



## Oxfordshire Joint Health and Overview Scrutiny Committee

**Date of Meeting:** Thursday, 19th November, 2015

**Title of Presentation:** Oxfordshire's Health and Social Care Transformation Plans

**Purpose:** To brief the Oxfordshire Joint Health and Overview Committee on the emerging system-wide plans for transformation of the way in which Oxfordshire's health and social care will be delivered to address population growth, demographic demands and pressures on available resources now and in future years.

The paper also provides an overview of the governance arrangements for the system wide transformation programme and indicative development and implementation timescales.

Members of the Committee are invited to comment on the proposed approach and emerging vision.

**Senior Responsible Officer:** Stuart Bell, Chair of Oxfordshire's Transformation Board

## 1. Introduction

Challenges facing local public services, including health and social care are many and varied and well-known to the members of the Committee.

One of the key issues in Oxfordshire is the rising demand from a growing, ageing population (with the number of over-85s in the county expected to rise from around 15,000 to around 24,000 between 2011 and 2026). This coincides with significant funding constraints on the public sector commissioners and providers of health and social care services, as public sector organisations play their part in deficit reduction.

Another major driver for change is the increasing prevalence of co-morbidities and complexity of patients the health and care system looks after.

The NHS Five Year Forward View (June 2015)<sup>1</sup>, describes a vision for health and care service that will be needed in 2020. One which empowers people, their families and carers to take more control over their own health, care and treatment supported by easy access to integrated holistic care, in settings closer to where people live and organised to effectively support people with multiple conditions not just a single disease.

Achieving this vision will require further work so that:

- Individuals are taking greater responsibility for their own health
- We are better at preventing and managing demand
- We are (re-)designing services and finding innovative ways of delivering outcomes for a society that lives longer and expects more
- We are maximising the value of our health and social care spend.

The Five Year Forward View Into Action (December 2015) produced by NHS England develops this vision further and outlines new ways of working and new models of care that can help us realise this vision over the coming years.

Health and care organisations across Oxfordshire are committed to working together as a system to shape the future of health and social care and develop local solutions in response to local needs.

To this end Oxfordshire established a system wide Transformation Board in March 2015. Membership includes Oxford Health NHS Foundation Trust (OHFT), Oxfordshire University Hospitals NHS Foundation Trust (OUHFT), South Central Ambulance Trust (SCAS), Oxfordshire Clinical Commissioning Group (OCCG), Oxfordshire County Council (OCC) and the Oxfordshire

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<sup>1</sup> See *Appendix 1 – Glossary* for explanation of terms

Primary Care Federations. The board is chaired by Stuart Bell, Chief Executive of Oxford Health NHS Foundation Trust.

The aim of the Board is to plan and design the next generation of integrated GP, hospital and social services and drive forward system transformation across Oxfordshire. More specifically it serves to bring together in one place all the system wide projects, which will deliver significant change in the health and care system, and provide a place for an in-depth discussion about new models of care and system enablers.

We are in the early stages of developing plans and models for the future of health and social care in Oxfordshire. Having agreed the scope of the programme, the 'case for change' and direction of travel – see Appendix 2, we are now in a position to start engaging a broad range of stakeholders to shape the future of health and social care in Oxfordshire.

## **2. Oxfordshire – the local picture**

The population of Oxfordshire currently enjoys good overall health. In 2010 Oxfordshire was ranked the eleventh least deprived upper tier local authority out of 152 in England. However, there are pockets of social deprivation, with 15 local areas featured among the most deprived 20% nationally.

Increases in life expectancy mean that people are living with good health for longer and with new treatments people are also living longer with long term chronic conditions.

Oxfordshire's health needs are changing, driven by increasing chronic disease and an ageing population as well as increase births from the growing populations across the county, particularly in Cherwell and Didcot.

Oxfordshire's performance across many outcomes is in the top 25% nationally (e.g. one year survival from cancers, mortality rates in Cardio Vascular Disease, Respiratory) and we have low levels of hospitalisation (approx. 600 per 100,000 per head of population compared to over 1300 per 100,000 in Manchester).

However, pressure on services is increasing, particularly where demand is more highly concentrated among older people. We are also seeing a demand for both children's and adult's social care, growing at an even faster rate than would be expected by population growth, suggesting that previously unmet need is coming forward. There are also pressing problems such as mental health in children and some outcome areas where we should be better such as diabetes.

