ANNEX A

Report by the OX12 Task & Finish group of the Population Health Care Needs Assessment Framework as applied to the OX12 postcode (The OX12 project)

Introduction

The report by the HOSC OX12 Task & Finish (T&F) group submitted in January 2020 proposed that a final report would be submitted to the full committee to evaluate the OX12 project with recommendations on the further use of the Population Health Care Needs Assessment Framework (PHCNAF).

The January 2020 report received little response from CCG and the T&F group recommended to HOSC in June 2020 that the CCG should respond to 5 specific points. Oxford Health (OH) and the CCG responded in July with partial fulfilment of the recommendations made, particularly the reopening of the hospital, in part with maternity services, and this coincided with re-engagement by OH.

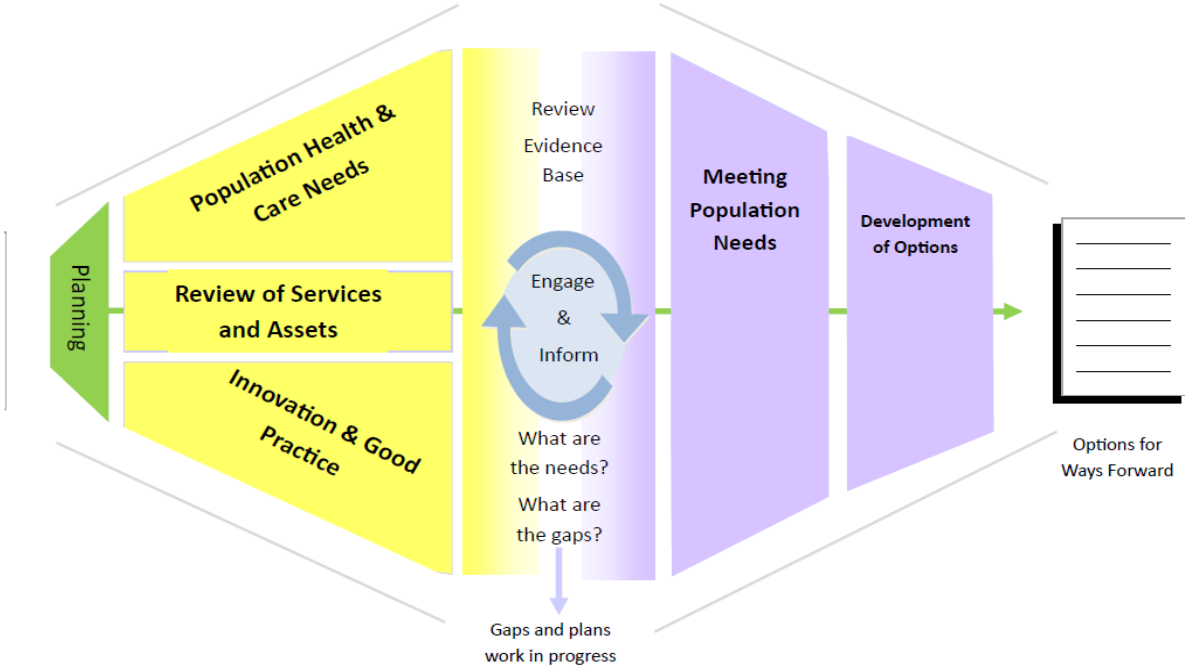
The initial CCG recommendation to the Health and Well-Being Board that the PHCNAF approach be used was accepted and the HOSC established the OX12 T&F group to scrutinise the project. Although the principles of the PHCNAF are coherent, the way in which they were implemented left much to be desired and note should be taken of our grave reservations before it is applied in the same way in any other part of the county or the ICS.

A major concern of this report is the negative impact that this project has had on residents of the OX12 postcode. The County Council agreed unanimously on 8th December 2020 that a starting point for recovery would be a clear commitment to completing the population-based pilot with a plan acceptable locally. However, as will become clear from this report, we have major concerns in the further use of the PHCNAF without first addressing the reservations which we have, and which are outlined below. The OX12 project has been replaced by a county-wide review of community health service provision by OH.

Although there has been no further engagement with the T&F group or with HOSC by the CCG, Oxfordshire Health did meet with the Wantage Health Committee including members of the OX12 Stakeholder group, with the T&F group and Oxfordshire County Council officers are also meeting regularly.

The Population Health Care Needs Assessment Framework (PHCNAF)

This was essentially an attempt to integrate populations health needs, assets and relevant innovation leading to rational identification of appropriate health care provision (see Fig.).



