

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 20 JUNE 2019

OX12 LOCAL HEALTH NEEDS ASSESSMENT TASK AND FINISH GROUP UPDATE REPORT

**Report by Councillor Mike Fox-Davies,
Chairman of the OX12 Task and Finish Group**

1. Purpose

- 1.1 The purpose of this report is to provide an update on the work of the Oxfordshire Joint Health Overview and Scrutiny (HOSC) Task and Finish Group on the Population Health and Care Needs Framework roll out in the OX12 area.
- 1.2 The report is interim because at the Task and Finish Group's meeting on 5th June it was agreed that the Group had not yet fully discharged its duties under its agreed Terms of Reference. The report therefore provides a summary of the activity undertaken to date for HOSC to note the findings up to the 5th June. It outlines the interim recommendations that the Task Group is proposing for consideration by the OX12 Project Group, run by Oxfordshire health system partners. The Task group acknowledges that to ensure the process is sufficiently encompassing, that the timeline for delivery of options needs to be extended from the original planned date of late June 2019.

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 of 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 of 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 it's surrounds; defined as the OX12 post code area.

3. Aims and objectives

3.1 The aim of the Task and Finish Group is 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.

3.2 To achieve this the Group is seeking to:

- 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.

3.3 The core membership of the Task and Finish Group is as follows.

- HOSC Members, comprising of:
 - Lead Member for Vale of the White Horse (currently vacant following elections)
 - Two further Cllrs (Cllr Alison Rooke and Cllr Mike Fox-Davies)
 - Co-opted Member (Dr Alan Cohen)
 - A Wantage County Councillor* (Cllr Jane Hanna)

**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.*

3.4 The Group is Chaired by Cllr Mike Fox-Davies. The Group meets regularly with Jo Cogswell, Director of Transformation (OCCG) and Libby Furness, Head of Strategy and Transformation (OCCG) of the Project Group. The group also draws in expertise and expert witnesses as necessary.

3.5 The Task and Finish Group has been established by HOSC and the committee has authorised the Group to conduct this work and report back formally to the Committee with any recommendations including those that need to be passed to appropriate bodies to address them. The Group does not have permanency and exists until such time as the work has concluded. The remainder of this report outlines the work of the Group to date.

4. Work to date

- 4.1 The Task and Finish Group have met on six occasions so far on the following dates; 3rd April, 23rd April, 8th May, 22nd May, 5th June and 18th June. Members of the group have also attended several public engagement roadshows organised and delivered with the OX12 Stakeholder Reference Group¹. An OX12 Project Group has been set up to deliver the Population Health and Care Needs Framework in OX12. Some members of the HOSC Task and Finish Group have also attended an 'information and data workshop' also run by the OX12 Project Group.
- 4.2 To date, the Task and Finish Group has met with both the Director of Transformation (Oxfordshire Clinical Commissioning Group) and Head of Strategy and Transformation (OCCG) as leaders of the health and care system's OX12 Project Group. The Task Group has also met with a clinician from the OX12 locality and members of the Stakeholder Reference Group.
- 4.3 Throughout the meetings the Task and Finish Group has reviewed information relating to the following:
- The project plan
 - Project governance arrangements
 - The design of a public survey
 - Updates on the public survey (at various points)
 - Data sources for the gathering of the project evidence base
 - Draft outline of a proposed evaluation process.
 - Information presented and the conduct of public engagement roadshows
- 4.4 In addition to the above, the Task Group has expressed an interest in seeing the results of the public survey, 'innovation and good practice' stream within the project framework and the output of the evaluation process.
- 4.5 To ensure full transparency of the work of the Task and Finish Group a summary from each Task and Finish Group meeting are being uploaded onto the [OX12 area of the CCG website](#), alongside all the public engagement work that the Project Team are undertaking.
- 4.6 The Task Group was scheduled to report to HOSC on the 20th of June, concluding its work to scrutinise the roll out of the Local Health Needs Assessment framework in OX12. At a meeting on 5th June it was decided that the duties of the Task and Finish Group under its Terms of Reference are not yet complete. As such, the Task Group will continue to align with key milestones in an amended project timeline for OX12. The Task Group

¹ The OX12 Project Group set up a Stakeholder Reference Group which to bring 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.

recognises the significant amount of work required within the roll out of the framework and note the amended project timeline to address a need to ensure that the process is sufficiently detailed and thorough. This will be continually reviewed to ensure it is kept within appropriate bounds. It is now anticipated that the work and stages outlined in the framework will be completed by December 2019, with a list of options identified as a result.

5. Interim findings

- 5.1 The following sets out the interim findings and associated recommendations of the HOSC Task and Finish Group. As the process continues beyond June 2019, these interim recommendations may change, or be refined for a final report when the roll out of the framework in OX12 concludes. Once finalised, recommendations will be presented to a meeting of HOSC and passed on for relevant organisations as necessary.

