help those that are most vulnerable to falling seriously ill with winter ailments, avoid needing hospital treatment by providing simple advice to protect them, including:

- Getting a flu vaccination
- Heat your home to at least 18 degrees (65f), if you can
- Seeking immediate advice and help from a pharmacist as soon as they feel unwell, before it gets too serious
- Keeping an eye on elderly or frail friends, neighbours and relatives
- Getting prescriptions before Christmas Eve
- Take your prescribed medicines as directed.

Seasonal flu immunisation is an important part of the NHS winter plan. Immunisation protects vulnerable individuals and can help reduce pressure on primary and secondary health services in the winter months.

3. Communications Objectives

- Raise awareness and understanding of the benefits of Flu immunisation to:
  - .1. Ensure all those who are eligible for flu vaccine this year, and their carers, know how important flu vaccination is and take up the vaccination themselves
  - .2. Explain the wider benefits of the seasonal flu programme and maintain public confidence in the programme
  - .3. Ensure that schools and parents understand the importance of why the vaccine should be given to children, and that schools understand the role they have to play in hosting the vaccination programme.
- Support the national winter campaign to ensure that local people who are most at-risk of preventable admission to hospital are aware of, and motivated to take action, to avoid admission this winter.
- Raise awareness of, and motivate people, to self-care where possible this winter by signposting where they can turn for advice, particularly NHS Choices, their local pharmacist and NHS 111.
- Maintain public trust and confidence in the ability of local health and social care services to withstand the challenges that winter brings
- Target specific messages at identified key audiences i.e. mothers of young children and pregnant women.

4. National Activity

NHS England and Public Health England launched the national Flu vaccination campaign on 12 October 2017. The campaign includes the following:

- All Pharmacies received campaign packs for the Stay Well this Winter campaign, these were distributed the week commencing 2 October.
- NHS Employers are running the 'Flu Fighters' campaign to support the flu vaccination of healthcare workers as done in previous years.
- A series of press releases are being issued nationally aimed at targeted groups:

30-Oct	Children (Age 2 and 3)
06-Nov	Long term conditions /Chronic Heart Disease
13-Nov	Learning Disability
20-Nov	Over 65s
27-Nov	Diabetes
04-Dec	Healthcare Workers

- NHS England will launch the Stay Well this Winter campaign on 13 November 2017 and this will run until March 2018.

5. Oxfordshire Clinical Commissioning Group (OCCG)

Nationally the winter campaign is 'Stay Well this Winter' however, in Oxfordshire, there are concerns about inappropriate attendances in services.

Research shows that a significant number of people choose to go to the A&E when there are other services more convenient and suitable for their needs, however, evaluation undertaken by the Department of Health shows that, people are confused about what counts as an emergency and this is supported by the other evaluation research reports. This appears to be the key challenge that all campaigns that are aimed at reducing inappropriate A&E attendances must overcome.

The research indicates that that people believe that they have a good understanding of NHS services and that they do not use them inappropriately. People agree with messages telling them 'A&E is for emergencies only' as they believe that they only attend A&E when they have an 'emergency' as they see it. So these types of campaign will not change people's behaviour and may well reinforce the 'wrong behaviour'.

Delivering the 'Stay Well this Winter' campaign is more appropriate than a specific behaviour change campaign, although sign-posting to appropriate services can be helpful to raise awareness of alternatives / what is available. In view of this, our approach has been to continue with the preventative approach of Stay Well this Winter and to encourage all front line staff to be responsible for appropriate signposting of services, to support patients to go to the right location for their health need.

OCCG is leading on system wide messaging for the flu vaccination programme and the more broader Stay Well this Winter campaign.

