Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee
Thursday, 30 June 2016

ADDENDA

8. Health & Care Transformation in Oxfordshire Update (Pages 1 - 84)

Attached is the report 'Transformation Communication and Engagement Strategy', together with the presentation to be given by Stuart Bell, Chief Executive of Oxford Health and Chair of Oxfordshire's Transformation Board, entitled 'Health & Care Transformation in Oxfordshire.'

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Oxfordshire NHS

Oxfordshire Health and Care Transformation

Communications and Engagement Strategy 2016-2017

Contents

1. Purpose 3

2. Background 3

3. The Duty to Involve 5

4. Talking Health and Care in Oxfordshire: Previous Engagement and Consultation on Health and Care Strategies 5

5. The Oxfordshire Transformation Board 6

6. Aims of the strategy 7

7. Target Audiences 8

8. Branding and messages: "the Oxfordshire story" 9

9. Approach 11

Phase One: Pre consultation engagement and awareness-raising 11

9.1 Communications and engagement priorities for Phase One 11

9.2 Pre Consultation Communications and Engagement Activities 12

Phase Two: Public consultation 13

9.3 Communications and engagement priorities for Phase two 13

9.4 Consultation Communications and Engagement Activities 13

Phase Three: Decision making and implementation 14

9.5 Communications and engagement priorities for Phase three 14

9.6 Communications and engagement activities for Phase three 15

10. Communications and engagement channels 15

11. Monitoring 16

1. Purpose

The purpose of this document is to set out the proposed patient, public and external stakeholder communications and engagement approach to support the next 12 months of the Oxfordshire Transformation Programme.

Although the programme itself spans the next five years, this strategy focuses on the programme's priorities for 2016/17 and the Programme's aim of consulting on a range of significant service changes resulting from the development of new models of care for the county as part of the development of a five year Sustainability and Transformation Plan.

A number of assumptions have been made when developing the strategy:

- The timescale: that the Transformation Programme plans to consult on possible options of service reconfiguration from October 2016

- Resource: that all communications and engagement activities will be jointly owned and delivered by all partner organisations – this includes clinical and non-clinical staff

- Principles: that the Oxfordshire Transformation Board engages in the process in line with the Gunning Principles[1]

- Budget: that there is sufficient staff resource and non-pay budget to deliver the proposed activities

2. Background

The NHS Five Year Forward View2 (October 2014), describes a vision for health and care service that will be needed in 2020. This vision 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 NHS organisations to develop plans to ensure:

- 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.

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[1] These are legally acknowledged principles against which consultations are measured in judicial review i.e. that the consultation took place when proposals are still at a formative stage; sufficient reason is put forward for the proposal to allow for intelligent consideration and response; adequate time is given to the consideration of the response; the product of the consultation is conscientiously taken into account.

2 The NHS Five Year Forward View was published on 23 October 2014 and sets out a new shared vision for the future of the NHS based around the new models of care. It has been developed by the partner organisations that deliver and oversee health and care services including Care Quality Commission, Public Health England and NHS Improvement.

The Five Year Forward View Into Action (December 2014) produced by NHS England develops this vision further and outlines new ways of working and new models of care over the coming years.

NHS and social care organisations in Oxfordshire have formed a Transformation Board to oversee a system wide Transformation Programme. It comprises Oxfordshire Clinical Commissioning Group (OCCG), Oxford Health NHS Foundation Trust (OHFT), Oxfordshire University Hospitals NHS Foundation Trust (OUHFT), South Central Ambulance Trust (SCAS), Oxfordshire County Council (OCC) and the Oxfordshire Primary Care Federations. Its joint purpose is to develop plans for the next generation of integrated GP, community and hospital services. Its aims are to:

- Provide innovative ways of delivering outcomes for a society that lives longer and expects more
- Maximise the value of Oxfordshire's health care spend
- Find ways to become better at preventing and managing demand
- Help individuals to take greater responsibility for their own health

The Board is not an executive body, so 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).

The work of the Oxfordshire Transformation Programme will feed into an over-arching five year plan (called a Sustainability and Transformation Plan) across Buckinghamshire, Oxfordshire and West Berkshire, to address the above aims and make proposals for the type of transformational service change that is required.

Since the spring of 2016, in Oxfordshire, clinically-led service review working groups have been developing ideas for possible future models of care for the following areas:

- Integrated care for frail older people and those with long term conditions and urgent and emergency care for the general adult population
- Planned (elective), diagnostics and specialist care
- Maternity
- Children's services
- Mental health
- Learning disability and autism

They have been considering clinical best practice, national and international evidence, health needs and future population health demand, service standards and the existing and potential future challenges of care provision, including financial pressures.

These new models of care and vision for 2020 will form the basis of an Oxfordshire health and care transformation case for change and inform a process to further develop and test any possible options and service changes over the early summer of 2016.

The Transformation Programme is aiming to go out to public consultation from October 2016[3]. This would be a three month public consultation minimum with decisions being made in early 2017.

The process described above and the conclusions drawn about resulting service change will be subject to an assurance process involving NHS England and the Thames Valley Clinical Senate.

Decisions about the content of any formal public consultation would be taken by the Board of OCCG, as the statutory decision maker and NHS Foundation Trust Boards.

3. The Duty to Involve

NHS organisations have a duty to involve patients and the public in:

- Planning the provision of services
- The development and consideration of proposals for changes in the way those services are provided
- Decisions to be made by the NHS organisation affecting the operation of services.

Involving patients and the public early on in options development will also help to demonstrate point two of the Secretary of State's four key tests for service reconfiguration set out in the revised Operating Framework for 2010/11: strengthened public and patient engagement.

Notwithstanding statutory obligations, involving and engaging will help to:

- Create understanding of the need for change and the case for developing new models of care to transformation health services in Oxfordshire
- Better inform the development of new models of care
- Enable the Transformation Programme to work in partnership with the public to ensure the successful implementation of any service change projects.

4. Talking Health and Care in Oxfordshire: previous engagement and consultation on health and care strategies

There is a rich source of feedback and insight which has been provided by patients, the public and stakeholders over recent years[4].

[3] Subject to NHS England Assurance Framework approval
[4] 2013 to 2016

Communities have already provided a wealth of feedback on strategic direction. It is important to acknowledge this feedback has been considered and to explain how it is now time to move the conversation on to help inform how to deliver change.

OCCG has a well-established and large online community of people who wish to engage on a range of health and care topics and issues. More than 2,500 individuals and organisations are members of Talking Health and regularly engage and take part in surveys, patient advisory groups, discussion groups and engagement events.

Each Foundation Trust has its own large and extensive membership network and other ways of engaging patients who use their services. Likewise, Oxfordshire County Council has a long track record and extensive experience of engaging and consulting local people.

Any engagement activities should maximise the use of these well-established networks to full effect – both to reach out to a broad range of people and to help identify and work with current or recent users of services who may be affected by change and be the focus of public consultation.

5. Lay representation on the Oxfordshire Transformation Board

Involving patients and the public should be at the forefront of the Programme's governance arrangements. All participating organisations have their own Boards and non-executive Directors who have statutory responsibilities to discharge, including having Lay Representatives for patients and the public.

The Oxfordshire Transformation Programme recognises that its Board arrangements would benefit from the inclusion of representative voices of patients and service users. There are two Lay Representatives on the Oxfordshire Transformation Board – the Executive Director of Healthwatch Oxfordshire and a Lay Chair of one of OCCG's Public Locality Forums. Their role is to:

- Provide views and feedback on what matters most to patients and the public about future configurations of services

- Work with the Transformation Programme Director and senior leaders to ensure the experiences and views of patients, carers and the public are considered in the development of ideas and proposals for the transformation of Oxfordshire health and care services

- Review and provide feedback on proposals to engage with and consult with patients, carers, the public and stakeholders

- Review and provide feedback on the development of associated public facing information, specifically consultation materials

- Provide views on the appropriate and proportionate engagement of key stakeholders and patients in assessing the available options and that the options are shaped by patient and public engagement

This arrangement is in addition to the formal scrutiny of the Oxfordshire Transformation Programme by the Oxfordshire Joint Health Overview and Scrutiny Committee and the Boards of all partner organisations.

6. Aims of the strategy

- To create awareness of and understanding about the benefits and challenges facing health and care services in Oxfordshire

- Make the wide and varied communities in Oxfordshire and its borders aware of the case for change, new models of care and options for the future and to give feedback on what matters most to patients and local people

- Enable all partner organisations to meet their statutory and legal obligations to involve and engage appropriately and proportionately

- Ensure the rich feedback and insight already provided by patients, the public and stakeholders over recent years[5] is considered by the Oxfordshire Transformation Programme in its thinking and development of any proposals for future models of care

- Enable the voice of service users or representative voices and stakeholders[6] to be listened to and considered as the programme's thinking develops over the coming months in preparation for public consultation - this includes development of plans and materials, as well as models of care and service redesign options

- Enable the voice of service users or representative voices and stakeholders to be listened to and considered throughout any public consultation process and subsequent decision making process

- Ensure the expectations of the NHS England assurance process are met[7]

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[5] 2013 to 2016

[6] The term stakeholder is used to describe representatives of statutory, local and national organisations with whom the Transformation Board has an ongoing relationship with e.g. local government organisations, MPs, the voluntary and community sector.

[7] NHS England Planning, Assuring and Delivering Service Change for Patients 2015 https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf

7. Target audiences

This strategy focuses on patient, public and external stakeholder engagement.

For the purposes of this strategy, patient, public and external stakeholders are taken to be:

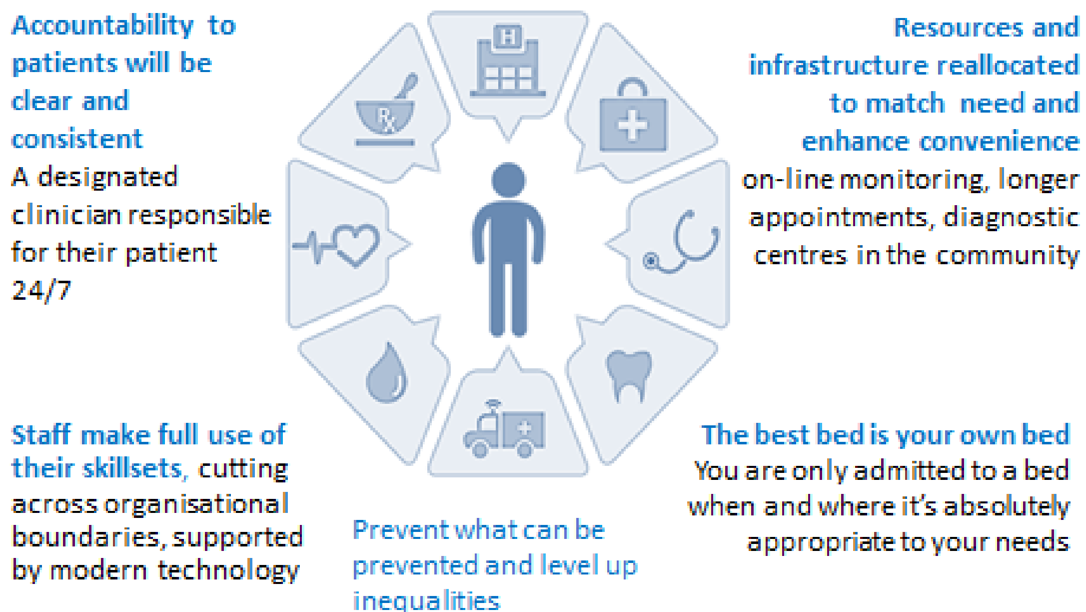
- Individual residents within the county
- Current and previous service users of health services – particularly those who have had direct experience of services affected by any proposed changes
- Oxfordshire Talking Health members
- Patient Participation Groups
- Oxfordshire's Locality Patient and Public Forums
- Foundation Trust members
- Community Hospital League of Friends
- Healthwatch
- Community sector groups and their members
- Voluntary sector groups and their members
- Seldom heard groups or representatives working with these communities
- Faith communities
- Groups or individuals with protected characteristics as described by the Equality Act 2010
- Oxfordshire's Health Inequalities Commission
- Representatives of Oxfordshire County Council: elected members and paid staff
- Representatives of Oxfordshire's District Councils: elected members and paid staff
- The Oxfordshire Joint Health Overview and Scrutiny Committee
- The Oxfordshire Health and Wellbeing Board
- MPs
- Representatives of the housing and care home sector
- Representatives of education providers
- Representatives of Oxfordshire's employers
- Neighbouring health and care systems along Oxfordshire's county boundaries.