Healthier behaviours are more prevalent in Oxfordshire, with higher than average levels of physical activity, fewer people overweight or obese, and

relatively low levels of smoking than nationally. However obesity and diabetes are increasing locally with 55% of Oxfordshire's adult population being overweight or obese. Linked to this the number of people with diabetes in Oxfordshire, which is forecast to increase by 32% to 41,000 by 2030.

At the same time we have specific local challenges including 22,000 new homes being built in Didcot and 23,000 in Cherwell (including Bicester) and black and minority ethnic communities numbering 60,000 (9% of Oxfordshire's population) in 2011, almost double the 2001 figure, with the largest increase in Oxford and Cherwell.

A lot of progress has been made in integrating health and social care services across Oxfordshire; a number of care pathways have been transformed as a result of in-depth consultation with clinicians and patients; real difference to patients is being made as providers are being paid on patients' outcomes rather than on them turning up for appointments. GPs are working collectively to share resources, changing the way they deliver services and the implementation of locally based community health and social care teams is well underway.

However in the past year Oxfordshire has fallen short of a number of national performance targets and we continue to struggle to reduce the number of people who are delayed in hospital. Many of the problems we face require a whole-system approach to resolve them. For example, we are aware that contributing factors to the problem of Delayed Transfers of Care (DToC) involve almost all parts of the system, from ambulance providers to social care teams and we are working through the Systems Resilience Group to collectively address them.

Our challenge in Oxfordshire is to ensure the highest quality care for all patients within the finite resources available. As a whole health and social care system we need to improve the quality of health and social care services provided in Oxfordshire ensuring they represent best value for money, while keeping the system in financial balance. Achieving this will involve redesigning the wide range of health and care services currently provided locally. Financial challenges facing the NHS means that we need to find savings in the region of £270 million by 2020/21 within Oxfordshire. This is money that we need to save to invest in meeting the new demands – it is not a saving as a result of resources being reduced. We also have to take account of financial pressures faced by local government and the challenges for social care.

With the growth in demand due to an aging population, population growth and rising expectations amongst the public we need to respond by continuing to develop our services adopting emerging models of care where appropriate.

**3. Vision for the future of health and social care in Oxfordshire**

Our initial vision for a new integrated health and social care system has been developed with support from leaders and medical directors across the system and is further supported by an emerging Out of Hospital Strategy. It is depicted in Figure 1, below:

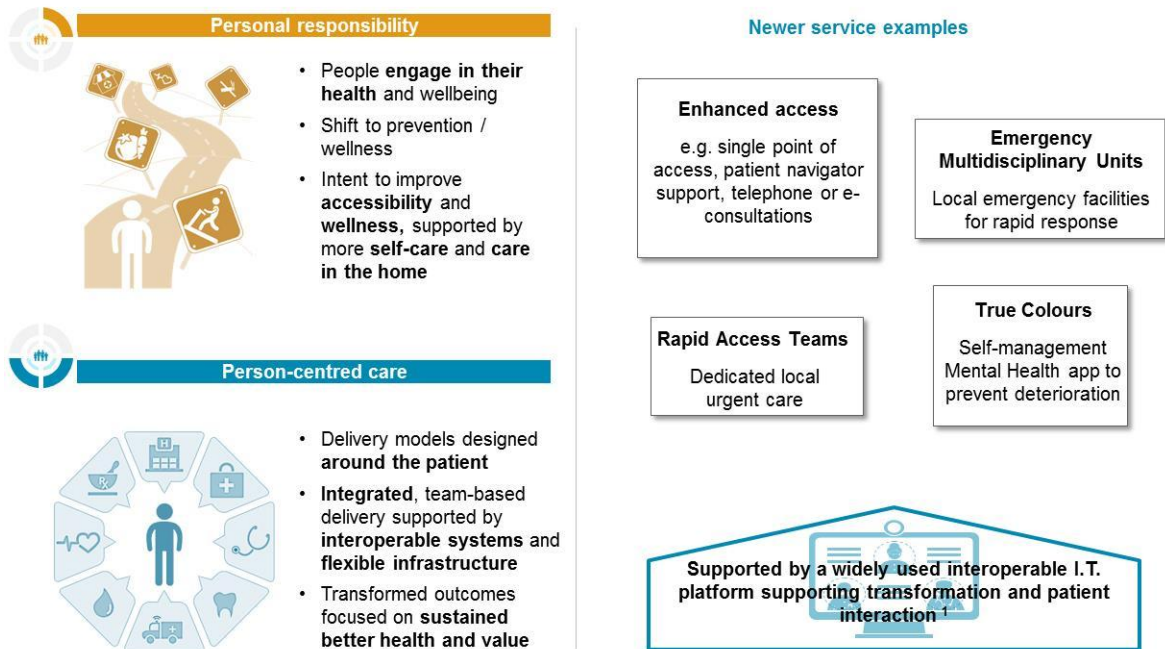


**Our Vision for Oxfordshire –  
Best Care, Best Outcomes, Best Value for all the people of Oxfordshire**

**Figure 1**

Figures 2 – 4, below, illustrate how services may operate in the future.

Our newer services are increasingly tailored to support self care and person-centred care...



1. Building on the Oxfordshire Care Summary

Figure 2

...and by 2020 we will have made significant changes that aligned our staff and infrastructure...

**Accountability to patients will be clear and consistent** – a designated clinician will be responsible for the patient 24/7

Staff **make full use of their skillsets**, cutting across organisational boundaries, supported by agile, interoperable IT



Resources and infrastructure will be **reallocated to match need and enhance convenience**, e.g. on-line monitoring, longer appointments available through various channels, diagnostic centres in the community etc

**Significant changes to buildings and beds** so that people are only admitted to a bed when and where it's absolutely appropriate to their needs

*'The best bed is your own bed'*

Figure 3

... in this way patients will be more effectively supported

**Illustrative example: Avoiding a crisis in a patient with heart failure**

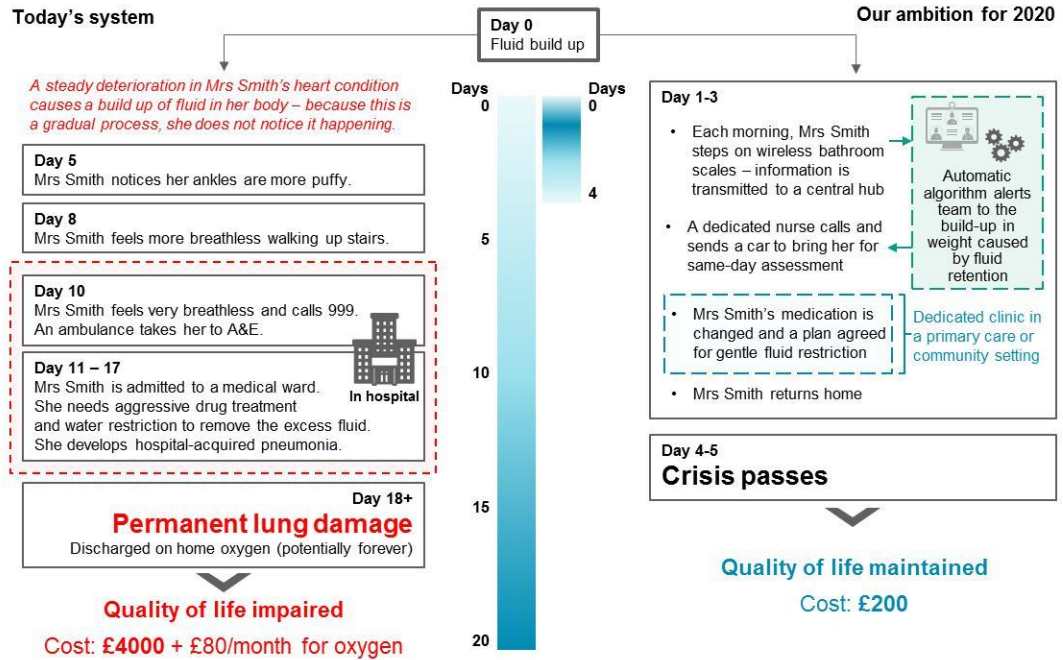


Figure 4

**4. Oxfordshire's Transformation Programme: scope, approach and priority areas**

The Transformation Board is part of the new 'system architecture' (see Figure 5, below), bringing health and social partners together to address long-standing issues in Oxfordshire.