5.1. Activities to support our messaging

OCCG Communications campaign has focussed on supporting the national Stay Well campaign as follows:

- Stay Well this Winter – National Campaign promoted on CCG website and all of our comms campaign this year is following the national messages.
- Stay Well This Winter posters and leaflets have been distributed to all GPs in Oxfordshire.
- Social Media advertising aimed at mums and pregnant mothers started on Tuesday 10 October and will run until 23 November https://www.facebook.com/1752640315045498/posts/1752778805031649 . As of 30 October the reach has been:
    - 1,167 link clicks
    - 47,972 reach
    - 178,054 impressions
    - 1,187 page engagement
- A flu press release was issued on 11 October. A series of further press releases will be issued as follows:

9-Oct	• Download the phone app to find health services quickly • Launch of Flu vaccination campaign
23-Oct	Scratchcards signpost people to the right services

30-Oct	Flu Vaccination for the over 65s
06-Nov	Flu Vaccination for people with long term conditions /Chronic Heart Disease
14-Nov	Launch of Stay Well this Winter
20-Nov	Keeping seasonable coughs and colds a bay
4-Dec	Order prescriptions in time for Christmas
11-Dec	12 Tweets of Christmas
18-Dec	Bank holiday pharmacy opening times
25-Dec	Keep warm keep well

- Paid for advertising - Radio Campaign with Jack FM started on Monday 16 October and will run until 12 November
- Bus advertising will go live w/c 27 November
- Paid for advertising aimed at student via social media starts w/c 30 October
- 12 Tweets of Christmas will launch in December – with press release and social media.
- Carer Vaccination campaign joint with County Council will launch in November.
- Ongoing promotion of our Phone app to help people choose the right service – current downloads are 3,400: https://itunes.apple.com/gb/app/choose-well-oxfordshire/id869325684?mt=8 .
- Newly developed scratch-cards to support people making the right choice about which service to use have been distributed to Pharmacies and other locations including pubs, working men's clubs and others. The distribution is ongoing with a press release launched on 23 October.
- Oxford Health FT post live waiting times for MIUs via social media which is supported by OCCG social media.
- Information about alternatives to A&E is available on Oxford Health and OCCG websites.
- GP Access / extended hours was promoted extensively throughout the summer 2017. This will be promoted throughout the winter months.
- The CCG website promotes the MIUs and FAUs and other services in Oxfordshire.
- Pharmacy opening hours is promoted on website, social media and via press release in advance of bank holidays.
- All messages are shared with our providers and the county council for them to promote too.

5.2. Examples of communications collateral

Flu jab material:

NHS Oxfordshire Clinical Commissioning Group

Like Page

Sponsored ·

Don't delay, book an appointment today. Protect yourself from flu throughout the cold months.

NHS

Think you'll be ok to study or see friends when you've got Flu? No way

Get your flu jab now

STAY WELL THIS WINTER

Book an appointment with your GP

Ensure a healthy Autumn/Winter for yourself!

OXFORDSHIRECCG.NHS.UK

Learn More

Like Comment Share

Scratch Card:

NHS
Oxfordshire
Clinical Commissioning Group

Right Care, Right Place in Oxfordshire

Test your knowledge of NHS services

Where do you go for treatment if you have the following illnesses, injuries or symptoms?
Scratch the window you think gives the right answer.

Conditions, Injuries & Symptoms	Service	Service	Service	Service	Service
Mild cold, coughs or sore throat	Self-care	Pharmacy	GP practice	Minor Injuries Units (MIU) and First Aid Units (FAU)	A&E
	Yes	Yes	No	No	No
Mild headache, earache or eye infection	Self-care	Pharmacy	GP practice	Minor Injuries Units (MIU) and First Aid Units (FAU)	A&E
	Maybe	Yes	Maybe	No	No
Deep cut, severe sprain, a broken bone or minor burns	Self-care	Pharmacy	GP practice	Minor Injuries Units (MIU) and First Aid Units (FAU)	A&E
	No	No	No	Yes	Maybe
Severe chest pain, difficulty breathing, severe blood loss, choking or a suspected stroke	Self-care	Pharmacy	GP practice	Minor Injuries Units (MIU) and First Aid Units (FAU)	A&E
	No	No	No	No	Yes

How well did you choose?