It is the responsibility of each Transformation Programme partner to ensure its own staff are involved and informed.

8. Branding and messages: 'the Oxfordshire story'

The Oxfordshire Storyboard was published towards the end of 2015 and sets out the vision for transformation in Oxfordshire and the case for change. It has been presented to a range of key stakeholder meetings and public forums and contains a number of overarching messages.

The Vision for 20/21:



This vision is underpinned by the following principles:

Responsible:	we are responsible for and are enabled to take care of our own and each other's health
Innovative:	we participate in healthcare innovation for the benefit of ourselves and our communities
Expert:	we receive urgent and/or complex care in the right place, at the right time
Personal:	we have equitable access to healthcare at home and in our communities.

The need for change – why now?

- Increasing demand
- Increasing complexity
- Increasing cost
- Workforce under pressure
- Current models of care are under pressure
- Slow progress in delivering more anticipatory care and managing local population health
- Do nothing is not an option

Our key messages include:

- Although most patients currently receive good care in Oxfordshire, achieving the **best standards of care** for everyone is becoming increasingly difficult.

- Pressure on services is increasing, particularly where demand is more highly concentrated among older people – our review of health and care is being **driven by clinicians** who see patients every day and see how services could be improved.

- Fundamentally it's about **improving quality and reducing inequality** of health and care services – there is currently too much variation in the care that is provided across Oxfordshire.

- We need to help prevent people getting avoidable diseases by supporting **healthier lifestyles** – the people in Oxfordshire need to be a partner in this or we will not succeed.

- We **want to work with local people** to shape the future of health services and develop local solutions in response to local needs - it is vital that the patients, the public and stakeholders get involved in the development of the ideas and proposals in the emerging case for change and possible options.

It is proposed the branding for the engagement and consultation will be 'The Big Health & Care Conversation'.

9. Approach

The proposals contained in this strategy cover three phases:

- Pre consultation engagement and awareness-raising
- Public consultation
- Decision making and implementation

Phase One: Pre consultation engagement and awareness-raising

9.1 Communications and engagement priorities for phase one

- Ensure the rich feedback and insight already provided by patients, the public and stakeholders over recent years[8] is considered by the Oxfordshire Transformation Programme in its thinking and development of any proposals for future models of care
- Ensure involvement in the development of future models of care
- Ensure information about proposals for new models of care and the development of service options is explained in a clear, public-friendly and accessible way
- Ensure stakeholders are involved in the development and testing of options before public consultation in a timely and appropriate way that gives sufficient opportunity for feedback to be given and reflected upon by the Transformation Programme – particularly current and previous service users of those services affected by any proposed changes
- Ensure this information is shared as widely as possible through a range of communications and engagement channels and mechanisms e.g. face to face briefings, newsletters, website, social media
- Ensure stakeholders are aware of the Oxfordshire Transformation Programme, the emerging case for change and care closer to home strategy and are kept updated
- Ensure all feedback provided during Phase One is considered by the Transformation Programme and Transformation Board at key points in the decision-making process
- Ensure robust record keeping of all communications and engagement activities

[8] 2013 to 2016

9.2 Pre Consultation communications and engagement activities

- On-going awareness raising and information sharing about the Oxfordshire Transformation Programme, its ambitions, challenges and benefits for patients and carers

- A stakeholder event in early June to share emerging models of care and gather views and insight

- A follow-up stakeholder workshop in to ensure involvement in the development of options

- Working with Healthwatch and the Transformation Board Lay Representative to gather their views on what communications approaches and engagement activities would be proportionate and beneficial for full public consultation, including reviewing public facing communications materials (such as any public consultation document)

- One public engagement event per locality to discuss possible options and criteria

- Gathering feedback from key affected groups e.g. maternity service users, stroke service users, those with long term conditions

- Presentation and discussion at meetings of key community and voluntary sector groups

- Face to face briefings with Oxfordshire's District Councils and with Oxfordshire County Council to ensure key councillors are sighted on options and can give their feedback

- Briefing Oxfordshire MPs to share models of care, options and gather views

- A full engagement report of all activities and feedback received to be written and included in the pre-consultation business case.

- Updates and reports to Oxfordshire's Joint Health Overview and Scrutiny Committee, including a discussion at the June meeting about the plans for pre-consultation engagement planned for the summer period and initial thoughts and ideas for full public consultation; also to include a discussion at the September meeting about the options and plans for consultation

- Communications to raise awareness of the programme and how to get involved through channels such as media, social media etc

Phase Two: Public consultation

9.3 Communications and engagement priorities for Phase two

- Ensure the engagement report of all activities and feedback received throughout the pre-engagement period is used to inform the options within the consultation

- Ensure information within the consultation and the options are explained in a clear, public-friendly and accessible way

- Ensure stakeholders are involved in the consultation and are able to give their feedback on options freely and in different ways – particularly current and previous service users of those services affected by any proposed changes

- Ensure information about the consultation is shared as widely as possible through a range of communications and engagement channels and mechanisms e.g. face to face briefings, newsletters, website, social media

- Ensure stakeholders are aware of the Oxfordshire Transformation Programme and the consultation on proposed service changes and are given the opportunity to feedback

- Ensure all feedback provided during Phase Two is considered by the Transformation Programme and Transformation Board at key points in the decision-making process

- Ensure robust record keeping of all communications and engagement activities

9.4 Consultation communications and engagement activities

There will be a range of key stakeholder communications and engagement activities which should take place during consultation which are outlined below; a separate action plan will be developed to support this once the timeframe is confirmed.

- On-going awareness raising and information sharing about the Oxfordshire Transformation Programme, its ambitions, challenges and benefits for patients and carers

- Six public events (one in each Locality) to outline and review the options in the consultations with members of the public; it is suggested these would be workshop style events to debate the options but this is dependent on numbers attending and resources available

- Working with Healthwatch and the Transformation Board Lay Representative to ensure communications approaches and consultation activities, including reviewing public facing communications materials (such as any public consultation document)

- Identifying and gathering feedback from key affected groups e.g. maternity service users, stroke service users, those with long term condition

- Identifying and gathering feedback through outreach work from seldom heard groups

- Presentation and discussion around the options at meetings of key community and voluntary sector groups

- Face to face briefings with Oxfordshire's District Councils and with Oxfordshire County Council to ensure key councillors are sighted on options and can give their feedback

- Engaging with Oxfordshire MPs to ensure they are sighted on options and can give their feedback

- A full consultation report of all activities and feedback received to be written and presented to the Transformation Board and the Boards of participating organisations

- Communications to raise awareness of the consultation and how to get involved through channels such as media, social media etc

- A full consultation report of all activities and feedback received to be written and presented to the Transformation Board and the Boards of participating organisations

Phase Three: Decision making and implementation

9.5 Communications and engagement priorities for phase three

- Ensure the consultation report and all feedback provided during Phase Two is considered by the Transformation Programme and Transformation Board at key points in the decision-making process

- Ensure information within the consultation report and decision making process is explained in a clear, public-friendly and accessible way

- Ensure stakeholders are aware of the consultation report and decision making process

- Ensure information about the consultation report and subsequent decision making process is shared as widely as possible through a range of communications and engagement channels and mechanisms e.g. face to face briefings, newsletters, website, social media

- Ensure information about the implementation process is shared widely with all stakeholders and those who participated in the consultation

9.6 Communications and engagement activities for phase three

- On-going awareness raising and information sharing about the Oxfordshire Transformation Programme, its ambitions, challenges and benefits for patients and carers

- Face to face briefings with Oxfordshire's District Councils and with Oxfordshire County Council to ensure key councillors are sighted on the consultation report and options and can give their feedback

- Engaging with Oxfordshire MPs to ensure they are aware of the consultation report and timeline for decision making

- Updates and reports to Oxfordshire's Joint Health Overview and Scrutiny Committee, including a discussion at an appropriately timed meeting to ensure they are aware of the consultation report and timeline for decision making

- Communications to raise awareness of the decision making process including timeline, followed by outcomes / implementation

- Presentation and discussion around the consultation and the decision making process including timeline, followed by outcomes / implementation at key community and voluntary sector groups

10. Communications and engagement channels

Throughout the programme of engagement and consultation we will use the following communications and engagement channels – the list is not exhaustive as we would always strive to develop / use more channels where new methods were identified or the opportunity arose.

- Give a 'face' to the Transformation Programme by developing a pool of spokespeople (managerial and clinical) across partners
- Website: a website is being developed as a central point for all information relating to the Transformation Programme. Each partner will link to the site from their own website
- Newsletters: the use of all NHS and partner organisations newsletters and through voluntary and community newsletters where possible
- Public events: as outlined above for phase one and two

- Face to face meetings: we will attend, where possible, face to face meetings with voluntary and community sector meetings
- Focus groups: we will use focus groups to work with affected groups and seldom heard groups
- OCCG Equality & Access Team: the team will outreach as part of their community work to engage with seldom heard groups
- Surveys: as part of the pre-engagement phase and consultation phase, surveys will be used to test emerging models, options and evaluation criteria
- Leaflets / posters: a case for change leaflet will be developed for phase one; for phase two leaflets and posters will be used to advertise the consultation and how to get involved. This will be available on request in different languages but will be available in easy read
- Media: deliver a pro-active media campaign to publicise the programme and ways people can get involved as well as responding to media enquiries in a timely way
- Social media: deliver an active digital / online presence to promote the programme and opportunities to get involved with a diverse audience through Twitter and Facebook and other online platforms where appropriate
- Memberships & existing patient groups: use all existing memberships (e.g. Foundation Trust members), GP patient participation groups and public Locality Forums to raise awareness of the programme and opportunities to get involved

11. Monitoring

The OCCG Programme Director for Transformation will have overall responsibility for the Strategy. The Transformation Board will monitor the delivery of the strategy at its monthly meetings.

Oxford Health NHS
NHS Foundation Trust

Oxford University Hospitals NHS
NHS Foundation Trust

NHS
Oxfordshire
Clinical Commissioning Group

Oxford Federation for General Practice and Primary Care

Health and Care Transformation in Oxfordshire

Stuart Bell – Chief Executive
Oxford Health NHS Foundation Trust

Monday 6 June 2016

Objectives

- At an event in Oxford on 6th June 2016, we signalled the start of a public conversation about the case for change in transforming health and care in Oxfordshire and the emerging models of care.

- These slides have since been updated to reflect the rich feedback we received from the audience (slide 3)

- We want to get everyone's views to help inform our thinking and help us to develop plans as part of an on-going process that will lead to public consultation later in the year.