Several major shortcomings in his process were identified:

- There was no evidence for the Primary Care Networks (PCN), integrating GP practice work, county health provision and social care as originally proposed. It was unclear whether the PCN had bought into the PHCNAF.
- No evidence was presented on how the Wantage community hospital would be integrated with the work of neighbouring community hospitals.
- Resolving the projected shortfall of GPs and other clinical and non-clinical support was not analysed.
- No account was taken of the wider changes in the organisation of health provision including the NHS Plan, the ICS, the Oxfordshire HWB plan and the Oxford Plan 2050.
- Listening and solution building events were held involving the local population and the stakeholder reference group. The latter became closely involved in public-facing events. This gave them the false impression that they were involved in shaping the agenda.
- There was no provision made for any evaluation to measure success of the project.

The three evidence-based arms of the PHCNAF (yellow in the Fig. above) are:

1. **Population needs**

- Data, sometimes not from the most-recent sources, were presented and published very late which was a continuous problem. Gaps were inadequately identified. Use of insufficiently sophisticated software resulted in inadequate projection of future health care needs.
- How the changes in population and demographics, aging and increased provision of care homes could be integrated into health provision was not considered.

2. **Assets**

- The stakeholder group was also involved in the survey of assets but it is difficult to see if this information was used.
- The third sector is very active but how this might interact with more formal health service provision was not analysed.

3. Innovation

- Technical innovations aside, of which nothing was considered, the major recent innovation that became policy was Home First (discharge to assess) where rehabilitation takes place in the resident's home. The innovations paper offered to the clinicians, was a review of official policy rather than reviewing innovative practice elsewhere in the country. There were considerable deficiencies including the absence of Primary Care Home, which formed the evidence base for Primary Care Networks. No evidence was presented on the staffing/support requirements for this policy in comparison with the requirements for the community hospital.

Synthesis step - Identifying Population Care Needs and Solutions

There were a number of serious problems associated with this stage of the project:

- There was a clear mismatch between wishes/desires, as opposed to demands/needs in OX12, which was never adequately clarified.
- Solutions were to be developed and tested for clinical soundness, deliverability, affordability and benefits to the community, using data from the three evidence-based arms. It was entirely opaque as to who would make these judgements, and on which criteria they would be based.
- Ideas were and are still circulated on future plans for Wantage Hospital but the T&F group felt that these were picked out of the air with little regard to clinical, financial or logistical (staffing, travel etc) regard.
- The four projects that arose from the solution building event came to nothing.
- The key themes included Health and Well-Being (HWB) at all stages of life taken from the Oxfordshire HWB strategy. There was no indication at all of how this would be implemented and integrated with the PCN and community hospital.
- Travel was discussed with some minor suggestions to alleviate travel within and outside OX12. This was not analysed in any detail. The environmental impact of excessive travel was not discussed in detail although this is a major part of the Oxfordshire future plan.
- No evaluation was carried out on the progress of the project.

Recommendations

With these shortcomings identified, the OX12 Task & Finish group recommends improvements in the following areas, should the PHCNAF be used for analysis of community health provision in other parts of Oxfordshire.

1. The project plan:
    a. Evaluation should be an integral part of the project plan, and a project should not be signed off by the Health and Well-being Board (HWBB) without an evaluation plan in place.
    b. A clear project plan should be made available which describes the time required, the workforce needed, the skills and equipment needed, and the costs of such a project

c. The project plan should set out the process for the programme of work, so that it is clear to all those involved

2. The Process led by CCG:
   a. Innovations Paper: The review of the innovations and best practice needs was inadequate and failed to address innovation or best practice. It needs to be reviewed and updated
   b. Assets Evidence:
      i. There needs to be a review of workforce issues, and how these might impact on service developments including re-opening in-patient beds, GP and community nursing staff.
      ii. There needs to be a review of GP premises and if they are fit for an increasing population as identified in the Health Needs section
      iii. There needs greater clarity as to how the detailed information provided by the population questionnaire was used to formulate solutions
   c. Health Needs Evidence:
      i. The link between the JSNA and the local data sources including district planning and housing data should be strengthened.
      ii. Information gathering and analysis methods should be reviewed including the use of more sophisticated software for data analysis and future projections.
   d. Synthesis:
      i. It is recommended that the local framework fits into wider county-wide and national policies on community health and social care (in-patient beds/domiciliary care, etc). This should also include Oxfordshire Health and Wellbeing Strategy, and other place-based documents.
      ii. Greater clarity is required on how the three separate sections of the Framework are combined and used to formulate conclusions.
   e. One of the major specific issues discussed within the project was the future of Wantage Hospital. We reiterate our recommendations (HOSC November 26th) to HOSC that any decision made on the future of in-patient beds should be evidence-based and include the pros and cons of bed closures and of alternative provision and include consideration of Wantage Hospital within the proposed wider county strategy and not be based on the CCG report. We endorse the decision of the County Council (8th December item 15), supported unanimously, that a comprehensive plan for OX12 by the system be completed which is acceptable to the local population and forms a significant part of, or acts as a pilot for, the county-wide review of community health service provision.
   f. **Summary: The review of this project recommends that, as the PHCNAF has been unsuccessful, rolling this methodology out to other areas of the county should not take place until it has been evaluated and reviewed fully. Any future scrutiny of whole system working within Oxfordshire should only be established after due consideration given to the serious concerns raised in this report.**