No — You need to refresh your knowledge of health services (see over)

Maybe — If the symptoms worsen, another service may be required

Yes — Well done, you made the right choice

6. Oxford University Hospitals NHS FoundationTrust (OUHFT)

The following activity has been undertaken by OUHFT

6.1. OUHFT staff flu programme:

The staff flu programme 2017/18 began on 2 October:

- Over four weeks, **forty drop-in flu clinics** were held across four hospital sites. Times ranged from 7am until 6pm.
- From 30 October until the end of November staff will be able to get their flu jab from:
  - The Centre for Occupational Health and Wellbeing
  - Over 75 ward vaccinators based across four hospital sites
  - The Women's Centre open from 8am until 4pm Monday to Friday and from 8am until 1pm on Saturdays
- The OUHFT will continue to encourage staff using global emails, announcements, tickers etc.
- Methods of communication to staff has been as follows:
  - Intranet site
  - Coundown clock prior to start of programme
  - Webpart on intranet linking to internal website
  - Flu video (on screen in hospital entrance)
  - External page on www.ouh.nhs.uk where flu dates and times were published (now removed)
  - Globals
  - Ticker tape (messages running across computer screens)
  - Announcements
  - Staff Update
  - Screens
  - Trust Diary
  - External website – with twitter feed pulled through
  - Twitter #OUHflufighter @OUHospitals 'Thumbs up for the flu jab'
  - Facebook
  - Yammer
- A Wrap-up for Christmas programme of drop-in clinics will start end of November/beginning of December for three to four weeks.

- Posters and publicity material are distributed throughout the four sites prior to the start of the programme. Regular media updates are issued. Email signatures promoting the flu programme are available for download to all staff.

Last year's staff uptake at the OUHFT was 65% (highest in recent years has been 67%.) Figures at end of week 3 campaign show that 47% of OUH staff (5453) have been vaccinated.

6.2. External Communications

- Radio interview on drive-time with Dr Tony Berendt, Medical Director and Lead on staff flu programme
- The women's centre offers the flu jab to all pregnant women at their ante-natal appointments.
- A new app has been developed an app enabling vaccinators to register consent with an IPAD.
- There have been 21 Tweets over the previous months which have resulted in the following impressions per tweet: 1333, 1750, 1204, 1411, 1574, 11230, 1231, 1035, 1156, 1986, 994, 1494, 1357, 1106, 1812, 1410, 1605, 1163, 656, 658, 1808
- OUH produced 13 posts from 25 September to 24 October have resulted in the following reach per post: 5435, 1362, 2538, 3739, 2213, 3145, 1917, 1426, 1980, 1772, 2222, 3808, 4913

7. Oxford Health NHS Foundation Trust (OHFT)

The following activity has been undertaken by OHFT:

7.1. OUHFT staff flu programme:

OHFT are currently carrying out a comprehensive vaccination service via their Occupational Health team across all their trust sites and a schedule for the clinics is widely publicised via their intranet and through the weekly all-staff newsletter. At present there is an uptake rate of 24.55% (1,127 vaccines). The trust will continue to promote the flu jab to staff through the winter period with a particular drive over the next month.