What you told us . . .case for change

There was general understanding and agreement on the Case for Change and vision for Oxfordshire. Common issues raised by attendees on the day included:

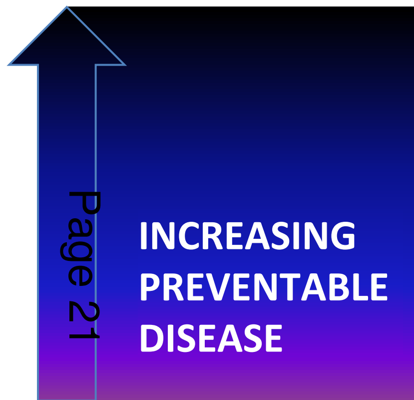
- The need to **change culture** across both patients, public and staff
- To increase messages on importance of **prevention** and behaviour change
- **Acknowledge difficulties / risks** in the Transformation process
- Highlight importance of **extending skill sets of current staff/**workforce
- Include details of finance and **be open about the cost of transition**
- **Consider and manage the impact of change/cuts on other services**
- To much focus is on urban areas, **reflect large rural proportion too**
- Greater recognition of children and young adults esp. prevention & lifestyle
- Greater recognition of the potential for technology to support patients
- Greater focus on voluntary, carers and support to patients

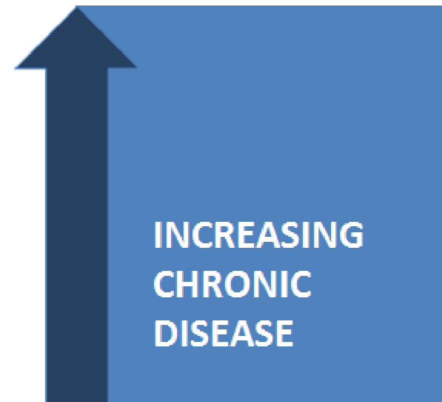
Context: Oxfordshire in a snapshot

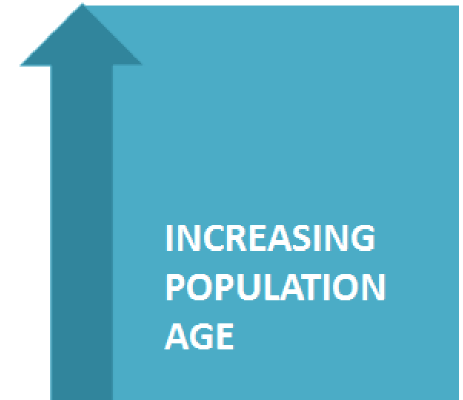
- **672,000 population** - increased more than 10% in 15 years and growing
- Families moving in to urban areas, rural areas typically elderly population
- **Increasing** births, people with long term conditions and frail elderly
- **90,000 residents limited** in their daily activities due to disability
- Oxfordshire is generally healthy but **61% are overweight - obese**
- Number of people with **diabetes forecast to increase by 32%** by 2030
- Over half of all **mental ill health** starts by age of 14
- **75% of mental health** developed by the age of eighteen
- Oxfordshire health care services are **comparatively efficient & effective**

- To respond to the challenges we face we need to consider fundamental changes – we cannot continue to do more of the same!

In Oxfordshire our health needs are changing







In Oxfordshire our population is changing – this means health needs may change

In 2011: Black and minority ethnic (BME) communities make up 9% of our population - this has increased twofold in the past ten years.

Possible impacts are language and cultural barriers to access services; some BME groups are more likely to get certain illnesses e.g. people from South East Asia are more likely to get type 2 diabetes

22,000 new homes

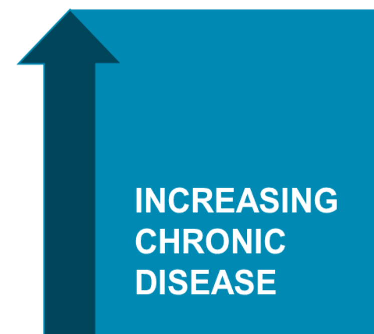
Planned for Bicester and Didcot

Impact: new facilities might be needed in areas of housing growth including primary care

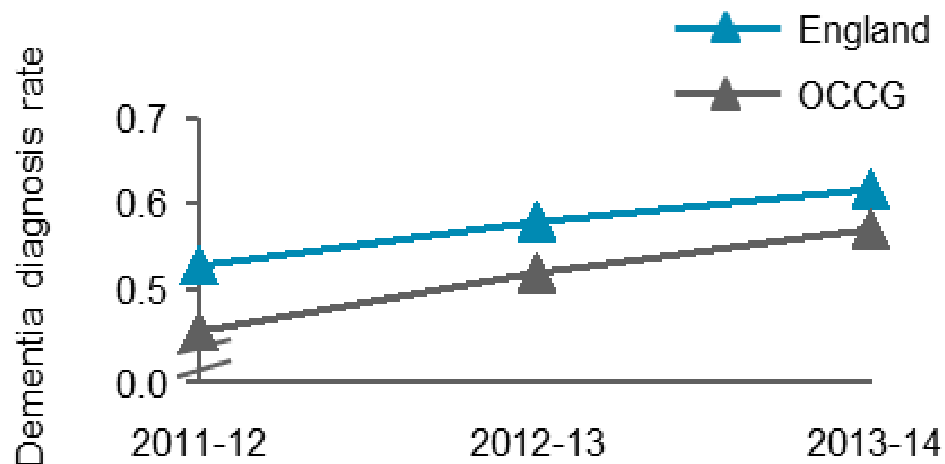
In Oxfordshire disease levels are rising

Obesity, COPD and diabetes continue to increase

- 61% of Oxfordshire's adult population are overweight or obese
- the number of people with diabetes is forecasted to jump 32% to 41,000 by 2030



Dementia prevalence rising

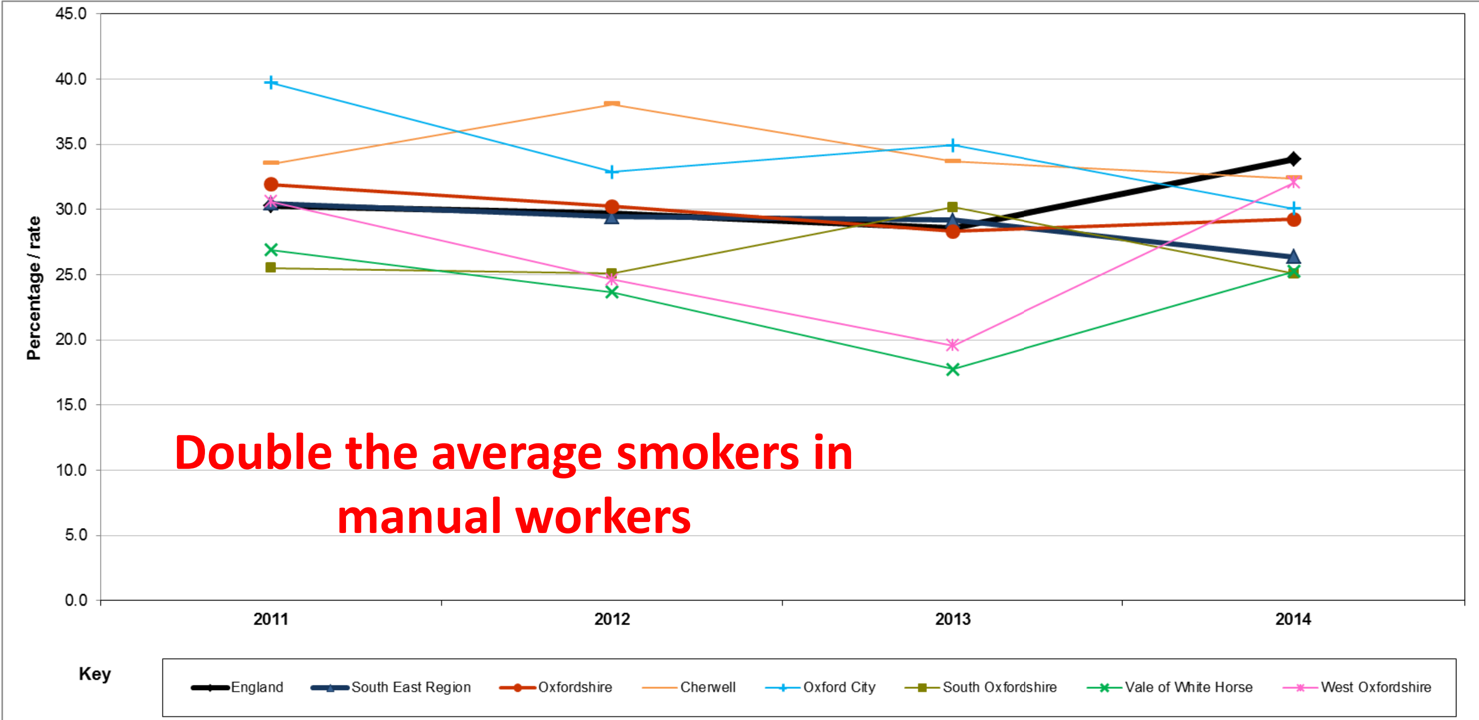


Source: Oxfordshire JSNA, March 2015; APHO Diabetes Prevalence Model for England, 2009; Most Capable Provider Assessment – Older People, June 2014

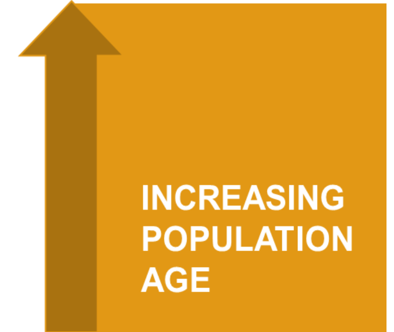
Much of this disease is preventable and stems from

- Unhealthy lifestyles - inactivity, obesity, smoking & alcohol consumption
- Inequalities - smoking rates 2x higher in manual workers to county average

Table shows average prevalence of smoking among persons aged 18 years and over in the routine and manual group (2011 to 2014)



In Oxfordshire our health needs are changing



Ageing population

65+: **18% increase →**
forecast to grow to 140k people by 2025

85+: **30% increase →**
forecast to grow to 22k people by 2025

Source: Oxfordshire JSNA, March 2015; APHO Diabetes Prevalence Model for England, 2009; Most Capable Provider Assessment – Older People, June 2014

In Oxfordshire we could do better . . .

…we are increasingly struggling across the system to deliver good access for our people when they need it

20% of our people choose A&E rather than GP

A&E attendances rising by 1-3% yearly.

Some patients struggle to see their GPs.

29% reported the length of wait as unacceptable

An average of 12 days between clients' being ready and receiving long-term home care.

Commissioning 53% more home care than in 2011.

Management of long term conditions.

31% said they received good care managing their long term condition

In Oxfordshire we could do better

We have identified 3 health and wellbeing gaps we can help to fill:

- A lifestyle and motivation gap - making it easier for people to help themselves using apps and the web

- A service gap – helping clinicians prevent ill health by improving unhealthy lifestyles

- A community gap - healthier community design and, as the county’s largest employer, our workforce’s health

In Oxfordshire we are facing many challenges

The challenges facing health & care are many and varied:

The Oxfordshire Transformation Programme

NHS and partners, with Healthwatch and lay representative

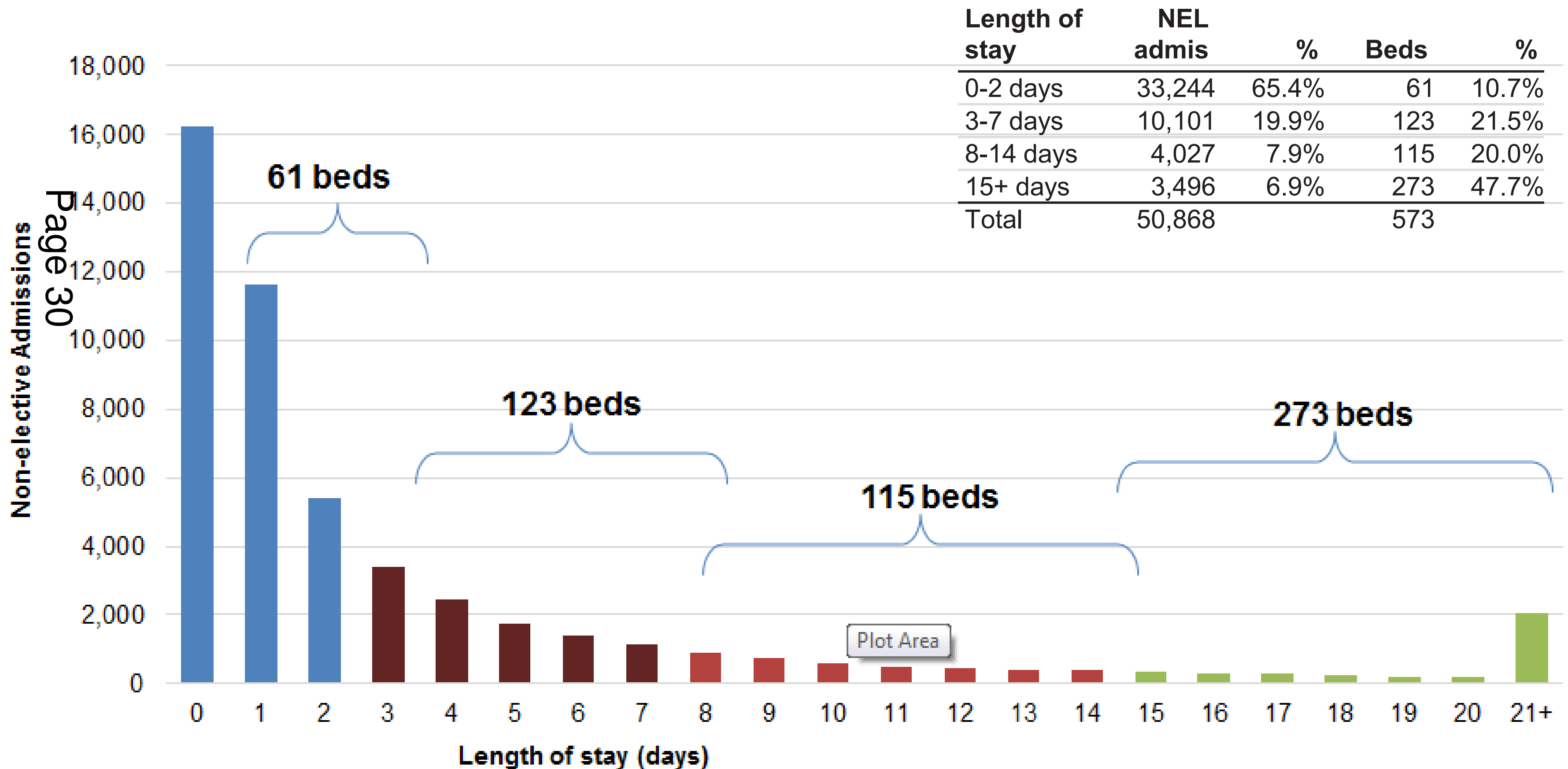
Our aims are to:

- Reduce preventable ill health and reduce inequalities
- Propose innovative models for delivering high quality services, experiences and outcomes that are sustainable and meet the needs of an expanding population that lives longer with increasing healthcare needs
- Maximise the value and impact of the Oxfordshire health and social care £
- Find ways to become better at preventing illness and managing our health
- Help individuals to take greater responsibility for their own health
- Interactions and expectations are changing, for example Health 'Apps'

We are:

Early messages – non elective admissions

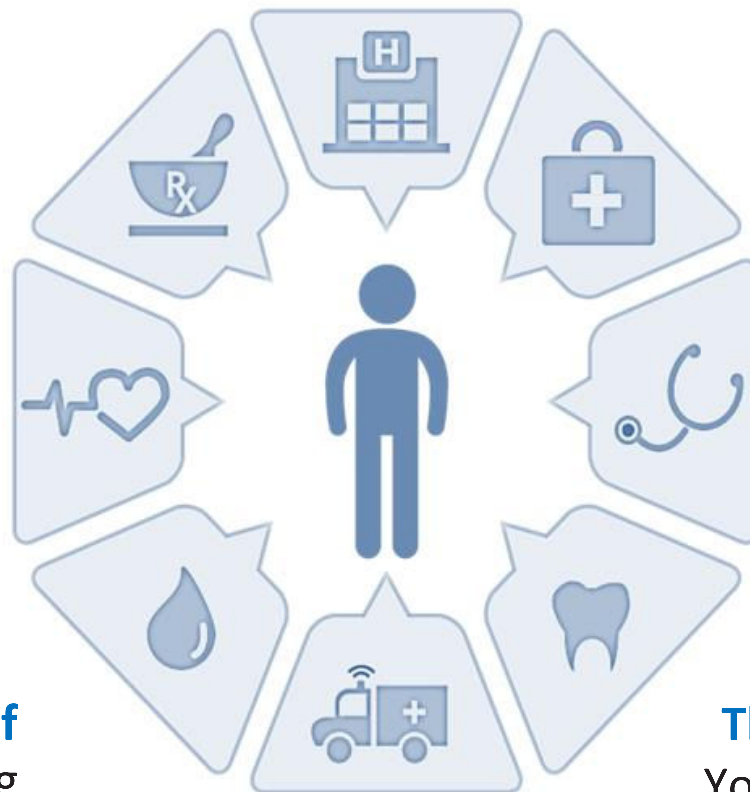
Are our resources spent in the right place?



Length of stay	NEL admis	%	Beds	%
0-2 days	33,244	65.4%	61	10.7%
3-7 days	10,101	19.9%	123	21.5%
8-14 days	4,027	7.9%	115	20.0%
15+ days	3,496	6.9%	273	47.7%
Total	50,868		573	

Oxfordshire Vision

Accountability to patients will be clear and consistent
A designated clinician responsible for their patient 24/7



Resources and infrastructure reallocated to match need and enhance convenience
on-line monitoring, longer appointments, diagnostic centres in the community

Staff make full use of their skillsets, cutting across organisational boundaries, supported by modern technology

Prevent what can be prevented and level up inequalities

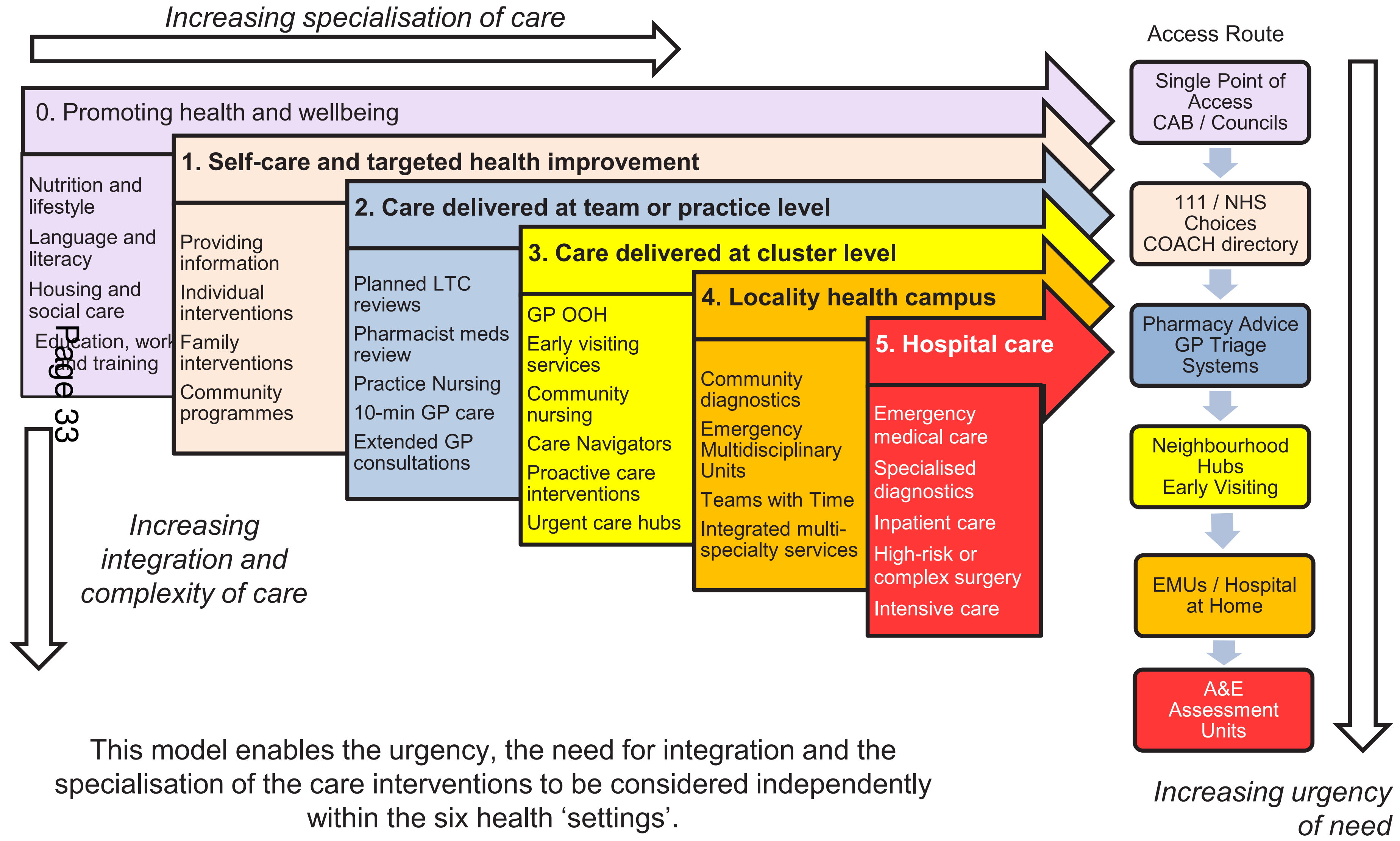
The best bed is your own bed
You are only admitted to a bed when and where it's absolutely appropriate to your needs

Care closer to home

So that people in Oxfordshire can get more care at home – or closer to home. To do this we will:

- increase people's confidence to manage their own care
- General Practice as 'the gate keeper'
- deliver more integrated GP, community, hospital & social care
- manage the population's health to improve outcomes
- increase the capacity of community workforce
- organisations working together across Oxfordshire
- services focusing on quality, experience and outcomes

Care Closer to home Model



This model enables the urgency, the need for integration and the specialisation of the care interventions to be considered independently within the six health 'settings'.

How can we achieve our ambition?

By working together as one for you

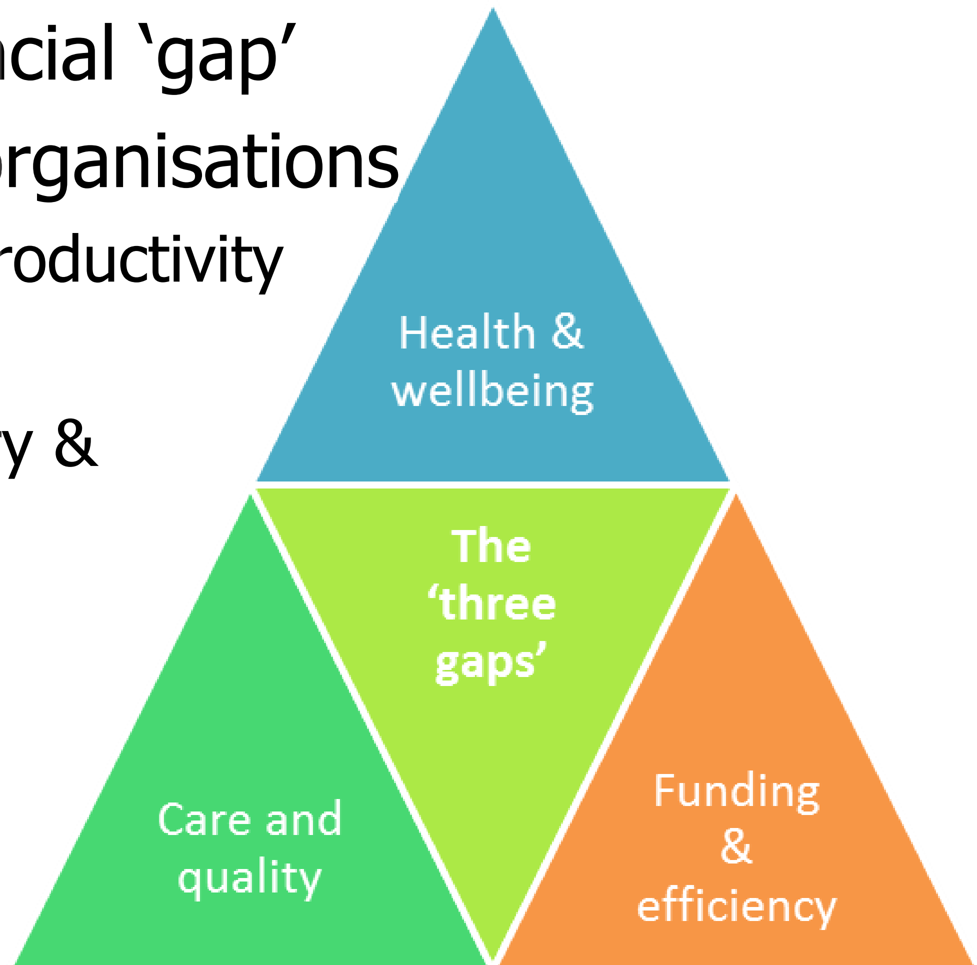
Talking to you, patients, the public and local stake holders

