



Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 6 February 2020

ADDENDA

6. OX12 Planning for Future Population Health and Care Needs Framework (Pages 1 - 22)

10:20

To scrutinise the outcome of the implementation of the 'Planning for Future Population Health and Care Needs Framework' in the OX12 Locality.

This addendum includes the report from the HOSC Task and Finish Group on the roll out of the Framework.

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OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 6th February 2020

OX12 LOCAL HEALTH NEEDS ASSESSMENT TASK AND FINISH GROUP REPORT

A report by
the OX12 Task and Finish Group

1. Introduction

- 1.1 The Population Health and Care Needs Framework outlines a new way for health system partners to review the health and care needs of local areas within Oxfordshire. The Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) agreed to establish a Task and Finish Group to review the first project using the framework in real time, in the OX12 area, acting as a ‘critical friend’ throughout. The aim of the Task and Finish Group was to provide:

Scrutiny throughout the process of implementing the Local Health Needs Assessment Framework and its timely roll-out, to take account of the needs of residents in Wantage and the local area.

- 1.2 The Task and Finish Group was led by Cllr Mike Fox Davies and was supported by the following HOSC members; Cllr Alison Rooke and Dr Alan Cohen. Cllr Paul Barrow joined the group in May 2019, replacing Cllr Monica Lovett. Cllr Jane Hanna was also invited to join the group as a local Cllr for the area of Wantage*. Support to the group was provided by an Oxfordshire County Council Policy Officer.

**It was agreed at the meeting of HOSC on 7th February 2019 that a Wantage County Councillor would also sit on the Task and Finish Group, however they should not also be on the project Stakeholder Group.*

- 1.3 The HOSC Task and Finish Group met regularly throughout the process with representatives from the Project Team, responsible for rolling out the Framework. This report presents the Task Group’s approach, findings and recommendations for review by HOSC, it also includes detail of the response to the Group’s recommendations.
- 1.4 It is recognised that the Local Health Needs Assessment Framework has been applied in the OX12 locality for the first time, as such there is nothing to compare against in terms of both process and output. This is a learning process for all parties involved.

2. Background

- 2.1 In July 2016 Wantage Community Hospital was temporarily closed on the grounds of patient safety (to deal with a *Legionella* issue in the hot water system). Following this, and the postponement of two planned consultations on community hospitals and services in Oxfordshire, a new approach to assessing and addressing the health and care needs on a local and holistic basis was developed. Named 'Population Health and Care Needs Framework'; this approach to assessing local health needs was supported by HOSC and then agreed by the Health and Wellbeing Board in November 2018.
- 2.2 Oxfordshire Clinical Commissioning Group (OCCG) reported to HOSC on the 29th November 2018 that they intended to use the agreed framework in Wantage and the surrounding area with an immediate start. The committee was keen to see the work in Wantage undertaken and concluded as a matter of urgency to ensure that the outstanding issue of the temporary closure of the Community Hospital could be resolved as soon as possible.
- 2.3 At a meeting of HOSC on the 7th February 2019, the committee agreed Terms of Reference for a HOSC Task and Finish Group to scrutinise the roll out of the Population Health and Care Needs Framework in Wantage and its surrounds; defined as the OX12 post code area.

3. Task and Finish Group: Terms of Reference

- 3.1 To undertake a detailed piece of scrutiny on behalf of the committee, HOSC agreed that the Task and Finish Group would:
 - Understand the approach to ensuring all resident's needs, current and future, are being considered, by taking a more detailed look at the proposals.
 - Understand and report on how the needs of the local residents are being considered.
 - Ensure there is sufficient openness and transparency in implementing the proposed approach and subsequent reporting of results.
 - Provide feedback to local health system partners as part of their work under the Health and Wellbeing Board on the effectiveness of the Local Health Needs Assessment process, to aid their future transformation work.

4. Method of review

- 4.1 Between April 2019 and January 2020, the HOSC Task and Finish Group gathered information via the following methods:
 - a. *Meetings with members of the Project Team* to understand how the Framework was being applied, monitored, evaluated and reviewed. The Task and Finish Group met with the following members of the Project Team regularly to achieve

this; Jo Cogswell, Senior Responsible Officer, Director of Transformation (Oxfordshire Clinical Commissioning Group), Libby Furness, Project Manager, Head of Strategy and Transformation (OCCG) and Sarah Adair, Head of Communications & Engagement (OCCG).