Project set-up

- 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 is being applied for the first time in the Wantage / Grove and surrounding area, known as the OX12 locality. Inevitably, this has resulted in the framework and approach needing to evolve as the project develops. 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 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.
- 5.3 The HOSC committee and Task Group supports 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. This was recognised by the Project Group and a diagram was produced that helped explain the process and what was due to happen at each stage.
- 5.4 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, which may have prevented some of the issues of lack of clarity over the direction and process the project would follow.
- 5.5 The Project Group are intending to review the needs of the OX12 locality as widely as possible and consider a number of different ways those needs could potentially be met. Members of the Task Group have highlighted the

importance of balancing that work against widely known constraints on NHS resources, so as not to set unrealistic expectations. Members have also stressed the importance of the message being delivered to the public on the eventual output of the work and ensuring it is done in an effective way, with input and advice from key stakeholders where necessary.

- 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. 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 and the Stakeholder Reference 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 JHOSC 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. The Task Group have noted that an evaluation process has not been initiated with the set up and roll out of the framework which is felt to be vital in understanding the successes (and failures) of a new process in improving care and maximising resources. This was raised with the Project Group and an evaluation process is now in development.
- 5.8 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:

Interim 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.
- 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.

Interim 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, and cost of running such a project.

Interim Recommendation 3

A thorough and detailed project plan is produced before future projects are due to commence, detailing the various processes and key milestones (against specific dates) as outlined in the framework.

Interim 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.

Interim Recommendation 5

An evaluation process is fully developed and integrated with the framework, including for future areas, whereby this is integrated from the planning and set-up phase.

Interim Recommendation 6

Where further innovations are planned and implemented (for example a new clinical service), the process of evaluation is built into the programme plan.

Framework evidence and data

- 5.9 The Task and Finish Group has reviewed the information which is informing the evidence base for the Local health Needs Assessment Framework. This has included up to date information for population forecasting, the information gathered from the public on their needs/experiences of health care in OX12 and sources of information and data which already exists
- 5.10 Data sources on which the framework evidence-base is being established have been challenged by the Task Group. This is because members of the Group are aware of different figures than being quoted by the Project Group for housing growth in the area. The Task Group recognise that there is a standard approach to gathering population growth data. However, they believe that there are additional sources of information available that give a wider picture. 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.
- 5.11 Discussions about the use of different data sources for population forecasting raised a wider issue of data clarity. The Project Group have responded positively to this issue by holding a meeting to discuss and agree data sets to be used for the framework in OX12. From that meeting there was agreement to produce a data pack, which will be checked with stakeholders to ensure

there is a shared understanding and agreement about the information and data being used.

5.12 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 couple of issues with the process and development of a survey. They are:

- 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).

5.13 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 project is not yet at a stage where it can engage with the public on what they want and potential options. 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 has been a large number of responses to the survey (1303), which will provide useful information on the current use of assets and services.

5.14 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:

Interim Recommendation 7

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.

Interim Recommendation 8

Review the questions originally posed by members of the Stakeholder Reference Group to establish whether there is a gap in the data, as a consequence of leaving out their proposed questions in the raw form.

Consideration should then be given to whether there are opportunities to address any gaps, by obtaining local knowledge (specifically the survey undertaken by Wantage Town Council).

Interim Recommendation 9

Information gathering methods should be reflected upon, to see if there are more efficient ways of obtaining some of the information (e.g sports and activities use data).

Interim Recommendation 10

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 independent support to help co-design the survey with stakeholders.

Next steps

- 5.15 Whilst there have been notable delays to the OX12 project, and a lack of urgency to get formally started after being agreed in November 2018, it is recognised that this is the first time the framework has been used. It was recognised that once the work outlined in the framework had formally started in February 2019 the timescales initially put forward were in-line with HOSC's request but ambitious given the work involved. As such, members of the Task and Finish Group encouraged a more realistic approach, with extra time built in to implement the framework and engage the public, to deliver better outcomes for the residents in the OX12 area.

Interim Recommendation 11 (to HOSC)

The Task Group recommends that an additional meeting of JHOSC takes place soon after the options have been developed, to enable efficient scrutiny of those options. This is anticipated to be mid-December or early January.

- 5.16 An updated time plan was presented at the Task Group meeting on 5th June, which members of the Group challenged to ensure it reflects a realistic timescale for completing the work. It is understood that this will be revisited and discussed with the Project Group, with a view to revising where necessary. The evaluation of the project will include other factors (such as costs, skills needed, personnel available, public feedback) besides assessment of the time scale. Until these are all available, it will not be possible to understand the full impact of this programme of work.
- 5.17 It is understood that there is an intention to roll out the framework in other areas in the future. This is recognised as necessary to maintain momentum and equality in the application of the Population Health and Care Needs Framework across the county. The Task Group understands that all of the

lessons learned from the OX12 project to date, including interim recommendations from the Task Group and feedback from the Stakeholder Reference Group, is being noted by the Project Group.