Consulting with you about proposed changes to services (autumn 2016)

Working with you to agree a five year plan for Sustainability & Transformation (June to Sept '16)

The NHS Five Year Forward View (5YFV)

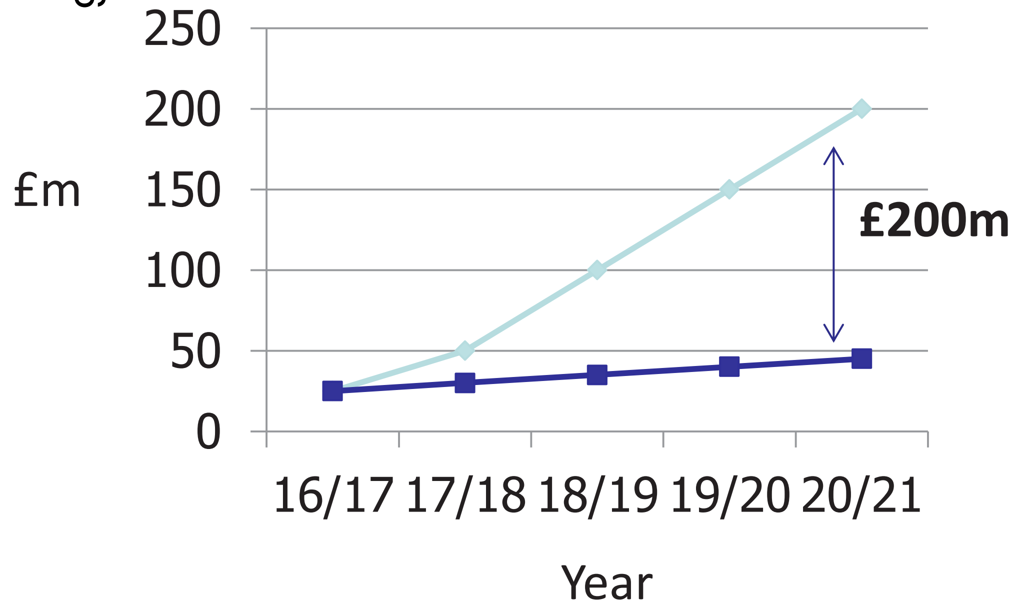
- £8.4 billion real terms growth for *Sustainability & Transformation* by HM Treasury
- But leaves £22bn financial 'gap'
- To be closed by NHS organisations
  - Improved efficiency & productivity
  - Demand management
  - Changing service delivery & pathways



The NHS Five Year Forward View (5YFV)

For Oxfordshire:

- £1.2 billion pa
- Oxfordshire £ increasing - £125m more between 2016-'21
- £200m gap in 2020/21 if we do nothing



"this is not about 'cutting' budgets, but about identifying the best possible use of resources so that we can meet the forecast rise in demand, and wherever possible, reduce that demand by improving the population health."

Buckinghamshire, Oxfordshire & Berkshire West - A Snap Shot of 'BOB' STP

Alliance with Bucks & Berks West:

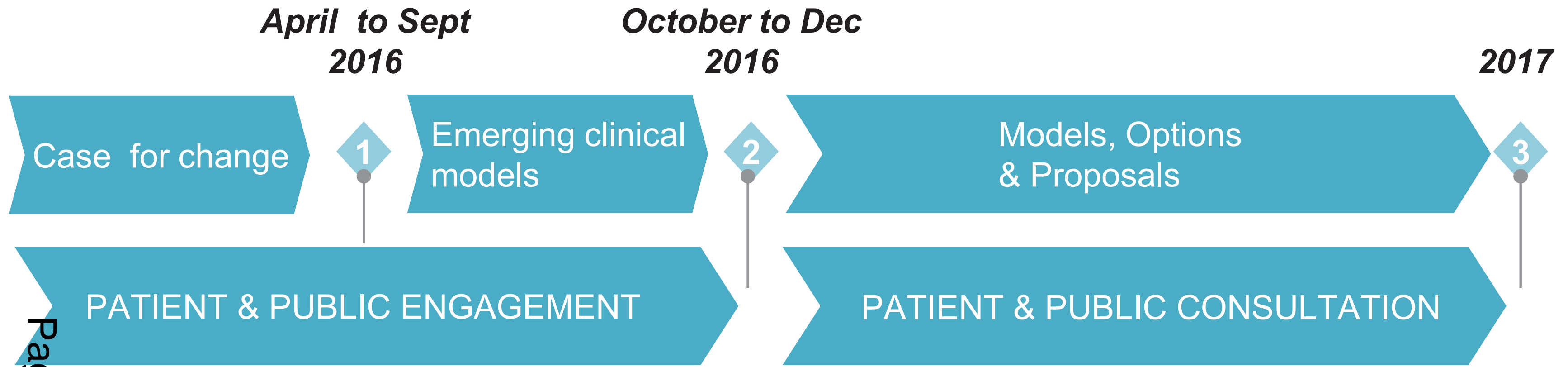
- 1.8m population
- £2.5bn funding allocation
- £500 funding gap if we do nothing
- 7 Clinical Commissioning Groups
- 6 Foundation & NHS Trusts
- 14 local authorities
- STP Lead David Smith OCCG

Buckinghamshire, Oxfordshire & Berkshire West - A Snap Shot of 'BOB' STP

Alliance with Bucks & Berks West:

- scaled public & population health
- mental health services
- urgent & emergency care, cancer & maternity
- workforce
- primary care sustainability
- reducing/avoiding variation

Next Steps



- Discuss the Case for Change, focusing on trends & challenges in our current health care provisions along the pathways
- Review best practices and case examples on models of care and discuss potential implications for Oxfordshire

- Discuss and input into emerging views on the best practice care models
- Discuss with consultants and clinicians involved in driving this work
- Public review and input into emerging models of care

- Launch public consultation on new care models
- Review / refine models of care
- Discuss high level requirements from different care settings, including out of hospital care
- Consult on options and proposals for the new care models
- Seek public feedback on models and options

Clinical review & overview of emerging models of care

Bruno Holthof – Chief Executive
Oxford University Hospitals NHS Foundation Trust

Dr Joe McManners – Clinical Chair
Oxfordshire Clinical Commissioning Group (OCCG)

Clinical Pathway Reviews

The starting point in developing future models of care is:

- to identify current challenges
- discuss what ‘good’ looks like for pathways
- look at what patients are telling us about their care

We are reviewing:

- Maternity services
- Children's services
- Urgent and emergency care
- Planned, diagnostics & specialist care
- Mental health, learning disabilities & autism

Maternity & Children's services

Sarah Breton - OCCG

Maternity - background

- approximately 7400 births at the Oxford University Hospital Trust (OUHT) to women registered with an Oxfordshire GP last year. Another 400 Oxfordshire women delivered outside of the OUHT

- OCCG commissions maternity services from the OUHT at a cost of about £32m a year

- women are offered the full range of maternity choices including home birth, Midwifery Led Unit (MLU), alongside MLU and Obstetric Units

- when we ask women what they want from maternity services they say:
  - healthy baby, partner involvement, continuity of midwife, better postnatal support and improved breastfeeding support.
  - overall women are very positive about the services they receive.

Maternity - vision

- the right woman, into the right part of the service and cared for by the right professional

- early booking with effective early risk assessment

- informed choice but real choice

- appropriate pathways of care including birth

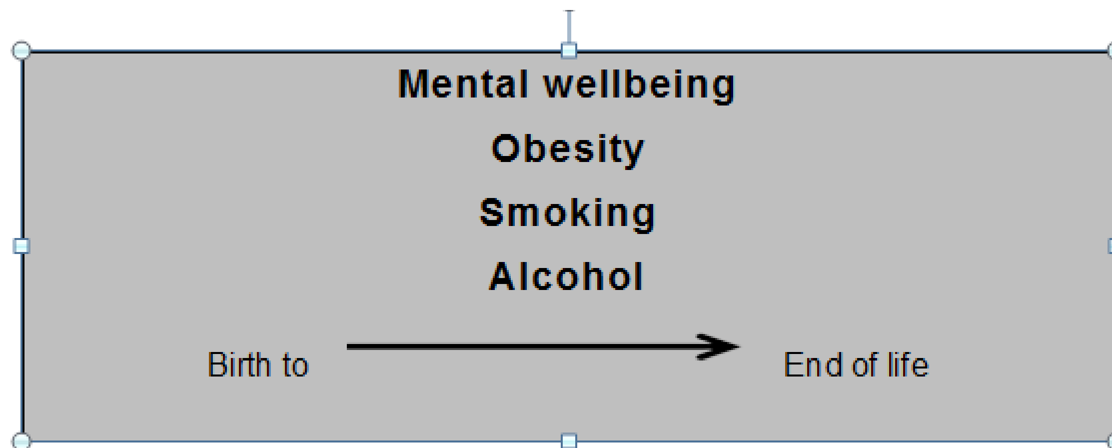
- sustained continuity of care

Maternity - health and wellbeing gap

How do we radically upgrade prevention over the next 5 years?

- Directors of Public Health
  - Inequalities and health, life expectancy
  - Preventable long term conditions
  - Ensuring a better start in life
  - Mental wellbeing = Perinatal mental health

PRECONCEPTUAL CARE



Maternity - quality gap

- informed choice – impact on capacity, balanced with clinical safety
- preconception care – consistency of provision
- continuity of care – guidelines, pathways, midwifery and medical care, affordable and sustainable
- medical risk assessment – consistency of delivery, early enough in pregnancy
- staffing – RCOG standards for obstetric units, midwife to birth ratios
- estates – some not fit for purpose, some under-utilised, others need more capacity
- technology – community based diagnostics, care records

Maternity - best practice

- differential approach to preconception care
- single pathway for perinatal mental health
- risk managed approach to antenatal care pathway based on early risk assessment
- medical staff and midwives providing continuity of care.
- women having the right information to make an "informed choice" about place of birth
- where appropriate, access to full offer of 4 places of birth – home birth, MLU, alongside MLU and obstetric unit

Maternity – potential future pathway

PRECONCEPTION

Universal:

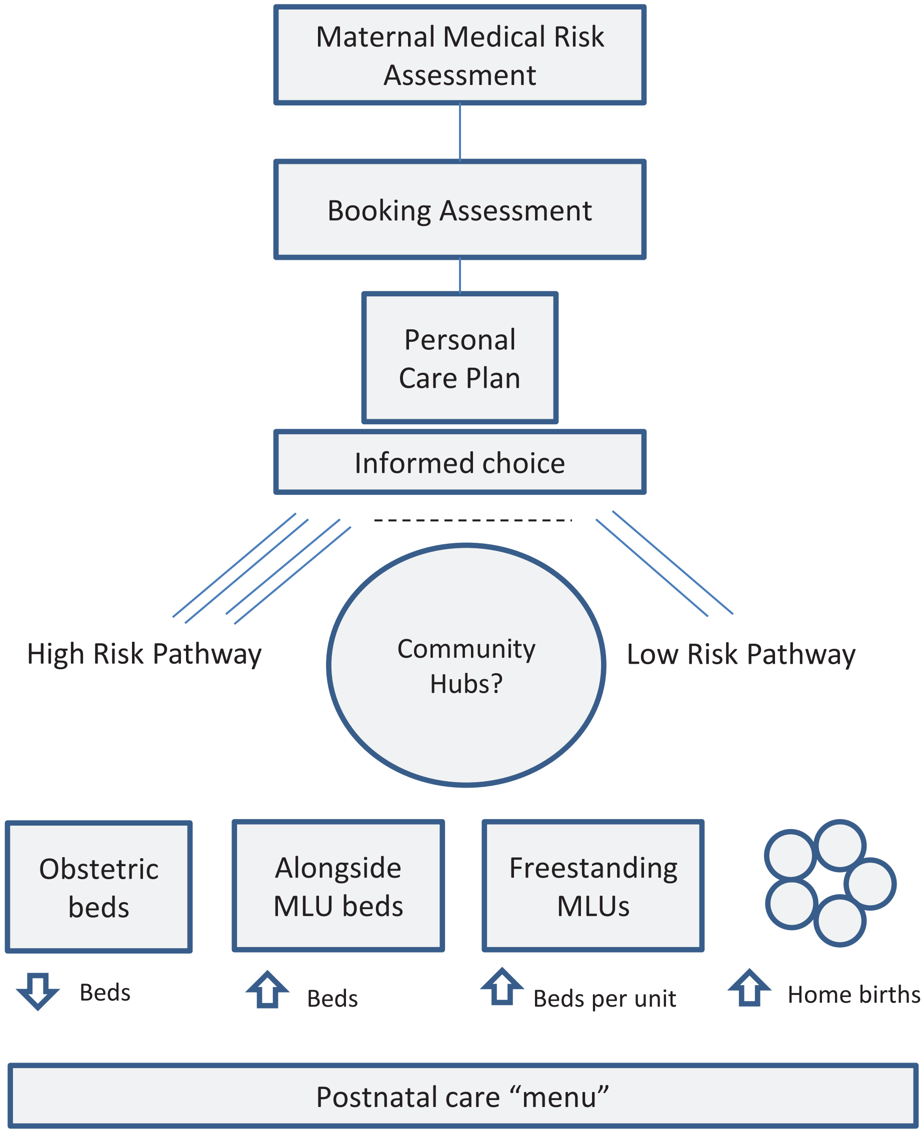
- Healthy weight
- Exercise
- Smoking
- Self – esteem and resilience

Targeted:

- Pre-existing conditions
- ⇧BMI
- Previous serious mental illness
- Substance misuse

Specialist:

- Long-term conditions
- Previous stillbirth
- Current mental illness



PRINCIPLES

- Personalised care
- Continuity of care
- Safer care
- Postnatal and perinatal mental health
- Multi – professional
- Working across boundaries

Children's services - vision

We want Oxfordshire to be the best place in England for children and young people to grow up in. We will work with every child and young person to give them the best start in life and to develop the skills, confidence and opportunities they need to achieve their full potential. This means we will:

- work with others, including parents, schools and the third sector to promote health and to build resilience in all children and young people
- work with families and communities to support successful self-care for minor illnesses, injury and long term and/or life limiting conditions so that children can live productive lives (e.g going to school) in ways they choose
- provide care as close to home as possible, when clinically feasible and when hospital inpatient care is the best option, enable the family to stay close to their child and their child to stay in hospital for as short a time as possible
- deliver care through clinical pathways and multi-disciplinary teams
- develop the skills of our staff through working in multi-disciplinary teams
- aspire to have every child and family who has contact with our services report having had a great "experience" of them.
- aspire to employ and develop a workforce who have a great "experience" of working for children in Oxfordshire

Children's services - health and wellbeing gap

How can we radically upgrade prevention over the next 5 years?

- NHS England "Right Care" programme for Oxfordshire
  - admissions for respiratory in the under 1s
  - admissions for unintentional and deliberate harm in under 5s
  - dental (decayed, missing, filled teeth) in under 5s

- Directors of Public Health
  - inequalities and life expectancy
  - preventable long term conditions (e.g. asthma)
  - ensuring a better start in life
  - mental wellbeing

- Big ticket items
  - children's mental wellbeing
  - childhood obesity

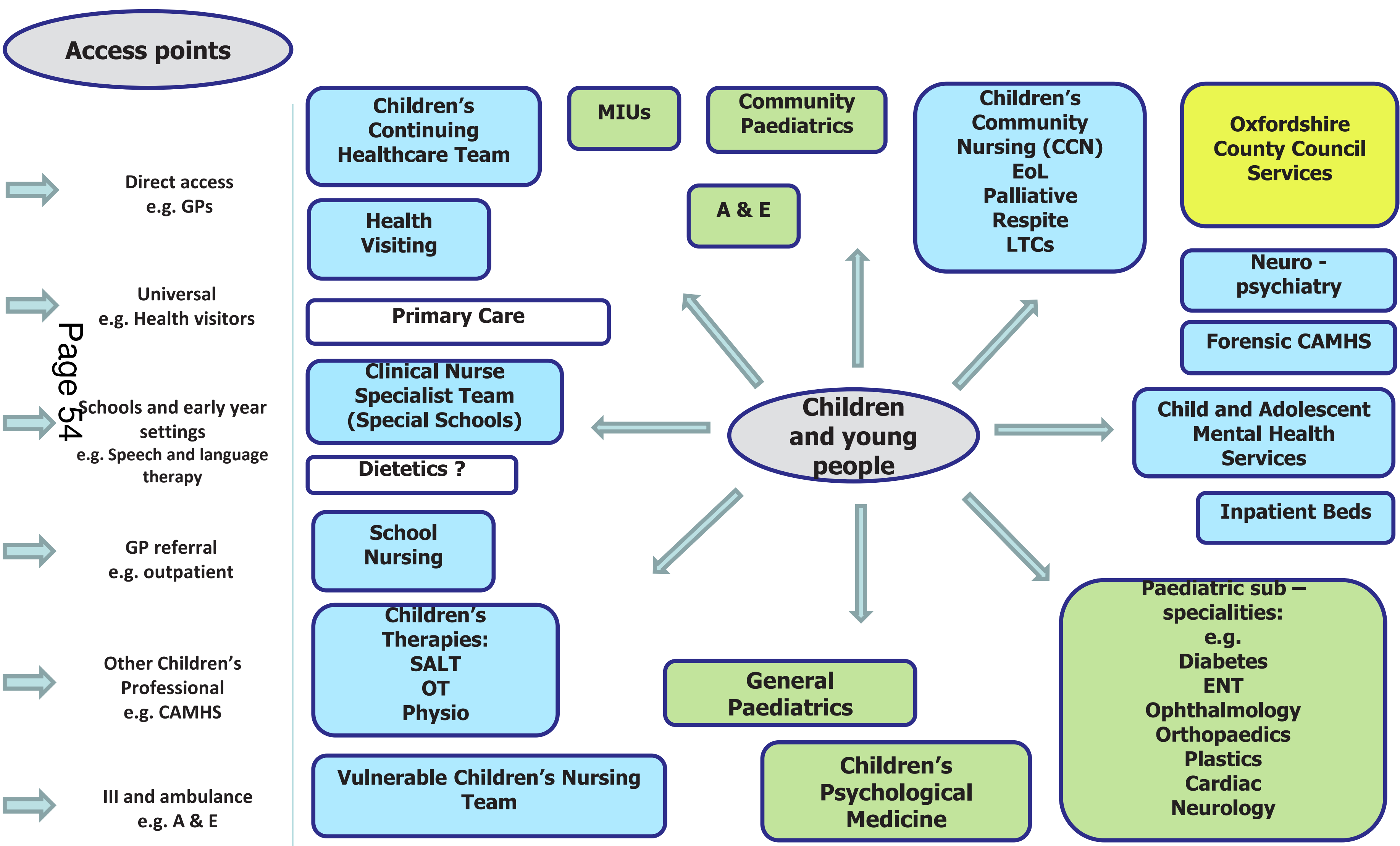
Children’s services - quality gap

- severe pressure in primary care, particularly in terms of capacity, confidence, knowledge and skills
- using hospitals to treat conditions that could be managed in the community
- access to high quality paediatric/child health expertise in the community
- lack of integrated pathways
- inappropriate use of services, health literacy
- early intervention – poverty and disadvantage
- patient experience – travel, waiting times

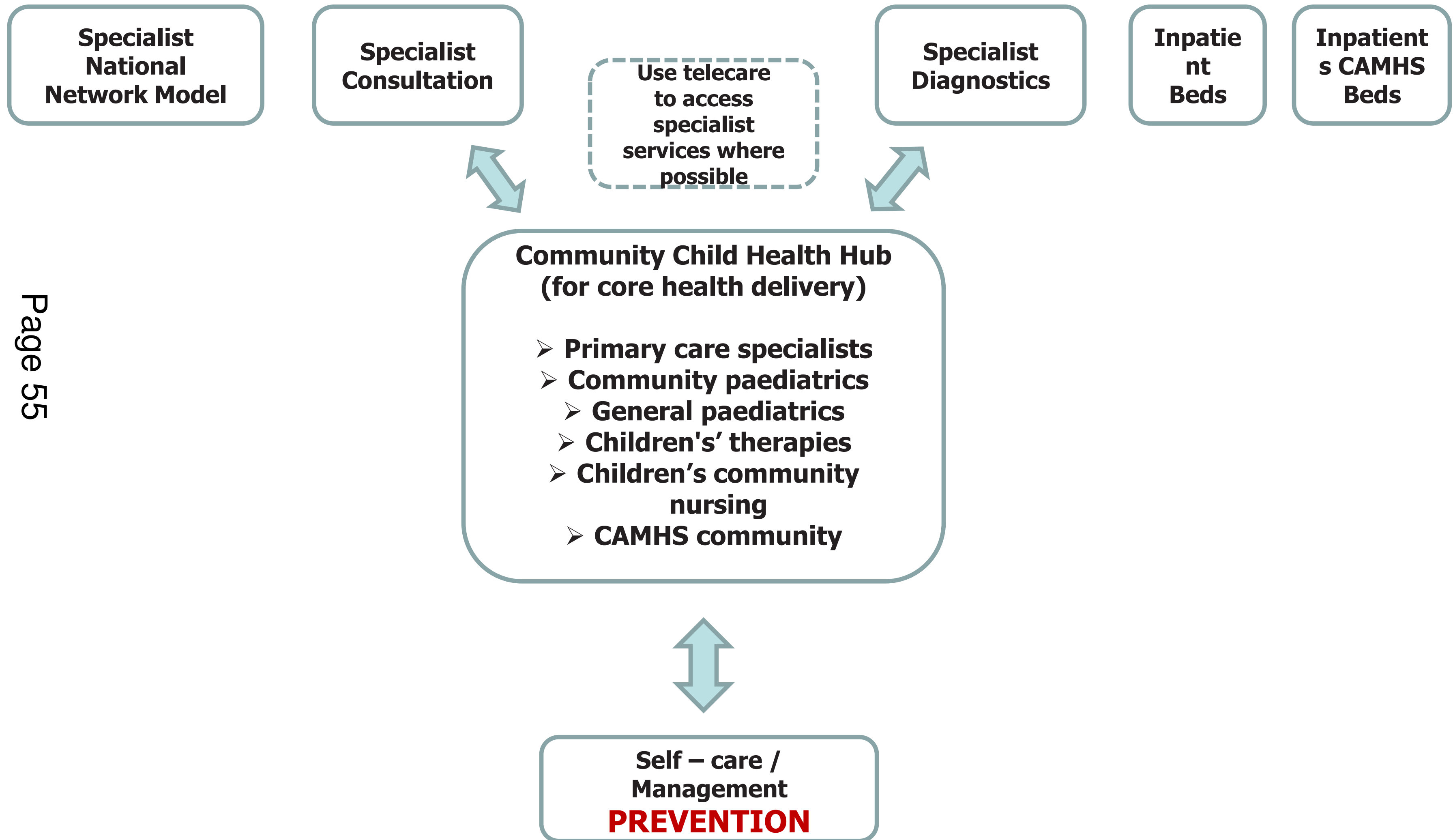
Children’s services - trends and challenges