- b. *Reviewed the project documents and arrangements*, including:
- The project plan
 - Project governance arrangements
 - The design of a public survey
 - Response to the public survey
 - Data sources for gathering the project evidence base
 - Draft outline of a proposed evaluation process
 - Information presented and the conduct of public engagement roadshows.
- c. *Meeting with members of the project's 'Stakeholder Reference Group'* to understand the issues for patients and stakeholders. The OX12 Project Group set up a Stakeholder Reference Group which brought together patients, carers and the public from the local community with partners of the Health and Wellbeing Board to ensure public views and experiences are taken into account in the implementation of the framework in OX12. A second meeting with the Stakeholder Reference Group was planned for late in 2019 but was postponed due to the General Election purdah period. The Task Group continues to listen to the Stakeholder Reference Group and all interested parties.
- d. *Meeting with a clinician in the OX12 locality* to understand the view of a clinician.
- e. *Observed public engagement workshops and events*, including; an information and data workshop, a 'listening' event, and a solution building workshop with members of the public in the OX12 locality.
- 4.2 To ensure full transparency of the work of the Task and Finish Group a summary from each Task and Finish Group meeting have been uploaded onto the [OX12 area of the CCG website](#)¹, alongside all the public engagement work that the Project Team have undertaken.

5. Findings

- 5.1 In June 2019 the Task Group produced an interim report of findings and proposed recommendations, this report reflects, refines and builds on those, looking at the project to date.

¹ <https://www.oxfordshireccg.nhs.uk/about-us/planning-for-future-health-and-care-needs-in-wantage-and-grove-ox12.htm>

Project set-up and governance

- 5.2 The Oxfordshire Population Health and Care Needs Framework is a new approach to assessing and planning for the health and care needs of local people. It was applied for the first time in the Wantage / Grove and surrounding area, known as the OX12 locality. Inevitably, this resulted in the framework and approach needing to some extent needing to evolve as the project developed. However, this has meant that there has not been a clear and detailed project plan in place from the beginning. There have been frustrations noted from stakeholders as a result of this; at times the project has lacked clarity (on both purpose and process) to those on the outside of it. Set against a background of two previously postponed public engagement and consultations with Phase 2 of Oxfordshire's Transformation Programme, the lack of clarity in the project has at times led to a lack of trust in the new process being undertaken. As the project advanced however, a more comprehensive, yet continuously evolving (so therefore not always transparent) project plan was developed and utilised.
- 5.3 The Task and Finish Group recognises that the Project Group produced a Communications and Engagement Plan which set out an approach to the communications and engagement with stakeholders on the future of health service provision in OX12. However, it would have been helpful if there had been a clear vision and strategy for the project (see Recommendation 1), which may have prevented some of the issues of lack of clarity over the direction and process the project would follow. HOSC and the Task Group supported the framework and approach. However, as a standalone document, it did not allow the Task and Finish Group and other stakeholders to understand how the project would be executed from a process point of view. The Project Group recognised this and produced a diagram to help explain the process and what was due to happen at each stage. This was a positive key step early in the process of helping all stakeholders understand how the project would evolve and progress.
- 5.4 In the early stages of the project frustration was noted in the time taken to 'officially' launch it. The Health and Wellbeing Board agreed the approach of using the framework to review local health and care needs in November 2018, however it wasn't until late February/early March 2019 that a plan was put in place of how the project would progress and be delivered. This finding informed Recommendation 2 (below). It is understood that limited work was taking place on the project prior to February, however that was not clear to the wider population. The frustration is understood when considered alongside the length of time the local community hospital had been closed to inpatients, as noted above.
- 5.5 As the project progressed the true extent of the work needed to conduct a thorough review of the local health and care needs became evident. This finding informed Recommendation 3 (below) and naturally meant that timelines initially quoted at the beginning of the project were not realistic, the project was initially aiming for completion in June 2019. The Task Group supported the need to extend the timeline, providing a healthy challenge to ensure it was both realistic to enable the work to be sufficiently detailed, whilst also not being

overly excessive. The project was due to complete its work on 30th November 2019, with a list of outputs to show how the health and care needs of the OX12 area could be met. This timeline had to be revised to early 2020, due to a General Election being called. The Task Group were assured that had a General Election not been called, resulting in the restrictions that apply on publication of certain materials during the pre-election period (Purdah), the project would have delivered the expected outputs on the agreed date of 30th November.

- 5.6 The Task Group note that there are a number of active campaigners in the OX12 locality, including members of the Stakeholder Reference Group, who have put a lot of time and resource into the project. This finding informed Recommendation 4 (below). Whilst this is to be commended and undoubtedly useful for the project in the OX12 locality, this level of engagement and support cannot be guaranteed for all localities. Members of the Task and Finish Group have noted concerns around the resources that are being put into delivering this project. The level of resource that campaigners, the Stakeholder Reference Group and Task Group have dedicated in OX12 needs to be captured and considered in the planning of this and future such projects to ensure planning (on both time and delivery) is realistic.
- 5.7 At the November 2018 HOSC meeting at which the framework was presented (following its acceptance by the Health and Wellbeing Board) the CCG assured the committee that the framework itself would be fully evaluated in its roll out. This finding informed Recommendation 5 (below). The Task Group noted early on during the process that an evaluation process had not been initiated with the set up and roll out of the framework. As this was a new approach being worked through, members of the Task Group highlighted the importance and value of a strong evaluation process that reviewed the resources and skillsets etc. needed to conduct a thorough project. An evaluation process was developed and refined throughout the project. The project group confirmed that they will be undertaking a full evaluation once the project has finished, however they have also been capturing learning throughout and evolving the project as a result. This has been visible in the improvements made through elements such as the development of a more detailed project plan.
- 5.8 The project team have ensured information relating to the project has been posted on the [Oxfordshire Clinical Commissioning Group's website](#). This is a positive approach to help build trust within the local community, whilst also allowing those living in the area to keep track of the project as it evolved. The Task Group encouraged and supported this transparency and would have liked **all** information relating to the project to be available on the website. This is particularly the case in the latter stages of the project, where a gap in information available on the refinement of all potential solutions has existed. The Task Group encourage full transparency (adhering to GDPR requirements) in all future projects where the framework is used.
- 5.9 In September 2019 the project team held a listening event, whereby stakeholders had an open and honest discussion with senior decision makers from Oxfordshire health system partners, sharing concerns and asking

