

OX12 Project

Oxfordshire Population Health and Care Needs Framework:
OX12 Project Summary Report

(January 2020)

Final

OX12 Project

Oxfordshire Population Health and Care Needs Framework: OX12 Project Summary Report

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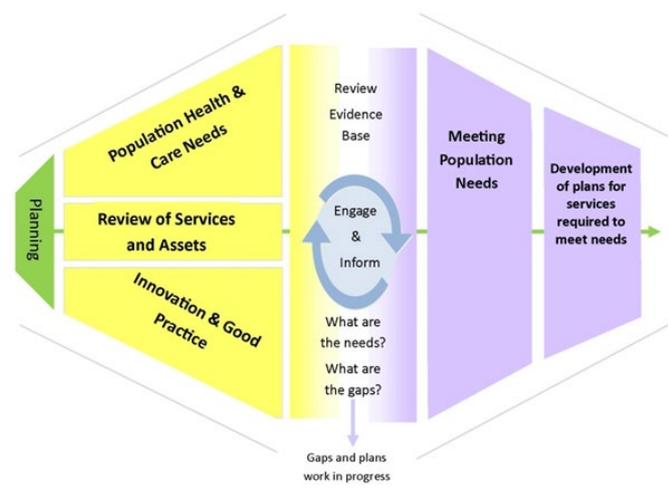
1. Background and Context

1.1 Oxfordshire’s Population Health Management Framework

On 15th November 2018, the Oxfordshire Health and Wellbeing Board (HWB) formally adopted **Oxfordshire’s Population Health and Care Needs Framework** (see Appendix 1).

This introduced a new “population health management” (PHM) approach that brings commissioners, providers and the public together to identify the current and future health, care and wellbeing needs of a population and to consider how they could be met. The framework is summarised in the diagram below.

Figure 1: Health and Care Needs Framework Flow Diagram



The first area where this has been applied around a locality is in the OX12 postcode area (Wantage and Grove and surrounding villages).

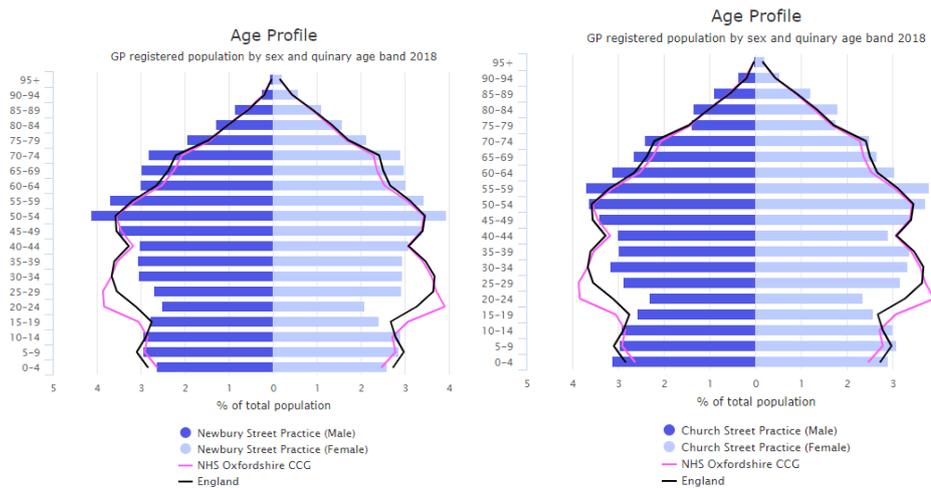
1.2 Purpose of this Report

This report summarises the work undertaken as part of the OX12 Project. It describes the themes that emerged and explains the project findings and outputs. It Figure 2 below shows the age profiles of people registered with the two GP practices, Newbury Street and Church Street also summarises the next steps.

2. About OX12

The population of OX12 is **26,900**. This population is both **relatively healthy** and **relatively affluent** compared to populations in England and across the county, and has a low proportion of ethnic minority residents. There is, however, a higher than average **older population** which creates more demand for age-related services and more complexity in terms of care. Figure 2 below shows the age profiles of people registered with the two OX12 GP practices, Newbury Street and Church Street.

Figure 2: GP registered population by sex and quinary age band 2018



The population of the OX12 area is 26,900 is set to grow. The JSNA bitesize population forecasts published in August 2019 provides great insight into the anticipated change in population.