- 5.18 The Task Group recognises that other issues in the system, such as those recently highlighted by a temporary closure of Oxford City Community Hospital due to a lack of substantive staff, mean that the full and proper assessment of local health needs and future provision is crucial to understanding and planning for the health and care needs in a sustainable way. As highlighted by the full HOSC when it considered the framework in November 2018, there is a need to ensure the interface between the services which are planned at a locality level and those at a larger geography and scale are effectively considered. The Task Group therefore looks forward to understanding more about this important aspect of the operation of the framework through the remainder of its work with the project.
- 5.19 To assist the effective planning and preparation for the roll out of the framework in other areas, the Task Group are minded to make the following recommendation:

Interim Recommendation 12

It is recommended evaluation of the stages completed in OX12 to date (e.g. the 'Planning and Codesign', Population Health and Care Needs' and 'Review of Assets and Services' stages) is undertaken at the soonest possible opportunity to allow evaluation to effectively inform the planning and preparation of roll out of the framework in other localities.

Interim Recommendation 13

It is recommended that consideration is given to the interface between the services which are planned at a locality level and those on a larger geography and scale (for example a community services strategy for Oxfordshire could be one area of consideration)

6. Conclusions

- 6.1 Work to progress the roll out of the Population Health and Care Needs Framework in the OX12 locality is a new and different approach in Oxfordshire. It inevitably has lessons to be learned as it develops and progresses.
- 6.2 The Task and Finish Group have welcomed the improved transparency in the process and urge the Project Group to continue to work to engage stakeholders and the public in the development of the approach, process and its content. The system partner Project Group is learning lessons of the new approach to assessing health and care needs in a local area and making improvements as it goes.
- 6.3 The Task Group has been and continues to be a critical friend to the roll out of the framework. The Group have always sought to provide constructive

challenge and where concerns have been raised with the Group, this has been passed on to the relevant organisations to resolve. The interim recommendations are designed to assist in improving how the project is taken forward and support the learning from OX12 for the roll out in other areas.

- 6.4 The duties of the Task and Finish Group are not yet complete and the work needs to continue for the Group to be effective in its scrutiny of the whole project. This will enable the Project Group to provide feedback to local health system partners on the effectiveness of Oxfordshire's Population Health and Care Needs Framework process. The Group hopes that this work will inform any future approach to local health needs assessment in the round and to the place of community hospitals within this.
- 6.5 The interim recommendations will be discussed with the Project Group and actions will be agreed where appropriate. Additional recommendations will be made, as necessary, as the work of the Task and Finish Group progresses further. Once the work of the Task and Finish Group is complete these will be recommended to the committee for endorsement and onward recommendation to the appropriate bodies at a future JHOSC meeting. A summary of the recommendations thus far are detailed in the table below.

Interim Recommendation Summary Table:

No	Interim Recommendation
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. 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.
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, and cost of running such a project.</p>
3	<p>A thorough and detailed project plan is produced before future projects are due to commence, detailing the various processes and key milestones (against specific dates) as outlined in the framework.</p>
4	<p>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.</p>
5	<p>An evaluation process is fully developed and integrated with the framework, including for future areas, whereby this is integrated from the planning and set-up phase.</p>
6	<p>Where further innovations are planned and implemented (for example a new clinical service), the process of evaluation is built into the programme plan.</p>
7	<p>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.</p>
8	<p>Review the questions originally posed by members of the Stakeholder Reference Group to establish whether there is a gap in the data, as a consequence of leaving out their proposed questions in the raw form. Consideration should then be given to whether there are opportunities to address any gaps, by obtaining local knowledge (specifically the survey undertaken by Wantage Town Council).</p>
9	<p>Information gathering methods should be reflected upon, to see if there are more</p>

No	Interim Recommendation
	efficient ways of obtaining some of the information (e.g sports and activities use data).
10	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 independent support to help co-design the survey with stakeholders.
11	(Recommendation to HOSC) The Task Group recommends that an additional meeting of JHOSC takes place soon after the options have been developed, to enable efficient scrutiny of those options. This is anticipated to be mid-December or early January.
12	It is recommended evaluation of the stages completed in OX12 to date (e.g. the 'Planning and Codesign', Population Health and Care Needs' and 'Review of Assets and Services' stages) is undertaken at the soonest possible opportunity to allow evaluation to effectively inform the planning and preparation of roll out of the framework in other localities.
13	It is recommended that consideration is given to the interface between the services which are planned at a locality level and those on a larger geography and scale (for example a community services strategy for Oxfordshire could be one area of consideration)