questions about the project. This finding informed Recommendation 6 (below) because although challenging at times, it proved a useful session as it created space for stakeholders to air concerns with the project itself and helped improve understanding between those running the project and those supporting it. The project team reflected that such an event would be helpful to hold at the beginning of a project in future. The Task Group fully support this reflection as a means of assisting in the understanding of local concerns prior to commencing the project, thereby allowing for consideration of them during the project. As a result of the listening event the stakeholders were asked to submit suggested recommendations to the project team. These have been included as Appendix 1 to this report. Following the listening event members of the project group agreed actions to take away and report back on, this report can be found [here](#)². Progress against the actions raised at the Listening Event has been posted on the CCG website [here](#)³.

- 5.10 Taking into account the points made above, the Task Group are therefore minded to make the following recommendations as learning from the roll out of the Population Health and Care Needs Framework on the project set-up:

Recommendation 1

A Population Health and Care Needs strategy is established from the beginning, which sets a vision and is linked to the framework. This would include:

- a) a clear and concise narrative for key stakeholders and members of the public, on the purpose of the project and what is trying to be achieved at each stage. This includes the plans for maintaining transparency with stakeholders and the public.
- b) an explanation or glossary of terms (for example the definition of co-design) to ensure the terminology used throughout the project is well understood by stakeholders.
- c) the realistic constraints which will limit any conclusions that this process may identify. The strategy should include a process to inform the public as to the outcome of the project, how it will be implemented, and the changes (if any) that the public may see in the way that care is provided for them.

Recommendation 2

The Task Group recognises and appreciates that competing priorities in the health and care system and resource constraints, compromised project planning prior to the “official” public launch of the OX12 project. It is therefore recommended that in future, sufficient and realistic time and resources for the planning of similar work is set aside by all relevant partners. This work should include an estimate of project workforce requirements (including numbers needed and any specialist skillsets required) and cost of running such a project.

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www.oxfordshireccg.nhs.uk/documents/work%20programmes/Wantage_Ox12/Summary%20Record%20of%20the%20OX12%20Project%20Listening%20Event%20091019.pdf

3

https://www.oxfordshireccg.nhs.uk/documents/work%20programmes/Wantage_Ox12/Actions%20from%20the%20OX12%20Listening%20Event.pdf

Recommendation 3

In the OX12 roll out, a thorough project plan was helpful for stakeholders to understand the process. It is recommended that subsequent projects have this thorough and detailed project plan before future projects commence, detailing the various processes and key milestones (against specific dates) as outlined in the framework.

Recommendation 4

Review the resources available in the community (e.g. with local support groups) to support engagement as part of project delivery. Give consideration to where additional resources may be needed (including additional professional resource) to help deliver future projects in a more timely manner.

Recommendation 5

The newly established evaluation process is integrated within the framework for future areas. Additionally learning from evaluating previous projects is captured, reviewed and utilised as new projects using the framework are planned.

Recommendation 6

A listening event is integrated into all future projects where the framework is due to be used, and consideration is given to holding it at the beginning of the project.

Framework evidence and data interpretation

- 5.11 The Task and Finish Group has reviewed the information informing the evidence base for the Local health Needs Assessment Framework. This included secondary (pre-existing data) information for population forecasting and sources of information on service usage. It also included primary data (new information) gathered from the public through a survey on existing resident use of services and assets OX12.

Secondary data

- 5.12 Data sources for population forecasting were queried by the Task Group. The Task Group recognise that there is a standard approach to gathering population growth data. However, it was acknowledged that additional sources of local information (such as planning and housing data held by District Councils) that give a wider picture of likely population growth. Initially the population forecasts being presented for use in the framework were for a five-year period, this information was based upon information drawn together for the Joint Strategic Needs Assessment (JSNA). However, the projected growth figures in this period are significantly lower than those quoted in the Vale of White Horse Local Plan 2. This finding informed Recommendation 8 (below) because the Task Group believe that the higher population predictions should be used when using current service usage figures as evidence (for example evidence for community bed demand in OX12).