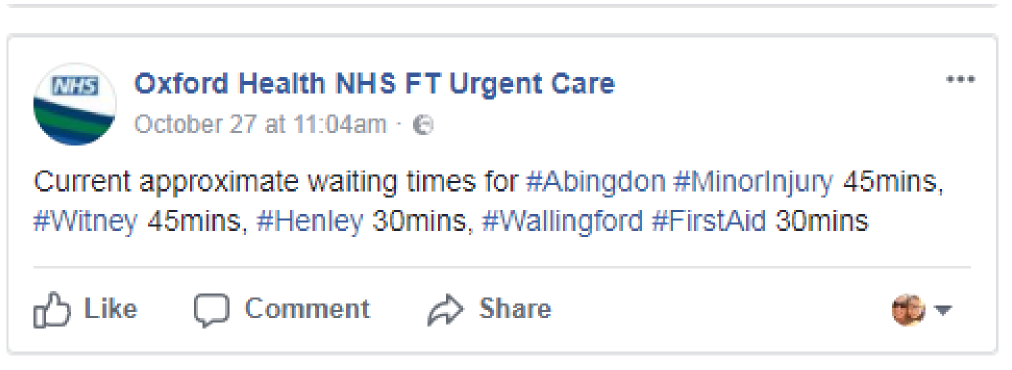
7.2. School Vaccination programme

School Health Nurses are carrying out vaccinations as part of their role across primary schools in Oxfordshire. The Community Nursing Teams are also administering vaccinations to patients in the community.

7.3. External Communications

The following facebook activity has been undertaken:

- 7 Oct – shared NHS Flu Fighters video – watched by 312, reached 834
- 31 October – shared NHS Flu Fighters video – no stats available
- 11 October – shared Asthma UKs post about looking after yourself in the winter months, which included promoting the flu jab – reached 481 people (School Health Nurses page)
- OUHFT have also promoted their waiting times for minor injury units and first aid units on facebook:



8. Oxfordshire County Council and OCCG vaccination programme for Carers

From November 2017 all direct (paid for) social carers across Oxfordshire will be able to get a free flu vaccination at pharmacies or GP Practices. This is a new initiative and is a local addition to the flu strand of NHS South Central's 'Stay Well this winter campaign'. It has been developed in recognition of the value of direct carers, the importance of their wellbeing to the essential role they play in the health and social care system.

This campaign has not yet started but it is anticipated that the vaccination programme will be aimed at:

- All direct carers, whether employed directly by a care provider, by a care agency or employed directly by a family or individual.
- This includes the following roles:
    - Care worker, specialist care worker, senior care worker, care coordinator, senior care assistant
    - Personal assistant, day centre worker, activities coordinator, support worker
- This includes everyone working in direct care in the following settings:
    - care homes (with or without nursing)
    - extra care housing services
    - supported living services
    - domiciliary care services (community)
    - community learning disability services

Oxfordshire Health Overview and Scrutiny Committee – 16 November 2017

Chairman's Report

Health and Social Care Liaison

The Chairman and Deputy Chairman have attended the following informal briefings with representatives from health and social care organisations since the last meeting of HOSC:

- 12 September – Oxfordshire Clinical Commissioning Group
  The Deputy Chairman was involved a stakeholder discussion as part of the process for selecting candidates for the position of Clinical Chair of the CCG. Following an election involving all 70 of the county's GP practices Dr Kiren Collison has been appointed as the new Clinical Chair.

- 2 November – Oxfordshire Clinical Commissioning Group
  The Chairman was involved in an external stakeholder panel to inform the recruitment process for a new Chief Executive of the CCG. The outcome of this process is still awaited.

- 7 November – Care Quality Commission
  The Chairman met with CQC inspectors as part of a context-setting visit ahead of their inspection of how well people move through Oxfordshire's health and social care system.

- 8 November – 'BOB' Scrutiny Chairmen's and Oxfordshire Clinical Commissioning Group
  The Deputy Chairman attended an informal meeting with the scrutiny chairmen from Buckinghamshire, Reading, West Berkshire and Wokingham to exchange views, concerns and questions about progress with the 'BOB' Sustainability and Transformation Plan.

Advice from the Independent Reconfiguration Panel

In response to the Committee's referral of the CCG's decision to temporarily close consultant-led maternity services at the Horton General Hospital, the Secretary of State passed the matter to the Independent Reconfiguration Panel (IRP) for initial assessment. The advice from the IRP and Secretary of State has now been received and the Panel is not recommending that the temporary closure is subject to a full review. This is in view of the fact that HOSC has since referred the CCG's subsequent decision to permanently close the obstetrics unit. However, the IRP does concur with HOSC's view that the closure of the unit for more than 10 months exceeds what can reasonably be considered a 'temporary' closure.