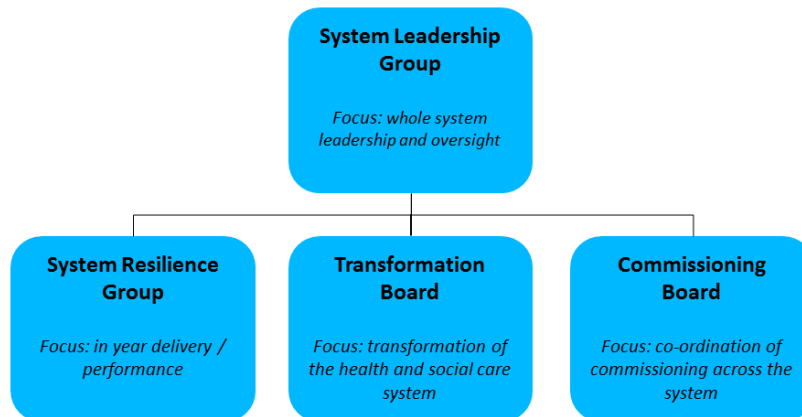


Figure 5

The Transformation Board aims to bring coherence and simplicity to a number of change initiatives across Oxfordshire.

The scope of the Transformation Board's work includes strategic change programmes in:

- Primary and community care
- Urgent and emergency care
- Older people
- Mental health
- Elective (planned) care
- Maternity services
- Children services
- Public health/prevention
- Supporting functions (e.g. IT, workforce, estates)

As the Board is not an executive body, it will look to work through the existing structures in the county, e.g. the boards of individual organisations, the Health and Wellbeing Board (and the Oxfordshire Joint Health Overview and Scrutiny Committee in terms of scrutiny).

Since its inception in March 2015, the Transformation Board has made good progress in scoping the transformation programme and engaging executive teams across the system.

The Board has now developed a case for change and a joint ambition for the future. The Board is in the process of building an evidence base and articulating possible future models of healthcare delivery. Comprehensive 'models of care' will be developed in consultation with stakeholders over the coming months.

This will build on existing initiatives such as the Prime Minister's Challenge Fund to deliver primary care through modern channels; a range of integrated care teams to support people with complex needs; and Emergency Multidisciplinary Units (EMUs) across the county to assess and treat patients closer to home; as well as Older People and Mental Health Outcome Based Commissioning.

The Board will also be reviewing the role and services provided by current community hospitals across Oxfordshire, and in particular how they support an ambulatory model of care. This model of care builds on the shift in Oxfordshire towards ambulatory care that has already been made with the introduction of the Emergency Multidisciplinary Units (EMUs) in Abingdon and Witney and the development of a Rapid Access Care Unit (RACU) in Henley. These Units are supported by GPs, community services and hospital specialist teams who work together to best meet the needs of patients by providing care in or close to their



home, wherever possible. This strand of work includes an assessment of healthcare provision delivered by local hospitals across the County.

Our plans for the near future include working with stakeholders across the system to develop and test future health and social care models (autumn 2015 – spring 2016), followed by a more formal consultation process with stakeholders on proposed changes (spring/early summer 2016). Following the consultation, we would be aiming to make decisions about future ways of delivering social care and health in Oxfordshire – likely to be late summer 2016.

The emerging Transformation Programme, spanning several years, will lead to services being delivered in new ways with increased emphasis on prevention, self-care, bringing more care into the community and further integration of health and social care.

Our focus in the coming months will be on out-of-hospital care, i.e. co-ordinating changes in primary care, community services, social care and acute services.

## **5. Delivering the vision**

We believe all the stakeholders in the system have a clear understanding of the need for new care models that have the potential to deliver a better user experience, higher quality and the potential to lower costs (by as much as 40%). All partner organisations support the vision and direction of travel.

As stated: our aim will be to bring the bulk of care closer to home, recognising that the best bed is, for majority of people, their own bed. This will of course require a cultural shift from reactive to proactive healthcare approaches and focus care more effectively around patients/service users, their families and local communities.