- 5.13 Discussions about the use of different data sources for population forecasting raised a wider issue of data clarity. The Project Group responded positively to this issue by holding a meeting to discuss and agree data sets to be used for the framework in OX12 (including reviewing JSNA data, population profiles, a Wantage Town Council survey and activity data). From that meeting there was agreement to produce a data pack, which was checked with stakeholders to ensure there was a shared understanding and agreement about the information and data being used.

Primary data

- 5.14 Part of the Population Health and Care Needs Framework involves a review of services and assets in the area. To assist the understanding of this in OX12, a public survey was produced and distributed to residents within the OX12 locality. The survey was designed to gather information on existing resident use of services and assets. The Task Group noted a number of issues with the process and development of a survey, which has informed Recommendation 11 (below). The issues are as follows:

- Differing reports of the extent to which the survey was ‘co-designed’. The Project Group reported that the survey was co-designed with members of the project’s Stakeholder Reference Group. Members of the Stakeholder Reference Group dispute this because they do not believe some of the four questions they proposed made it into the final survey.
- The Task Group heard that the Stakeholder Reference Group had reports from some residents that they found the survey; ‘difficult to complete’, ‘confusing’ and members of the Stakeholder Reference Group were concerned that it didn’t ask about future ‘wants’ and health experiences. Some residents reported a lack of understanding why some questions were being asked and why the data in those questions wasn’t being gathered from other sources (such as sports and social activities- which additionally informed Recommendation 9).

- 5.15 It is understood that the survey was designed with the goal of understanding the current use of local services and assets. It is also recognised that involving stakeholders in the co-design of a survey may change the nature of questions asked. The Task Group reflected that had expectations both of the process and design of the survey been made clear and understood from the start of the project, this could have reduced confusion and thereby given a greater level of public and stakeholder understanding and trust in the process. Despite the issues noted above, there were a large number of responses to the survey (1303) which illustrates the willingness of the local population to engage and merits a special mention. The local population could have therefore been asked detailed questions about their future need, as well as current use.

- 5.16 To help launch the survey and encourage public support for completing it several roadshows were set up throughout the OX12 locality. This informed Recommendation 7 because the roadshows had varying degrees of attendance. Members of the Stakeholder Reference Group expressed concern around the time allowed for advertising these events. The Task Group

encouraged the project team to review the effectiveness and impact of the events in terms of their advertising, as there could be more beneficial ways to advertise future projects and generate public interest in feeding into them.

Use of data

- 5.17 Following the survey, the project team consolidated the information, identified key messages and played them back to stakeholders. After this, two working groups were formed, including members of the Stakeholder Reference Group. They were;
- i. Information and data. The purpose of this group was to build a picture of the health of the local population.
 - ii. Planning and design. The purpose of this group was to establish how best to use the data to formulate ideas on how solutions could be developed.
- 5.18 The output of the work (above) fed into a solution building event, held on 18th September 2019 and was well-attended by a large number of local stakeholders and professionals. Attendees were presented with a bite-sized data pack and asked to contribute potential solutions in four themed areas, including;
- a) Promoting and developing health and wellbeing across all life stages
 - b) Making the best use of community resources
 - c) The impact of a changing population on demand
 - d) Travel and transport.
- 5.19 Following the solution building event, four themed groups (a-d as above) were convened with some members invited from the Stakeholder Reference Group to assess the suggested solutions and highlight potential options. Before these groups met, the Task Group reinforced the need to consider the realistic deliverability of the potential options, along with how those services would fit with services delivered in other localities, and at a wider geographical level (such as maternity services). The Task Group have not seen any documentation or material from the process, but it understands that the working groups met as expected, drew on the material from the Solution Building Event as well as material/information developed across the life of the project to identify:
- Solutions/actions which could be delivered quickly and easily
 - Solutions which would have an impact on the health and wellbeing of OX12 that could be developed in the longer term
 - Activity which was already in train
- 5.20 The Task Group understand that the solution working groups were asked to ensure that their outputs were:
- Sensible/clinically sound
 - Deliverable
 - Affordable
 - Deliver a recognisable benefit/make a difference to people of OX12

5.21 Following this, members of the working groups collectively shared the outputs of their work with one another in November 2019. This was written up in one of the final sections of the Summary Report that was first reported to the Health and Wellbeing Board on 30th January 2020 and subsequently to HOSC in February 2020. Before publication for these meetings, outputs were shared with the Stakeholder Reference Group at a meeting in January.

5.22 It is understood that the solutions and opportunities are being presented to the Health and Wellbeing Board for consideration. The Task Group was constrained in the timetabling at this stage of implementation. However, it notes the following:

- The potential solutions being proposed to the Health and Wellbeing Board have yet to be tested for clinical and financial viability, and operational deliverability. Although the solutions are said to align to the NHS Long Term Plan and local Health and Wellbeing Strategy, it is not clear how these solutions align at a county-level geography so it is essential that the process complements county-wide strategies (currently unclear) before decisions are made.
- Work still needs to be done with system partners to see whether the solutions and opportunities align with individual organisation's priorities and plans for Oxfordshire. This informed Recommendation 12 (below) because members of the Task Group feel this would be beneficial to have considered at an earlier stage of the project. An expectation of positive change has been raised with the local community, however there now remains the real possibility that very few, or even none of the solutions are deliverable. Whilst it is understood that priorities change over time, consideration of this at the beginning of the project would allow this to be built into key stages of work and in turn aid in setting expectations with wider stakeholders and the local community about what is both achievable and deliverable.