The Secretary of State's response is printed below and the full advice of the IRP can be found online at: https://www.gov.uk/government/publications/irp-horton-hospital-banbury-initial-assessment

Department of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

Richmond House
79 Whitehall
London
SW1A 2NS

020 7210 4850

POC_1073854

Councillor Arash Fatemian
Chairman of the Oxfordshire Joint Health Overview & Scrutiny Committee
Oxfordshire County Council
County Hall,
New Road,
Oxford,
OX1 1ND

15 SEP 2017

Dear Cllr Fatemian,

Review of the temporary closure of consultant-led maternity services at the Horton General Hospital: formal referral under Regulation 23(9) of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

I am responding to your predecessor's, Councillor Constance, letter of 14th February 2017 referring to me the temporary closure of consultant-led maternity services at Horton General Hospital

This case was referred on the basis that the closure should have been subject to a consultation, given the length of time since that temporary closure began. As you know, I asked the Independent Reconfiguration Panel (IRP) for its initial advice on receipt of your referral.

The IRP has considered the issues you raise in your letter, and has now completed its initial assessment and shared its advice with me. After careful consideration, the IRP is of the view that the closure of the obstetric unit at the Horton on safety grounds was correct, and that safety must always be the primary consideration in the provision of healthcare. The IRP also advised that a closure, albeit one originally meant to be temporary, cannot still be regarded as temporary when it continues as long as occurred in this case.

The IRP recognises significant local concern about the length of time that this temporary closure has taken place, but in light of the fact that the proposal has moved on – a permanent change is now being proposed – and that the original decision was taken for sound reasons of patient safety, a full review would not add value.

I accept the IRP's advice in full.

I understand that you are minded to refer to me the proposal to make this service change permanent, and should you do so, I will consider any new referral on its own merits.

A copy of the full advice is appended to this letter and will be published today on the IRP's website at www.irpanel.org.uk.

I am copying this letter to The Lord Ribeiro, Chair of the IRP.

Yours sincerely

Jeremy Hunt

JEREMY HUNT

Stroke rehabilitation service proposals

Following a discussion at the last HOSC meeting committee members requested that Oxford Health NHS Foundation Trust (OH) completes a substantial change toolkit assessment in relation to the proposal to relocate stroke rehabilitation services from Witney to Abingdon. This assessment was completed and whilst members did not believe the proposals constitute a substantial change in service, some further questions were raised and the following answers have been provided by OH:

1. HOSC members have heard of long delays for stroke patients to receive occupational and speech therapy – what is being done to address this and is it something that can be addressed through this pilot?

   We believe that this question relates to waits for community services after discharge. These issues will not be addressed in the pilot. The co-location of the stroke service is anticipated to improve the intensity and frequency of stroke rehabilitation in the community hospitals – we have a different (and broader) project about locality-based services which would need to be subject to a separate discussion.

2. How will the impact of the pilot on patient flow be measured to assess whether this has improved?

   We collect data on length of stay and episodes of care. Relocation of services on one site is expected to increase patient flow and reduce length of stay, although this is linked to pressures in other parts of the system.

3. How will the impact on workforce retention/recruitment be assessed over the pilot period, particularly when the recruitment process for NHS staff takes on average 3 months?

   The staffing profile for the stroke units will be mapped at the start of the project, using the Royal College of Physicians (RCP) guidelines for comparison. Most of the gains around staffing will come from bringing two teams together on one site. Historical data around staffing profile at the two sites will allow for comparison.

4. Is Oxford Health currently meeting the RCP guidelines across the two sites?

   In part we will meet therapy staffing recommendations by co-locating the beds which will lead to an increased amount of rehabilitation at increased frequency. This performance is measured in the Sentinel Stroke National Audit Programme (SSNAP). The CCG does not commission psychologist input to the stroke unit and this will not be rectified with the co-location of the stroke units.

5. What aspect of patient care do you expect to improve in the next three months to measure whether the pilot was successful?