- increased demand for services including GP appointments, A&E attendances, admissions
- however, Oxfordshire benchmarks well with neighbouring CCGs in terms of variation in care for top 5 causes of admission
- impact of wider determinants of health; poverty, housing etc. and integration with other public programmes such as Troubled Families
- workforce across all children’s sectors
- space, environment, patient experience and economics

Children's Pathway current (by provider) (Aged 0-18 years old)



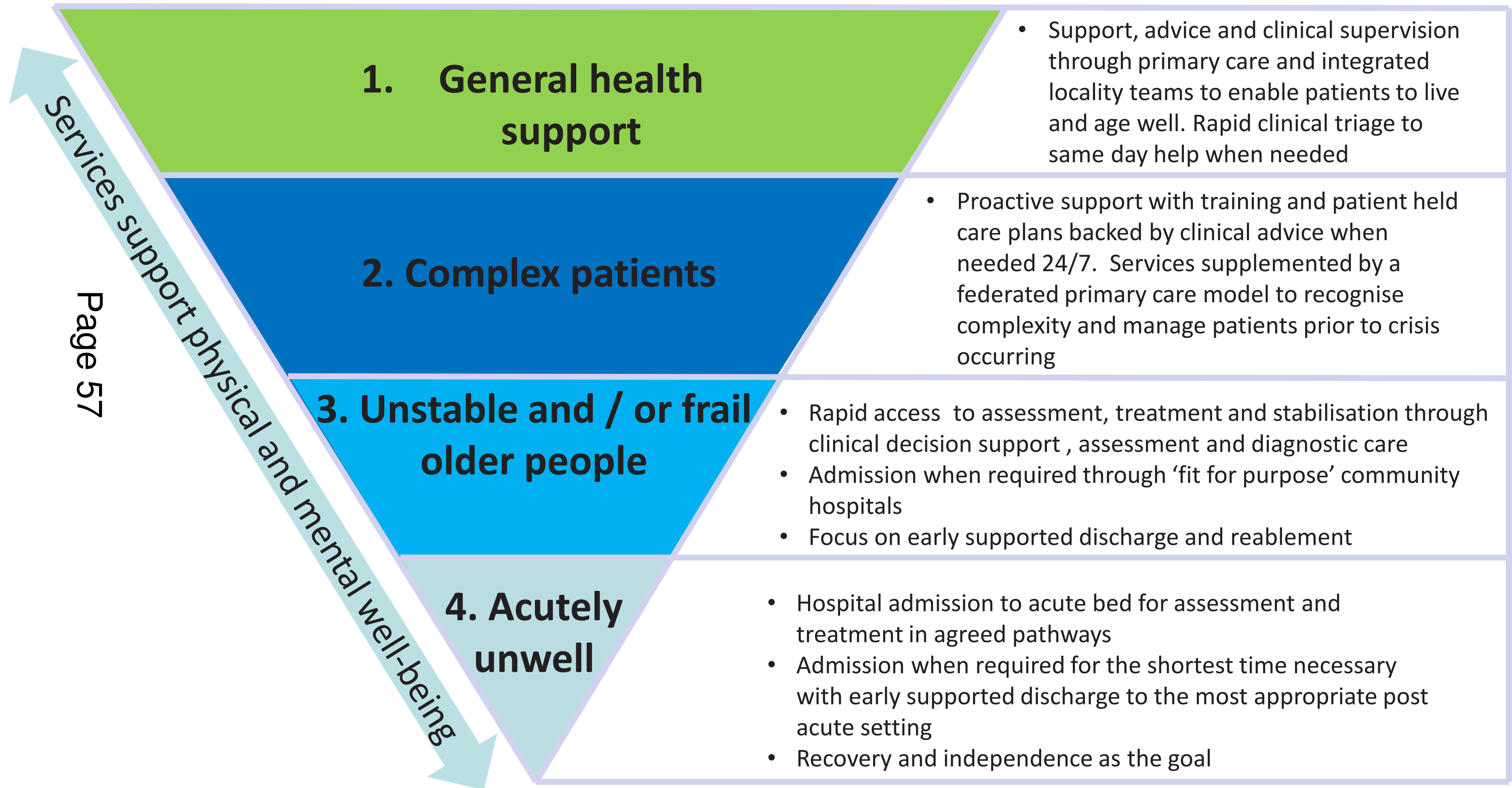
Proposed future pathway (Aged 0 - 25 ?)



Urgent & emergency care

Diane Hedges- OCCG

Urgent & emergency care - vision



Urgent & emergency care - quality gap

- insufficient primary care capacity to meet same day demand, routine requests and also serve complex patients with the longer appointment times they need - an essential transformational gap given the context of our Practices performing above national average on access
- Clinicians not able to seek advice on decisions from each other at the time the patient needs it - right here, right now and 7 days a week
- not enough capacity to meet known home care and reablement need
- excess length of stay in beds and delayed transfer of medically fit patients across acute and community hospitals
- constraints in ability to admit directly and for the full range of appropriate conditions to community beds
- poor estate, value, and limited evidence of patient outcomes from community hospital episodes
- stroke:
  - poor audit scores of national stroke measures, waits to enter rehabilitation
  - 50-60% of patients unable to access Early Supported Discharge service
- technology – systems that do not talk

Primary care challenges

- Growth in demand:
  - Consultation rates have increased by 11% between 2010/11 and 2013/14
  - 89% of patients report being able to get an appointment with a GP or practice nurse but 34% of patients report that they wait too long
- Workforce recruitment and retention problems:
  - 30% of Oxon GP respondents report that they plan to retire within 5 years[2]
  - Some practices report that it takes 6-12 months to recruit a GP
- Reduction in practice income:
  - Some practices in Oxfordshire have seen their income reduced by the removal of MPIG and PMS premia.

- Practice capacity and sustainability :
  - 9 practices have merged in the last 2 years, 3 have requested that their lists are closed.
- Population Growth in Oxfordshire
  - Bicester , Banbury, Science Vale and other areas
- Inequalities
  - Rose Hill - plus other Oxford City areas, Banbury & Berinsfield
- Premises (capacity and state of build)
  - E.g. Beaumont Street, Summertown, Kidlington
- Some practices identifying themselves as vulnerable

Quality gap – workforce shortages

- Oxfordshire cost of living, difficulty to retain staff
- primary care – increased pressure on GPs
  - GPs retiring early
  - lack of capable generalists
  - out of hours GPs
- emergency care practitioners
- domiciliary care
- skills in non-hospital settings e.g. podiatrists
- nurses for nursing homes
- weekend opening of West Oxfordshire EMU
- Rapid Access Care Unit (RACU) recruitment challenge in Henley
- 7 day working shortfalls to be reviewed

What people have told us

- the importance of ensuring new services are tailored to support a diverse range of needs
- the needs of patients in rural areas are often different and patients would benefit from services located closer to home where this is possible
- the importance of more preventative measures - particularly in relation to the health and wellbeing of older people, and to prevent obesity
- more integrated working across different agencies
- the differences and/or inequalities that exist in health across the population of Oxfordshire as well as the differing needs/issues affecting those who live on the county boundaries
- the importance the carer plays in supporting a person, to involve the carer more and the need for more support for young carers
- a need to change attitudes and empower patients to take control and ownership of their own health
- a need to change the belief that hospital is the only place where professionals can be seen

Urgent & emergency care - model for future care

- more time for primary care and the integrated locality teams to support patients with complex conditions
- clinical triage leading to same day GP access where appropriate
- ambulatory care by default – emphasis on clinician to clinician and decision support
- diagnostics locally to aid assessment and decision making
- improving access to care and education for people with LTCs developing robust educational self-care programmes and driving local staff skills mix and expertise
- integration of physical and mental health services
- care homes supported proactively and skills built in staffing
- focus on dementia support
- social care capacity matched to demand - supporting hospital discharge and ambulatory care

Population size →

Care in own home	Neighbourhood (5-8 GP practices) 30-50k population	GP Localities 90-120k population	ICC 200-250k population	Centralised
• Primary Care Holder of Patient List, registration and record • Social Care capacity match to demand • Social Prescribing • Increase Hospital at home , end of life care and reablement	• Complex co-morbidities/ Frailty • Proactive LTC management at top decile performance • Maternity • Children • District nursing (scheduled)	• Specialist nursing • District Nursing (unscheduled) • Rehabilitation Therapies • Social Prescribing • Proactive Care Home Support • Integrated Locality Team	• AHP Specialties • Social care and MH support • GP assessment support • Sub-acute beds • LTC Networks • Extensive Diagnostics	• Inpatient Specialities & Elective • Diagnostics • Multi agency coordination of resources to support flow
		GP In & OOH: enhanced access extended hours hub & minor injury support	**Ambulatory complex care; assess and treat** **24/7 integrated interface medicine function of MIU/EMU**	**Emergency department**