Innovation and best practice

5.23 Augmenting the two project workstreams (information and data and planning and design) was the 'Innovation and Best Practice Workstream', which informed Recommendation 10 (below). This workstream used information published within the NHS Long Term Plan and data collected in the project to identify three key themes from the OX12 work. These were presented to the 'Oxfordshire Clinical and Care Forum' for clinical leads from across the health and care system to discuss and formulate an Oxfordshire clinical view;

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

- 5.24 The Forum reviewed current research, studies nationally and also considered the local context for Oxfordshire (such as the Oxfordshire Joint Health and Wellbeing Strategy 2018-2023), and ultimately endorsed and supported the three areas.
- 5.25 Members of the Task Group felt that with more planning in the early stages of the project more value could have been developed from this workstream. This could have included consideration of other national and best-practice studies to help find more innovative solutions to identified health and care needs. This will be of particular relevance as this framework is rolled out in OX12 and other localities. During the life of the OX12 project Primary Care Networks (PCN) were launched. The evidence base and governance, including rules on transparency that underpin PCNs were not included in this review. By conducting a wider review of the NHS landscape it will allow projects to keep abreast of rapidly developing areas utilising the most up to date and relevant research.
- 5.26 In considering the issues outlined above, the Task Group is minded to make the following recommendations as learning from the roll out of the Population Health and Care Needs Framework on its evidence and data used in OX12 and for use across the county:

Recommendation 7

Review the effectiveness of holding roadshows, and the overall impact they had on the project, to see whether it is worth holding similar events in the future, or alternatively, whether the roadshows could be used in different ways.

Recommendation 8

Strengthen the JSNA data link to local data sources, including district council planning and housing data, to obtain the most up to date and accurate picture of the local area growth. This includes paying particular attention to not only the number of houses, but also the potential demographics of the housing mix. Use extrapolated expanded population figures added to current usage figures when using those figures as evidence for proposed service changes.

Recommendation 9

Information gathering and analysis methods should be reflected upon, to see if there are more efficient ways of obtaining and analysing information (e.g sports and activities use data). Consideration should be given to the application of more sophisticated software for the temporal analysis of local population health trends and which is available to other regions.

Recommendation 10

As part of early data analysis, more consideration should be given to innovative and effective care models to help address emerging need. To help support that a wider review of national studies, published evidence and best practice looking at health, care and innovation should take place.

Recommendation 11

The future co-design of similar surveys need to have clear and concise objectives of what it is trying to achieve and the roles of those involved which are communicated effectively with all stakeholders involved. Thorough testing/piloting of such surveys with a small group of potential recipients is advisable with necessary adaptations made based on feedback. The Project Group may mitigate any concerns of the independence and how robust a survey is by calling in completely independent support to help co-design the survey with stakeholders.

Recommendation 12

Identification of system partner priorities should be undertaken before the Framework is rolled out in a locality to inform the development of solutions and opportunities. Consideration should also be given to building feasibility testing (clinical and financial viability, and operational deliverability) of potential options into the work of the Framework itself to enable a realistic set of options to be brought forward for approval.

Strategic reflections

5.27 The Task Group makes the following strategic reflections for future projects.

- Membership of Task Groups. HOSC agreed as part of the terms of reference of the Task Group to invite the local councillor to participate as a member of the Group. HOSC requested that the Councillor on the Task Group be separate from those on the project Stakeholder Group. The separation of these roles is supported for any future such scrutiny tasks. Reflections from the Members of the Group, including the local Councillor, are that this has brought valuable experience and insight to the scrutiny of the project, as well as increased positive engagement with local stakeholders
- Scope. The Task Group recognise the parallels with the OX12 project and wider discussions on Oxfordshire health services. This includes issues highlighted by a temporary closure of Oxford City Community Hospital in May 2019 due to a lack of substantive staff which illustrates the importance of a full and proper assessment of local health needs for sustainable future planning. The Task Group observed the importance of considering the interface between local services and those with a larger geography and scale when assessing need and planning for the future. The Task Group therefore suggests that when considering the outputs of the project, this is reviewed against the wider backdrop of services within Oxfordshire. To support this, the Task Group is also minded to make the following recommendation.

Recommendation 13

It is recommended that consideration is given to the changing strategic shape of service development and delivery in the BOB area and Oxfordshire. The project initiation process needs to make clear the link between these local (PCN) dominated service footprints, and the broader service provision plans for example around the development of community services in Oxfordshire. The

project initiation process should also be explicit as to who is commissioning this work, and on what basis. This information will provide a context to the work of the PCN. It will provide boundaries to the service areas that can be covered, so that there is not duplication of effort, nor a mismatch between local desire for services, and the broader strategic needs of the Place or the ICS footprint.