   We expect the amount of therapy time (for both physiotherapy and occupational therapy) and the frequency of treatment (number of days) will increase lead to improved clinical outcomes (functional ability and independence). This will be measured through the KPI with CCG. Some changes will take more than 3 months to come into effect. Other outcomes measures for the project will include patient satisfaction, carer feedback questionnaires, the SSNAP audit and OH contractual performance measures.

Musculoskeletal briefing

Attached for information to this agenda is a briefing received from the CCG about the recommissioning of musculoskeletal (MSK) services and the new provider. In response to a number of queries from members about this briefing, the CCG has provided further clarification on the following points:

1. A copy of the analysis of need for MSK services and clinical model to meet these needs included in the business case for retendering the service has been circulated to members of the Committee.

2. Why there has been a significant time between the public engagement / modelling (2014/15) and the commissioning of a new provider (2017)?

   The process of implementation was put on hold while a decision was made on the best procurement process. Originally Oxford University Hospitals Foundation Trust (OUH) advised that they did not wish to continue to provide the service and Oxford Health NHS Foundation Trust (OH) tendered under a Most Capable Provider (MCP) process, but the contract was not awarded. The timeline is described in chronological order below:

   - *June 2015: Business case signed off*
   - *July 2015: MCP process commenced*
   - *End November 2015: (Due to delays by OH) OH submitted a proposal*
   - *December 2015: Assessment of proposal and final decision*
   - *January 2016: Recommendation made following the MCP process for open procurement*
   - *February 2016: The CCG Clinical Executive decided they wanted to explore OUH as the provider.*
   - *March 2016: OUH confirmed they were not interested in providing the services.*

- *August 2016: prior to re-instating the procurement process, OUH formally expressed an interest in becoming the lead provider for orthopaedics including the hub and physiotherapy.*
- *October 2016: OUH submitted an outline proposal to the CCG outside of the deadline.*
- *October 2016: Assessment of the key requirements of the redesigned model by the project team and GPs.*
- *November 16 –April 17: CCG Executive decision to go to procurement*
- *April / May 17 – Award of contract halted due to purdah*
- *Contract awarded to Healthshare in June 2017.*

3. Does the impact of GPs not being able to refer directly to radiography departments, but instead having to be routed through the MSK Hub increase costs?

   No, it actually reduces costs and ensures diagnostics are part of a whole pathway so that people get the right treatment first time in the right place with the right professional with minimal delay.

4. Whether physiotherapy will be provided at Abingdon Hospital for patients receiving stroke rehabilitation delivered by Oxford Health.

   Oxford Health NHS Foundation Trust and Oxford University NHS Foundation Trust will continue to provide specialist physiotherapy services including the stroke rehabilitation service at Abingdon Community Hospital.

5. What assessment has been done of the public transport options between Faringdon/Didcot and the rural villages and towns in South Oxfordshire and the Vale?

   Mapping for each site was undertaken with links to public transport and travel by car.

6. What alternative arrangements have been made for people using the MSK services in Abingdon and Wantage area?

   Abingdon has access to Didcot (Woodlands HC), East Oxford Health Centre in the city and Wallingford (Community Hospital). They can also go to the services being held on the previous Deer Park Medical Centre site in Witney. Wantage residents can use any site with the nearest being Farringdon, Didcot and Wallingford.

<u>Letters sent on behalf of the Committee</u>

GP Out of Hours service at the Horton General Hospital for Northamptonshire residents

Following contact from a concerned Oxfordshire resident that Brackley residents cannot access the GP Out of Hours service at the Horton General Hospital, it was confirmed that Nene CCG (covering Northamptonshire) had recently decommissioned this service from Oxford Health NHS Trust for Northamptonshire residents. As this change does not affect the service commissioned and delivered for

Oxfordshire residents, the matter has been referred to Northamptonshire's Health Scrutiny committee.