However we do not build the future of health and care in Oxfordshire starting with a blank canvass; there are a number of initiatives already underway that will support system change. These include:

- Formation of primary care federations
- Prime Ministers Challenge Fund Schemes e.g. early visiting service; Skype consultations; cross-practice referrals
- The Alliance (OHFT and OUHFT) to deliver Older People care
- Mental Health partnership
- Integrated Locality Teams bringing together community health workers with social workers and occupational therapists employed by the County Council so that they work together with GP's to improve services for patients and service users
- Emergency Medical Units (EMU's) in Witney and Abingdon and the Townland Hospital Rapid Access Unit (RACU)

The Transformation Board is reviewing the portfolio of initiatives to ensure they fit with the vision and are aligned to transformation themes.

While the exact governance arrangements are yet to be agreed, we envisage a number of projects grouped into programmes, each with a Senior Responsible Owner (CEO or Executive Director).

A cross-organisational Programme Team, led by Programme Director and supported by CCG's Portfolio Management Office (PMO) will support the delivery.

## **5. Consultation and Engagement**

Our 'case for change' and emerging vision has been shared, and positively received, with Oxfordshire MP's and Oxfordshire County Council's Cabinet gaining encouragement and support for our bold local solutions.

The 'storyboard' is not a strategy, blueprint or a detailed plan nor does it contain all the answers. Rather it is a common platform that allows us to begin a series of conversations with stakeholders to help us shape our future health and care service offer.

The Transformation Board plans now include a period of pre-engagement with a wide range of partners through to the end of 2015. We will also be working with stakeholders to develop and test future health and social care models from now through to spring 2016.

We are initiating discussions with the Oxfordshire's Health and Wellbeing Board, HOSC and partner organisations' Boards.

This will be supported by a period of formal public consultation to help us shape our plans further in the spring/early summer of 2016.

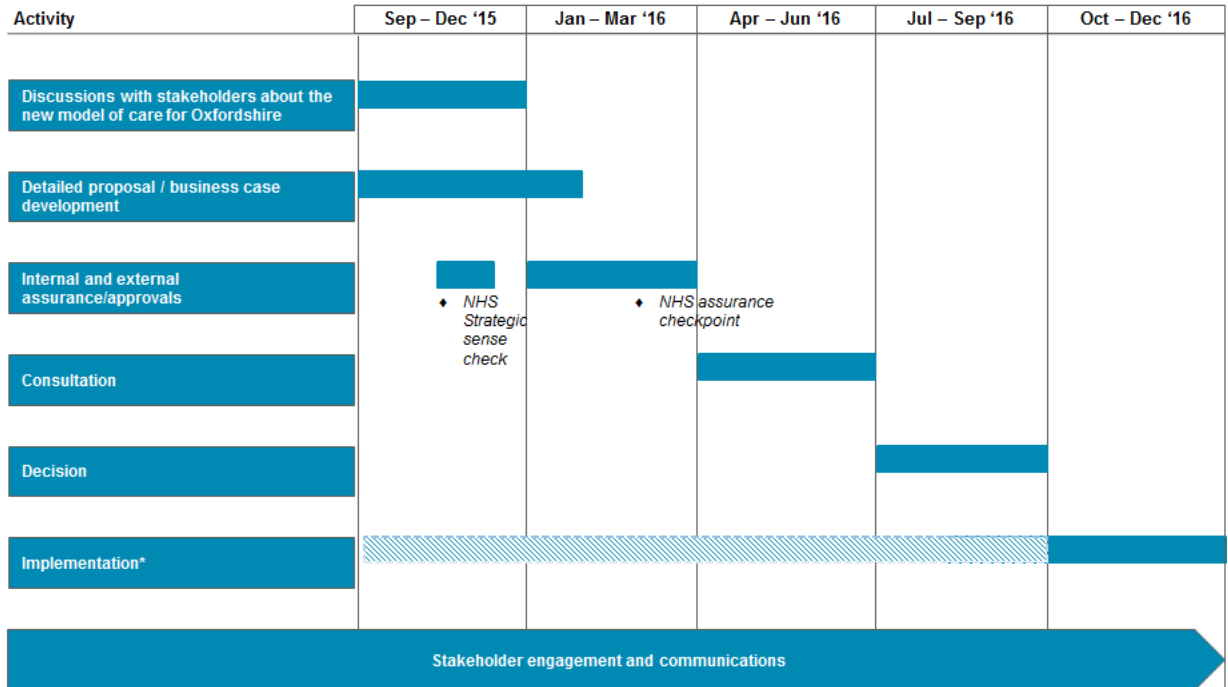
Oxfordshire will also have to satisfy the four tests set out in the 2014/15 Mandate from the Government to NHS England around proposed service changes and demonstrate evidence of:

- Strong public, patient and service user engagement
- Consistency with current and prospective need for patient choice
- A clear clinical evidence base
- Support for proposals from clinical commissioners

We are determined to 'go slow to go fast': spend necessary time engaging patients, carers and other stakeholders to ensure the case for change is understood and supported, before we move on to jointly creating solutions which will last well into the future.

## Timeframe

Transformation on the scale we are planning in Oxfordshire is complex and will take time. The 'roadmap' below is just indicative and gives an overview of the steps in the process for 'Phase 1' of the transformation (out-of-hospital care/older people integrated care).



\*NB Some transformation initiatives, e.g. Prime Minister's Challenge Fund projects, do not require formal consultation. Their implementation is under way

## 6. Next Steps

The Transformation Board will provide a further report to HOSC in February 2016 with an update showing how the pre-engagement phase has helped to further develop Oxfordshire's transformation plans.

Members of the Committee are invited to comment on the proposed approach and emerging vision.

## Appendix 1 - Glossary

**Ambulatory Care:** or outpatient care is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services. In other words, a patient is seen and treated by medical professionals without being admitted to hospital, and discharged to their ordinary places of residence as soon as practicable.

**Delayed transfers of care (DToc):** is a situation when a person is fit enough to be discharged from hospital but is delayed because their onward care is not yet in place, e.g. no support to help them function in their own home; no place in care home etc.

**Emergency Medical Units (EMUs):** the aim of the Emergency Multidisciplinary Units is to provide assessment and treatment for adults with sub-acute care needs as close to patients' homes as possible. Providing medical, nursing and therapist assessments and treatments, the units are designed to offer patients a faster and more convenient alternative to admission to an acute hospital. EMUs operate in Witney and Abingdon and are a means of delivering ambulatory care (see above).

**Five Year Forward View/ Five Year Forward View Into Action:** National policy documents, published by NHS England, in June/December 2015, painting a vision for the future of the NHS. A key premise is breaking down the barrier between primary and secondary care to ensure seamless and coordinated care for patients based in the community with less reliance on acute care for managing long term conditions. Five Year Forward View, DH, June 2015: Five Year Forward View Into Action: Planning for 2015/16, DH, December 2015

**Transformation Board:** non-executive body set up in March 2015 by Oxfordshire's health and social care partner organisations – Oxford Health NHS Foundation Trust; Oxford University Hospitals NHS Foundation Trust; Oxfordshire Clinical Commissioning Group; Oxfordshire County Council; South Central Ambulance Service NHS Foundation Trust; and primary care federations - to drive longer term system transformation

**Rapid Access Care Unit (RACU):** Unit at the new Townlands Hospital that will provide a next day service led by a consultant and a team of health and social care professionals including community nurses, physiotherapy and occupational therapy practitioners, social care staff, mental health staff and hospital clinicians. The service would be open seven days a week (8am-8pm) with consultant led clinics Monday to Saturday mornings. The RACU will provide assessment and treatment of patients with a crisis or deterioration in their health or long term condition – including patients with complex medical, social and/or mental health needs. The service would offer a next day clinic so that patients could be assessed by a consultant and then, if needed could receive diagnostic tests or treatments such as blood transfusions and intravenous antibiotics all on the same day. RACU is a means of delivering ambulatory care (see above).

**'Storyboard'**: a document agreed by health and social care partner organisations setting out the case for change and vision for future of healthcare in Oxfordshire; it is not a strategy or a blueprint. Storyboard will now be used to engage stakeholders in discussions about transformation

**System Leadership Group**: system-wide Chief Executives' forum for coordinating strategic issues

**System Resilience Group**: system-wide forum for driving in-year performance and resolving operational issues

**Appendix 2 - Oxfordshire Healthcare Transformation Programme Storyboard**