Next steps

- 5.28 The Task Group found that the *Legionella* issue, and subsequent temporary closure of the beds in the community hospital has remained at the forefront of stakeholders concerns throughout this process. It notes the expectation which was set at the November 2018 HOSC meeting, that reviewing the wider health and care needs of the population would lead to clarity over the future of the overnight beds. Stakeholders have reported having the same expectation and experiencing confusion over where in the project the beds would be addressed. Whilst the project has comprehensively reviewed the health and care needs of the population as a whole, and seeks to address that need, the question of the beds has not yet been concluded.
- 5.29 The Task Group notes that the review has not found an absolutely compelling case to permanently close the beds and that further 'testing' work is needed to bring the issue to resolution. There is also not yet a County-wide strategy that would include Wantage Community Hospital as a potential strategic site alongside other Community Hospitals across the County including those with smaller populations and populations with less growth than OX12.
- 5.30 Understandably, the local population are concerned about the future of their community hospitals such the Group makes the final recommendation:

Recommendation 14

That on the 6th February 2020, HOSC consider the best route forward to fully and transparently scrutinise the future of the community beds and services within Wantage Community Hospital. This is to ensure a clear message can be given to the local population about the future of the hospital and the services they can expect to receive there, as well as in the wider geography of the OX12 area. This includes any recommendations HOSC wishes to make to the Health and Wellbeing Board (HWB). The Task Group suggests the following courses of action:

- a) That HOSC recommend to the HWB that it provides clarity on decision-making accountability and transparency in an integrated way of working.
- b) That HOSC recommend to the HWB that it lead the development of a place-based, county-wide strategy on the management of community services. The development of the strategy should include the role of Wantage Community Hospital.
- c) That HOSC recommend to the HWB that it describes how Primary Care Networks fit into the broader strategy development of county-wide planning.

- d) That HOSC recommend to decision-making Boards that they carefully consider the feedback provided by this Task Group Wantage Town Council, Grove Parish Council, the Stakeholder Reference Group and Healthwatch Oxfordshire in any decision resulting from the OX12 Project Report. HOSC should ask for evidence of how the feedback was considered.
- e) That HOSC agrees its OX12 Task Group continue the scrutiny function undertaken to date until a CCG Board decision has been made on the future of bed closures in Wantage Community Hospital.

6. Conclusions

- 6.1 Work to roll out the Population Health and Care Needs Framework in the OX12 locality was a new and different approach in Oxfordshire. Although the project has at times lacked clarity and timescales have needed to be extended when the true extent of the work required has been realised, it is evident throughout the project that the project team have been learning lessons on the new approach to assessing health and care needs in a local area and have made improvements as the project progressed.
- 6.2 The Task Group have noted progress on improved transparency as the process developed. Transparency is essential for future projects to allow stakeholders and the public to engage in the development of the approach, process and its content. The Task Group urges those involved in implementing changes to services in OX12 and the county as a whole to ensure transparency is upheld at all times as a principle for engaging stakeholders and the public.
- 6.3 The implementation of the Population Health and Care Needs Framework has with the engagement of local people and clinicians generated potential health and care solutions for the future of OX12. There are however significant questions which the extensive and intensive process has not yet answered in the anticipated manner. The work to conclude this matter must now be undertaken as a matter of utmost importance to provide local people with certainty about their local health and care services.
- 6.4 The Task Group would like to acknowledge and thank all of those that contributed to the review, which has been extensive and intensive.

7. Recommendations Summary

- 7.1 In summary of the Task and Finish Group findings and recommendations above, the following are RECOMMENDED to the Committee for its endorsement and onward recommendation to the appropriate bodies. This contains a response to each recommendation from health partners as appropriate.

Recommendation Summary Table:

No	Recommendation	Response
1	<p>A Population Health and Care Needs strategy is established from the beginning, which sets a vision and is linked to the framework. This would include:</p> <ul style="list-style-type: none"> a) a clear and concise narrative for key stakeholders and members of the public, on the purpose of the project and what is trying to be achieved at each stage. This includes the plans for maintaining transparency with stakeholders and the public. b) an explanation or glossary of terms (for example the definition of co-design) to ensure the terminology used throughout the project is well understood by stakeholders. c) the realistic constraints which will limit any conclusions that this process may identify. The strategy should include a process to inform the public as to the outcome of the project, how it will be implemented, and the changes (if any) that the public may see in the way that care is provided for them. 	<p><i>The Framework is a Health and Wellbeing Board Framework so a system response is needed to the recommendations. An evaluation of the project will be undertaken and the findings in this Task Group report will form part of that process where the learning will be presented to the Health and Wellbeing Board in March 2020.</i></p>
2	<p>The Task Group recognises and appreciates that competing priorities in the health and care system and resource constraints, compromised project planning prior to the “official” public launch of the OX12 project. It is therefore recommended that in future, sufficient and realistic time and resources for the planning of similar work is set aside by all relevant partners. This work should include an estimate of project workforce requirements (including numbers needed and any specialist skillsets required), and cost of running such a project.</p>	