Date: 7 November 2017

Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC)
County Hall
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OX1 1ND

Contact: Samantha Shepherd
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Direct Line: 07789 088173
Email:
samantha.shepherd@oxfordshire.gov.uk

Cllr John McGhee
Chairman of Northamptonshire's
Health, Adult Care & Wellbeing
Scrutiny Committee

By email:
jmcghee@northamptonshire.gov.uk

Dear Cllr McGhee,

Re: Out of Hours GP service at the Horton General Hospital

It has been brought to my attention that Nene Clinical Commissioning Group (CCG) has recently decommissioned the GP Out of Hours service from Oxford Health NHS Foundation Trust for Northamptonshire residents. I understand this was being delivered from the Horton General Hospital ('the Horton').

The decision has been raised as a concern by a Brackley resident for whom the Horton is her closest hospital, and who was recently told she would need to travel to Daventry or Northampton to access an Out of Hours appointment in the future. It would appear that there has been a distinct lack of engagement or consultation with the public about this change.

As a commissioning decision made by Nene CCG about a service for Northamptonshire residents, it is not one that directly affects Oxfordshire residents. As such, I am writing to refer this matter to your Health, Adult Care & Wellbeing Scrutiny Committee for further examination. For information I attach the correspondence we have received from Nene CCG on this issue.

I am sure you are aware that Phase 1 of the Oxfordshire Health Transformation Plan has instigated some significant changes to the provision of maternity services, planned care and critical care at the Horton. OJHOSC members are keen to keep abreast of other changes at the Horton to ensure this does not undermine the sustainability of the hospital and the provision of healthcare for the surrounding population.

We will be asking the Oxfordshire CCG to clarify whether the withdrawal of the GP Out of Hours service for Northamptonshire residents affects the current service

delivered for patients registered with an Oxfordshire GP and whether there is an impact on future plans for this service.

I would be grateful if you could keep me informed of how your scrutiny of this issue progresses, so that I can report back to my committee members.

Yours Sincerely

Cllr Arash Fatemian
Chairman of Oxfordshire's Joint Health Overview and Scrutiny Committee

cc. Nene CCG

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NHS
Oxfordshire
Clinical Commissioning Group

Musculoskeletal briefing

Background

Oxfordshire Clinical Commissioning Group (OCCG) went out to tender for a Musculoskeletal (MSK) Assessment Treatment and Triage Service (MATT) in July 2016. At the time MSK services were provided under different contracts with various providers (Oxford University Hospitals NHS Foundation Trust - OUHFT and Oxford Health NHS Foundation Trust -OHFT). These contracts were commissioned at different times and were not designed to work together within an integrated model of care. Feedback from patients and GPs was that the waiting times for some patients were too long and we needed to find a new way of providing options for swift advice and earlier treatment. Several attempts had been made over previous years to improve provision of these services; but the focus of review and change had tended to be on discreet areas of service rather than the whole system.

OCCG's aim was to commission a service where people with musculoskeletal conditions could access high quality, effective and timely advice, assessment, diagnosis, triage and treatment at the right place first time. The preparation work started in 2014 – well before the procurement was launched.

Public engagement

OCCG developed a commissioning strategy for an MSK service to meet patient needs, which was efficient and provided a quality service across Oxfordshire. It needed input and engagement from patients, the public and clinicians to develop this new model of care.

A programme of engagement was undertaken including the following activities:

- Formation of a patient advisory group
- Formation of clinical advisory group
- A joint patient, clinician and stakeholder group
- Co-design events to gather feedback on the type, range and standard of services people in Oxfordshire would like to see provided
- Experience Based Co-Design (EBCD) to inform the co-design workshops and a public survey

Below outlines a summary of the engagement which took place in 2014 and 2015:

- Stakeholders' event 25 November 2014 'process changes'
- Stakeholders' event 13 January 2015 'improving patient care'
- Stakeholders' event 3 February 2015 'developing the service model'
- Liaison with other CCGs, voluntary organisations and local authorities

Reports on the engagement programme and developing model of care went to:

- Oxfordshire Joint Health Overview & Scrutiny Committee (OJHOSC) – June 2014

- Local Medical Committee - July 2014
- OJHOSC Paper - October 2014

Reports on the engagement are publicly available. They include full details of all the engagement activity, including group memberships, analysis of feedback and data. They can be found on OCCG's patient involvement platform Talking Health https://consult.oxfordshireccg.nhs.uk/consult.ti/MSKsurvey/consultationHome

New provider

Following the procurement process, which attracted bids from OHFT, Healthshare Ltd, Connect Physical Health, Central and North West London NHS Foundation Trust and Virgin Healthcare, the contract for MSK services was awarded to Healthshare Ltd. OUHFT did not bid to provide this service.