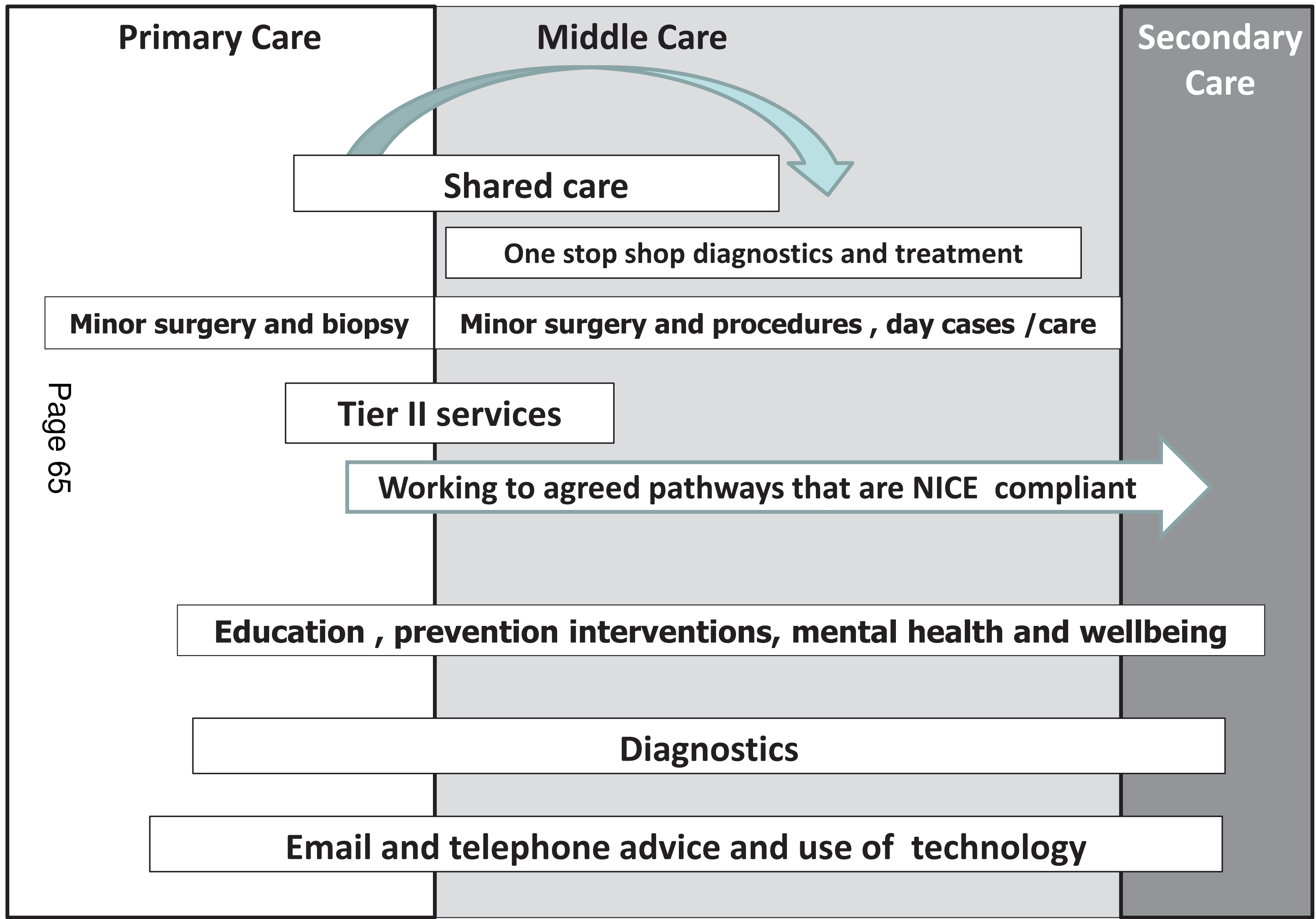
Clincial Triage ↑ **NHS 111 / 999**

Clinical Coordination Centre

Planned, diagnostics & specialist care

Sharon Barrington - OCCG

Planned, diagnostics and specialist care - vision



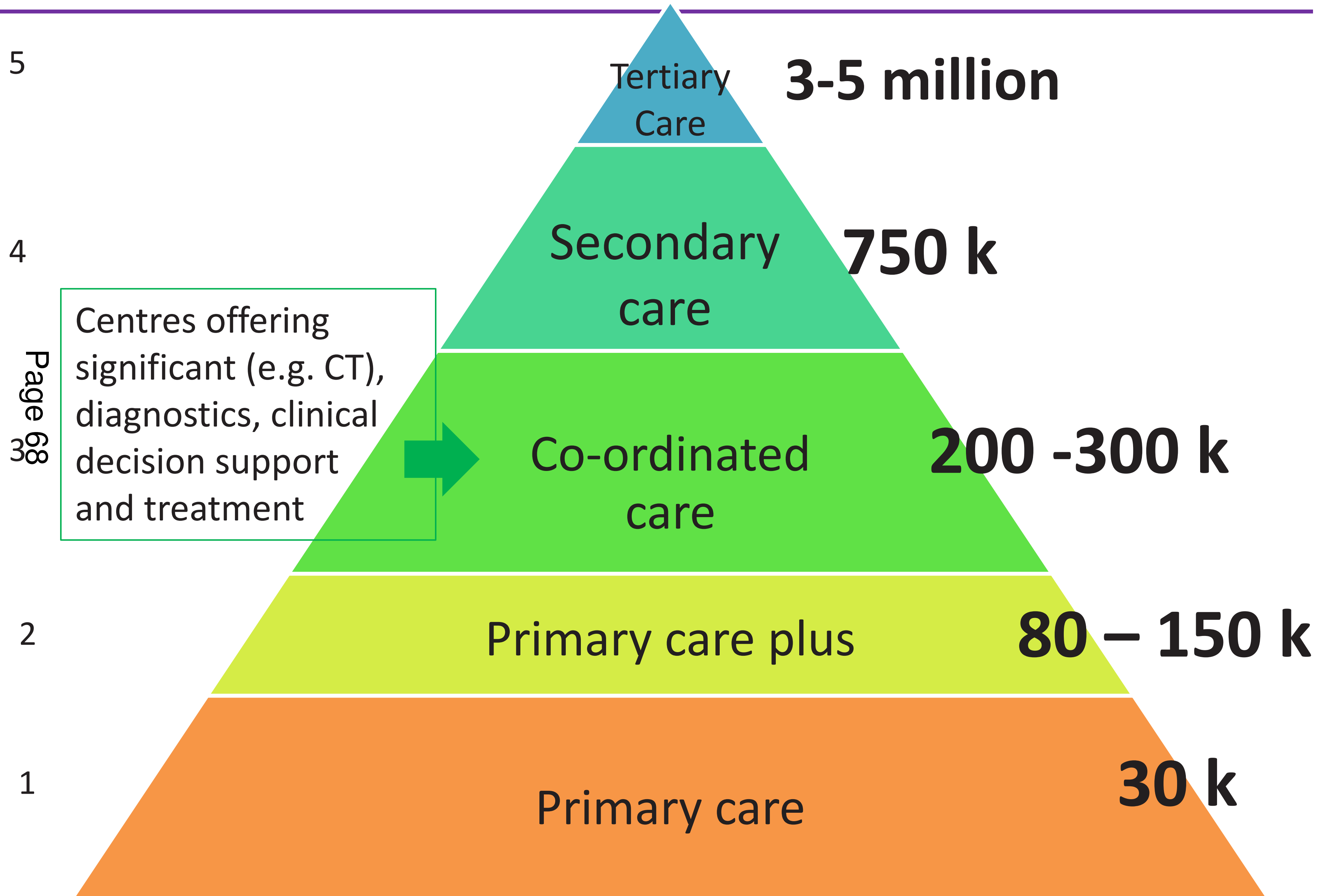
Planned, diagnostics and specialist care – quality gap

- workforce particularly primary care under pressure so making more referrals
- availability of workforce to deliver; specialist nurses, physio, GPs and doctors in specific areas
- NHS constitution standards (waiting times) not met in some specialities (non-admitted and admitted); ENT, Ophthalmology, T&O, Gynaecology, Cardiology
- access to outpatients and surgery needs to be sooner particularly after waits for diagnostics
- cancer standards met but not consistent
- late diagnosis of cancer meaning treatment prolonged and more expensive
- estate not fit for purpose and requires repair and upgrading
- patient experience; parking, processes, communication
- no shared patient record across the system
- development of information management and technology solutions not keeping pace with developments in technology
- fragmented communication between professionals; direct discussion and advice for GPs to avoid referral, clinic letters
- variation across the system with no best practice clear pathways in many areas

What patients have told us

- use innovation and technology, to benefit patient care and create greater efficiencies within the NHS - this includes social media, mobile technology, electronic patient records and telehealth
- improve quality of services, staff and ensure consistency of quality
- a need to change attitudes and empower patients to take control and ownership of their own health
- a need to change the belief that hospital is the only place where professionals can be seen

Vision - planned care pyramid

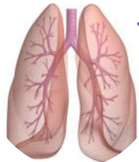


Specialties

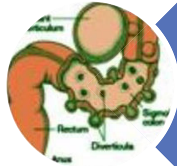
Planned care and diagnostic hubs for 200,000 – 300,000 population and more local settings for ‘primary care plus’ level planned care

Cardiology

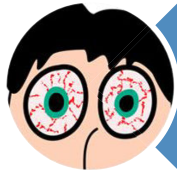
Urology



Respiratory



Gastroenterology



Ophthalmology

Gynaecology

Mental health, learning disabilities & autism

Ian Bottomley - OCCG

Learning Disability & Autism - vision

Mental health, learning disability & autism - vision

- all age access to MH, LD and ASC triage within one week of planned referral
- a dedicated 24/7 MH urgent care pathway for those in distress or at risk
- a system wide approach to managing risks around MH, LD and ASC
- patient level outcomes that deliver and evidence resilience and the ability to self-care
- better physical health outcomes for people covered by the STP
- system level outcomes that reduce in-patient beds, repatriate out of area patients and support safe and effective discharge from secondary community services
- management of demand through new models of care

Mental Health – quality gap

- differential access to services depending on age; waits for Children & Adolescents Mental Health Services
- lack of specialist local accommodation: autism (children & young people and adult) and elderly mental illness
- clarity around urgent care pathway
- clarity around perinatal pathway
- lack of mental and physical health integration
- secondary waits for higher tier psychology
- support for carers that supports the cared-for
- lack of integrated patient records

Learning Disabilities – quality gap

- there is a variation in health checks that people with LD receive in primary care and the overall level is <50%
- people with higher functioning autistic spectrum disorder (without LD) often fall between services
- people with LD and /or Autism Spectrum Disorder (ASD) report significant challenges in accessing healthcare, especially in an emergency
- people with LD and co-morbid MH are more likely to be detained under Mental Health Act83
- lack of a forensic pathway for people with LD leading to unnecessarily long inpatient stays

What people have told us

- young people said that their appointments were in school hours, which created problems for them. They didn't want other students to know where they were going and so sometimes skipped school altogether to attend the appointment and avoid the situation
- Concern that certain groups might 'fall between services' and be missed e.g.
  - People with dementia
  - Infant/children's mental health
  - People from different ethnic backgrounds or cultures, including asylum seekers
- there was a different level of quality service from different staff, some being very cooperative and responsive while others were very slow to respond
- support to young people and families while waiting for appointments
- post diagnosis support for ASD and attention deficit hyperactivity disorder (ADHD)
- support for families while they are waiting for their first appointment

New models of care

- new model of CAMHS to deliver Future in Mind
- new model of intervention that divides our population:
  - at age 25
  - if / when people move into frailty pathways
- all adult approach to severe mental illness - extending OBC to older adults
- integration of assessment functions and approaches across MH/LD/ASC for planned and urgent presentations
- integration of physical health care into specialist MH/LD/ASC services
- system-wide behaviour management services across MH/LD/ASC, based on intensive support models
- a new primary care MH function:
  - social support to address health inequalities
  - community psychological medicine for MUS or complex MH-PH
- development of approach to specialist in-patient and community forensic pathways that release resources to support prevention and step down
- integration of substance misuse and MH services

Workshop sessions

- We would like your views on:
  - What (if anything) needs to be added to our case for change across the transformation programme?
  - What (if anything) needs to be added to our vision in this area?
  - What do you like about the emerging model(s) of care?
  - What do you think we can do to improve the model(s)?

Patient Panel

Rosemary Wilson
Liz Smith
Carol Moore (Healthwatch)

We want to continue the conversation . . .

- The Oxfordshire Transformation Programme will be involving patients and the public in the development of proposals for new models of care and possible service options.

- A full public consultation will take place later in the year.

We want to continue the conversation . . .

There is a range of communications and engagement activities which will take place during the pre-consultation period to include:

- patient and public engagement events throughout the summer
- presentation and discussion at meetings of key community and voluntary sector groups
- briefings for the county council and district councils
- briefings for Oxfordshire MPs
- updates and reports to Oxfordshire's Joint Health Overview and Scrutiny Committee, including a discussion at the June meeting about the plans for pre-consultation engagement planned for the summer period
- updates to Oxfordshire's Health and Wellbeing Board
- online information on the Transformation Programme website which we hope to launch next week.

How do you want to be involved and kept informed of developments?

- **Sign up to Talking Health**: the CCG online consultation tool and we will send you notifications of the work and updates: consult.oxfordshireccg.nhs.uk

- **Send us a letter:** Communications & Engagement Team Oxfordshire Clinical Commissioning Group, FREEPOST RRRKBZBTASXU, Jubilee House, 5510 John Smith Drive, Oxford Business Park South, OXFORD, OX4 2LH

- **Phone:** 01865 334638

- **Email:** cscsu.talkinghealth@nhs.net

What you told us . . .key themes

A number of common themes emerged from the workshop discussions. These themes were highlighted by stakeholders across a number of the clinical work steams:

- **Prevention** is a recurring theme that clearly resonates with people who attended the event, with a need for more investment/activity in preventing ill health
- Many raised the need for a **culture change** towards people taking more responsibility and ownership for their lifestyle and own health, including prevention
- Recognition of the important **role of the third sector and the involvement of the patient** themselves in their care
- The need to **work in partnership with those educating the next generation** to ensure prevention is instilled in young people to prevent avoidable ill-health later in life
- Greater **involvement of young people** and inclusion of their voice throughout all clinical work streams to shape services for young people

What you told us cont'd

- Recognition of **urban and rural differences** in health, highlighting the need to ensure equality and consistency of care across the county
- Identifying the need for **existing staff to be used/trained differently** to support new models of care
- **Education and awareness raising** as people need to understand what services are available and how to use them appropriately
- Consider **reliance on technology** – the benefits of technology and social media were recognised, with the need to be mindful that it is used to facilitate good care, not relied on to automatically deliver good care.

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