No	Recommendation	Response
3	In the OX12 roll out, a thorough project plan was helpful for stakeholders to understand the process. It is recommended that subsequent projects have this thorough and detailed project plan before future projects commence, detailing the various processes and key milestones (against specific dates) as outlined in the framework.	
4	Review the resources available in the community (e.g. with local support groups) to support engagement as part of project delivery. Give consideration to where additional resources may be needed (including additional professional resource) to help deliver future projects in a more timely manner.	
5	The newly established evaluation process is integrated within the framework for future areas. Additionally learning from evaluating previous projects is captured, reviewed and utilised as new projects using the framework are planned.	
6	A listening event is integrated into all future projects where the framework is due to be used, and consideration is given to holding it at the beginning of the project.	
7	Review the effectiveness of holding the roadshows, and the overall impact they had on the project, to see whether it is worth holding similar events in the future, or alternatively, whether the roadshows could be used in different ways.	
8	Strengthen the JSNA data link to local data sources, including district council planning and housing data, to obtain the most up to date and accurate picture of the local area growth. This includes paying particular attention to not only the number of houses, but also the potential demographics of the housing mix. Use extrapolated expanded population figures added to current usage figures when using those figures as evidence for proposed service changes.	

No	Recommendation	Response
9	Information gathering and analysis methods should be reflected upon, to see if there are more efficient ways of obtaining and analysing information (e.g sports and activities use data). Consideration should be given to the application of more sophisticated software for the temporal analysis of local population health trends and which is available to other regions.	
10	As part of early data analysis, more consideration should be given to innovative and effective care models to help address emerging need. To help support that a wider review of national studies, published evidence and best practice looking at health, care and innovation should take place.	
11	The future co-design of similar surveys needs to have clear and concise objectives of what it is trying to achieve and the roles of those involved which are communicated effectively with all stakeholders involved. Thorough testing/piloting of such surveys with a small group of potential recipients is advisable with necessary adaptations made based on feedback. The Project Group may mitigate any concerns of the independence and how robust a survey is by calling in completely independent support to help co-design the survey with stakeholders.	
12	Identification of system partner priorities should be undertaken before the Framework is rolled out in a locality to inform the development of solutions and opportunities. Consideration should also be given to building feasibility testing (clinical and financial viability, and operational deliverability) of potential options into the work of the Framework itself. To enable a realistic set of options to be brought forward for approval.	
13	It is recommended that consideration is given to the changing strategic shape of service development and delivery in the BOB area and Oxfordshire. The project initiation process needs to make clear the link between these local (PCN) dominated service footprints, and the broader service provision plans for example around the development of community services in Oxfordshire. The project initiation process should	

No	Recommendation	Response
	<p>also be explicit as to who is commissioning this work, and on what basis. This information will provide a context to the work of the PCN. It will provide boundaries to the extent of the parameters (service areas) that can be covered, so that there is not duplication of effort, nor a mismatch between local desire for services, and the broader strategic needs of the Place or the ICS footprint.</p>	
14	<p>That on the 6th February 2020, HOSC consider the best route forward to fully and transparently scrutinise the future of the community beds and services within Wantage Community Hospital. This is to ensure a clear message can be given to the local population about the future of the hospital and the services they can expect to receive there, as well as in the wider geography of the OX12 area. This includes any recommendations HOSC wishes to make to the Health and Wellbeing Board. The Task Group suggests the following courses of action:</p> <ul style="list-style-type: none"> a) That HOSC recommend to the HWB that it provides clarity on decision-making accountability and transparency in an integrated way of working. b) That HOSC recommend to the HWB that it lead the development of a place-based, county-wide strategy on the management of community services. The development of the strategy should include the role of Wantage Community Hospital. c) That HOSC recommend to the HWB that it describes how Primary Care Networks fit into the broader strategy development of county-wide planning. d) That HOSC recommend to decision-making Boards that they carefully consider the feedback provided by this Task Group Wantage Town Council, Grove Parish Council, the Stakeholder Reference Group and Healthwatch Oxfordshire in any decision resulting from the OX12 Project Report. HOSC should ask for evidence of how the feedback was considered. 	

No	Recommendation	Response
	e) That HOSC agrees its OX12 Task Group continue the scrutiny function undertaken to date until a CCG Board decision has been made on the future of bed closures in Wantage Community Hospital.	

Appendix 1

Population Health and Care Needs Framework – pilot use in OX12

Introduction

The content for this paper has been generated following a requested requirement for the provision of recommendations. This request was made at the end of the Oxfordshire Clinical Commissioning Group (OCCG) 'Listening Event' in September 2019 re the OX12 pilot piece of work, for the session 'feedback on the use of the framework'.

This paper thus provides feedback and recommendations to OCCG and appropriate others re the use of the Population Health and Care Needs Framework, as a pilot piece of work in the OX12 postcode area.