Patient representatives made up part of the evaluation panel to review the applications.

Healthshare Ltd is a clinical stakeholder organisation which works within the NHS and is solely funded through NHS contracts; it does not carry out any private physiotherapy work and its services are free to patients in the same way as other NHS services.

Most of the staff who have been providing the service through OUHFT and OHFT will continue to do so; they will transfer via TUPE arrangements to be employed by Healthshare Ltd, so current patients will have continuity of care with familiar faces.

Locations

Physiotherapy appointments will be provided at various locations across Oxfordshire. Many of these are the same as before, others will be in new locations. The locations include:

- In Banbury, the service will be located on the Ramsey Treatment Centre on the Horton General Hospital site
- In Bicester the service will be located at Bicester Community Hospital
- In Oxford City the service will be located at East Oxford Health Centre
- In West Oxfordshire the service will be located in the Deer Park area and at Chipping Norton Medical Centre
- In South East Oxfordshire the service will be located in Townlands Hospital in Henley and at Wallingford Community Hospital
- In South West Oxfordshire the service will be located at White Horse Medical Practice in Farringdon and Woodlands Practice in Didcot.

In addition, Healthshare Ltd is negotiating with OHFT to use its Wantage Hospital facilities to offer services. Wantage Hospital previously hosted MSK services when they were provided by OHFT. The number of sites will be increased once the service is fully established.

What will the new service deliver?

The MSK Assessment Triage and Treatment service (MATT) replaces the current hub so the treatment (same day diagnostics where possible, person centred care, primary care physiotherapy and podiatry, orthopaedic medicine and medicines advice / management) but will be provided from locations evenly spread across the county to ensure care can be delivered closer to home. This will include both conventional sites such as GP practices and leisure facility based sites, to provide easier access than the two sites that currently exist for some residents based in Banbury and Oxford.

The new model of care promotes shared decision making and has a strong emphasis on self-management with patient facing tools to help with this. Patients will also experience shorter waits once the previous providers' waiting lists have been cleared by Healthshare Ltd.

The commissioned services will offer: signposting, advice, triage, referral, assessment, treatment and advice back to the referrer and community based MSK physiotherapy, MSK podiatry and pain management.

The Service aims to

- Provide care by appropriately qualified clinicians in the right place, first time
- Give patient choice on treatment options and location of treatment
- Improve the quality and cost effectiveness of the service
- Ensure patients input to their treatment plan particularly where the problem is long term.
- Provide services that have a strong emphasis on patient education and self-management, thereby promoting active, healthy lifestyles and reducing recurrence of injury or illness.
- Provide feedback, advice and guidance via phone, email and face to face to patients and referring clinicians on how conditions can be managed within primary care where appropriate, or provide advice and guidance on requests to encourage and promote up-skilling in primary care.
- Ensure patients are managed within a **maximum** waiting time of 6 weeks. Where clinically required to do so, the provider will promptly refer the patient to secondary care services to avoid unnecessary delays.

Transfer of patients

The transfer of the service is being carried out to ensure as little disruption as possible to patients' appointments. However, because the transfer involves moving on to a new booking system, patients who already have an appointment for after 15 September have been sent a letter advising them that their appointment may be cancelled and that Healthshare will book a new appointment for them as quickly as possible. Patients do not need to contact Healthshare Ltd themselves. There has been some public concern about these changes but Healthshare Ltd has tried to reassure patients whose appointments will change. .

For more information relating to this briefing please contact OCCG at sarah.adair@oxfordshireccg.nhs.uk

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