3. Lessons and Recommendations for Scrutiny
   a. The main challenge to the scrutiny process has been the deep resistance we encountered from the CCG which led to the difficulties in the review process. The lack of transparency in meetings where decisions were made is a crucial issue, of particular importance as the whole system has become more

centralised and opaque. Working in this environment was particularly difficult for the T&F group. The period between the one-day stakeholder event and the publication of the report was especially problematic as the CCG met with small working groups including members of the OX12 stakeholder group under conditions of confidentiality. Throughout the process effort was required constantly to seek disclosure of information, which was normally only shared in the period immediately leading up to a HOSC meeting.

b. The closer working between whole system partners also created a new tension at the County where officers who were part of the team for the whole system were also supporting scrutiny work. At the very least this created at times the appearance of pressure being exerted on the T&F group.
c. The extent to which key decisions are made in a non-democratic way and without sufficient scrutiny is of increasing concern to the County Council which has resulted in a member of the OX12 T&F Group (Cllr Hanna) requesting a constitutional review (County Council July 2020). This was complemented by a motion passed unanimously on December 8th 2020 by OCC that "The increasing powers of non-elected decision makers is impacting negatively on Oxfordshire's population**".**
d. We recommend that HOSC requests that the operation of the scrutiny function be part of a County Council Constitutional Review. We recommend priority to the value of transparency and openness to ensure the public is aware of the challenges faced in scrutiny of the whole system.

Public engagement

- The OX12 project carried out by OCCG has been a litany of missed opportunities to engage productively with the residents of the OX12 post code and others outside the postcode who, nevertheless, use the health care facilities.
- The early establishment of a stakeholder's reference group, with activities involving the well-attended listening and solutions meetings, gave the misguided impression that ideas and proposals made by residents during the listening and more importantly the solutions events would be adopted. It is difficult to see how the CCG intended to adopt these and how they aligned with the intentions of the CCG. Indeed, apart from the closure of Wantage Hospital, which was always understood by the OX12 population to be a major aim of the CCG, it was difficult to see what the aims of the CCG were. If they existed, these were not communicated in any way to the population. As indicated in the main body of this report the PHCNAF did not really marry population needs with population wishes and no attempt was made to explain the underlying approach and strategy of, and options available to, the CCG in health care provision for OX12 together with any constraints in terms of costs, staff etc. This represented a major failure in communication. So much more could have been done in terms of arguing the cases for the "Home First" policy, presenting new opportunities arising from new technologies. These opportunities were missed completely.
- One route to policy development is that the executive body develops a strategy based on a number of options, coupled with an outline of the limitations intended to manage

expectations. This is then ideally followed by a discussion with the population affected, which may result in a degree of compromise on both sides. There was no indication that anything like this took place. The consultation events (listening and solutions) took place before and in the absence of any semblance of a presentation of the strategy by CCG. The PHCNAF was a process rather than a strategy.

The process of co-production, where there is meaningful engagement and transparency to build trust with a local population as a partnership (http://www.realisegroup.com/our-team#our-team-1), could have been used. The use of digital communication combined with face-to-face events would have increased transparency and mutual understanding.

- In contrast, the process was strictly controlled by the CCG with whole system support and did not appear to have been based on advice from experts in co-production. Some advice was sought in the summer, but this was after a survey had been completed which omitted questions considered a priority by the local population and the series of private meetings held after the stakeholder listening event (7 months after the start). This ensured that any transparency was lost, leading to grave disappointment amongst the community as a result of a report that bore no relation to their experience and expectation that there would be progress.
- It was unclear why the CCG did not lay out their aims and arguments in clear daylight for a full discussion from the beginning which could have led to a full, frank and fruitful discussion even if this was likely to become animated. OX12 has a relatively well-educated population who are well able to understand issues related to finance and other limitations that may be imposed on the health service.
- The failure to communicate properly and constructively with the OX12 population has been a major contributor to the failure of the OX12 project and has led to mistrust and a degree of bad feeling. It is unfortunate that this mistrust has been inherited by OH in their county-wide review and a renewed engagement with the OX12 regarding the future of Wantage Hospital. Although the future of the hospital is assured, the continuing discussion regarding in-patient beds lingers on and OH have compounded the distrust of residents' representatives by not engaging rapidly with them to explain their case and arguments.

In summary, the OX12 project to pilot the PHCNAF has failed. It has failed as a result of the poor management and realisation of the PHCNAF, together with a poor level of engagement and communication with the residents of the OX12 postcode.

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