It is done so from the perspective and experience of this pilot by Pamela Roscoe, Pauline Smith and Julie Maberley who, as members of the Stakeholder and Reference Group (SRG), provided the input to the above session. The SRG members, beyond the roles they represent as party to this piece of work, bring with them an enormous and varied range of competency, expertise and experience in the set-up, management, delivery and evaluation of large-scale pieces of developmental work. So, it is both dimensions, the role of a stakeholder and what has been brought in alongside that role, that have been drawn from to substantiate the content stated.

The recommendations identified below are essential to consider in order to ensure criteria of validity and reliability are met when using this approach as aligned to any next steps agreed for service commissioning and delivery. Equally, should the framework and approach be used in other locations, these recommendations would facilitate a quality experience for all.

To note: If the framework is to be used again, following changes as identified in the recommendations section, then another pilot period will be required. This is because no changes have been made to the framework with any further testing during this pilot project period.

The following recommendations relate to the pilot project

1. To make decisions about an evaluation methodology for a pilot and commission accordingly

- **The evaluation needs to include the testing of the content of the framework, the process of using the framework: in use and any associated outcomes**

(there will be a need to structure all meetings and groups to take account of data collecting requirements for the testing and evaluation component of this work)

2. To scope, identify clearly and undertake key elements of set up work prior to the start of the next piece of work.

- **Make decisions about a total data methodology to be put in place to include methods of collecting qualitative and quantitative data from a range of sources**

- Undertake the identification of the who and how of the partners required and the process of gaining their commitment to the activity and commitment to their roles in the delivery of services, especially those for the ‘wider determinants of health and care’
3. To develop a workforce development plan which is fully assessed for competency and expertise, the development plan should be put in place prior to any next use of any Population Health Management approach. Using a range of means it should be ensured that there is both capability and capacity for doing the work.

(this particularly so for the data sourcing, collecting, analytics and modelling requirements as well as requirements to address the health economics requirements)

- At the beginning of the project **everyone** on the project team or working on the project must clearly understand the “Population Health Management Approach to planning health and social care” [see note below] and how it differs from current practice
4. The project should be managed using a structured project planning tool such as PRINCE or APM

(These project planning tools require each individual or project group to understand clearly their terms of reference, deliverables, the interdependency between work streams and the timetables to which they are working – we do not believe that this has been applied to this project).

5. This is a complex project requiring data and collaboration from all parts of NHS Oxfordshire, Councils and other stakeholders:

- Clarify expectations and review and measure that they are clearly understood by all throughout the project *(This is essential)*
- Ensure all Stakeholders and all project members have full confidence in the project management and the components of the project process (project set up, start, project preparation, project planning, project implementation and project completion).
- Ensure interconnections and collaboration between stakeholders from all parts of the Population Health Management Approach are made to provide holistic solutions

6. Ensure that all communication for and about the project is clear, direct, considerate of the audience to whom it is directed and consistent

7. Make adjustments to the framework including the addition of Key elements of the set-up work. All supporting briefing papers should be detailed and specify terms used using appendix documents as required

Overall experience of the piece of work

The elements of this piece of work we expected to be in place included the following:

- A pilot testing orientated process to be in place

- Working in new and different ways aligned to a Population Health Management and Wider Determinants approach including requirements for new data and different data sources used in ways guided by an OCCG produced 'framework'
- A project plan
- Collaboration between a range of partners and stakeholders, requiring use of a participatory methodology
- Communication at a number of different levels with modes and methods to suit a range of partners and stakeholders

The experience thus far has been one of absences, doing more of the same with a vagueness and lack of specificity in all the elements of work identified above.

Note:

“Population Health Management Approach”

The use of a 'Population Health Management approach' and including 'Wider Determinants of Health' is the preferred method for commissioning and delivery of services now stated in the NHS Long Term Plan (2019 NHS England).

Population Health Management is a data driven process. It requires data and data sources that is different to that which those not using this approach previously would have access to. See references and resources below.

References

NHS England 2019 NHS Long Term Plan NHS England

Associated easily available resources re Population Health Management

Siegel et al 2016 Healthy Populations Designing Strategies to improve Population Health Report of the WISH healthy population forum Doha: Qatar World Innovation Summit for Health

Buck D et al 2018 A vision for Population Health Towards a healthier future The Kings Fund

Interactive online document Sept 2018 Population Health Management flat pack A guide to starting population health management Imperial College partners

Prof Mohammed M A Wyatt S 2019 Midlands Population Health Management Programme The Strategy Unit Midlands and Lancashire Commissioning Support Unit (0121 612 1538 www.strategyunitwm.nhs.uk)

Taylor Karen Director Centre for Health Solutions 2019 The transition to integrated care: why Population Health Management is critical to the future sustainability of health and social care [Blogs.deloitte.co.uk](https://blogs.deloitte.co.uk)

Julie Mabblerley, Pamela Roscoe, Pauline Smith as members of the OX12 Stakeholder and Reference Group
October 2019