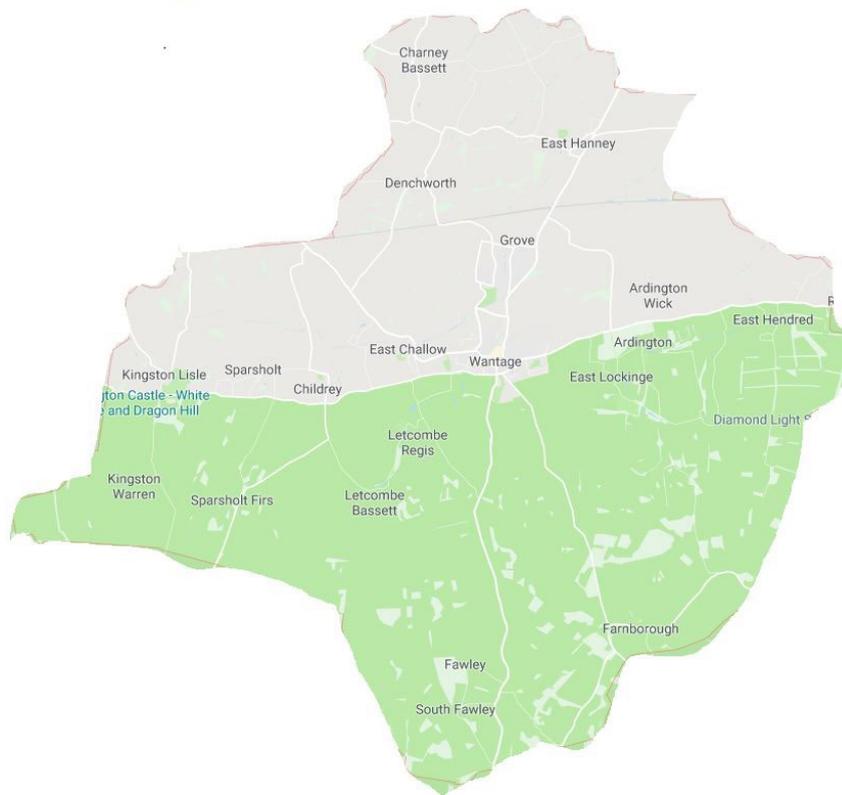
Population changes have been considered from the perspective of two scenarios. Firstly Oxfordshire County Council’s housing forecasts which incorporate district council plans for house build. Across all of Oxfordshire there is a projected population increase of 134,800 in the period 2017-2027, this is an increase of 20%. Secondly the Office of National Statistic’s projections; these are based on past trends. For the same 2017-2027 period ONS projections show an all Oxfordshire increase of 3%.

In relation to housing-led population projections the Vale of White Horse District Council area is set to increase by 36,000 from 131,200 to 167,200 in the period 2017-2027. Of note within those projections is the increase of 9,700 people from 17,300 to 27,000 in the Wantage and Grove area.

Closer examination of Vale of White Horse District Council information highlights that as of April 2019 there are 5,558 additional homes expected from sites with planning permission within the OX12 area. 284 homes have already been delivered from these sites, with a further 3,935 dwellings expected to delivered by 2031. The remaining homes are expected to be delivered beyond 2031.

Figure 3 below shows the area included in the OX12 postcode that is the focus of this project.

Figure 3: Map of the OX12 Area



Mably Way Health Centre is the base for the two GP practices and one of the OX12 pharmacies and offers a range of community-based outpatient clinics e.g. podiatry, dietician and ultrasound provided by Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust and private providers.

The two GP practices together form the **Wantage Primary Care Network**¹ covering a population of 30,180 patients (this includes all of the OX12 area as well as a small number of postcodes from the surrounding areas). This may provide opportunities to provide care differently and in a more integrated way.

In addition to the services on the Mably Way site, there are five dental practices, three further pharmacies, and five opticians in the OX12 area.

Wantage Community Hospital currently provides a Midwifery Led Unit, children's services, speech and language therapy services and a musculoskeletal (MSK) service. Twelve inpatient rehabilitation beds at Wantage Hospital were temporarily closed in June 2016 following the identification of legionella.

The OX12 area currently has a **vibrant third sector and strong community networks** with a good take up of a wide range of physical and social activities.

¹ Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan published in January 2019. GP Practices will be funded to work together to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff. A typical network will cover 30-50,000 people.

Approach

What we did

3. The Approach Taken

This section provides a brief summary of the work undertaken as part of the OX12 Project.

3.1 Planning and Co-design

The OX12 Project sought to bring professionals and members of the public together to consider the population health and care needs and to co-design both the approach taken and the solutions to meet identified need.

A **multi-agency Project Group** involving professionals from a range of Oxfordshire organisations, including all key health organisation and the county and district Council, was established to oversee the Project. The group met regularly throughout the life of the project and took responsibility for overseeing the implementation of the Project Plan and project deliverables. Emerging issues were escalated to a senior **Project Executive** that included Director-level representatives of the key organisations.

Oxfordshire Clinical Commissioning Group's Communications and Engagement Team also established, and supported, a **Stakeholder Reference Group** which brought together patients, carers and the public from the local community with public sector partners. The Group's role was to act as an open and transparent forum where members could participate and speak honestly to ensure public views and experiences were taken into account.

The OX12 Project held a 'Listening Event' with members of the Stakeholder Reference Group in September 2019: this gave members of the Group an opportunity to put forward their views to a panel of senior NHS decision makers and to explore and discuss these with them. The notes of this meeting are included as Appendix 2.

An **Information and Data Task and Finish Sub-Group** was established to review the information and data created and collected through the project and to structure it in a way that would inform the planning and delivery of the Solution Building Event and the work to develop options for the future. Again, a co-design approach was taken with this Task and Finish Group including members of the Project Team, senior system analysts and members of the Stakeholder Reference Group.

A co-design approach was also taken to the 'solution building' stage when the project began to identify the ways in which health, care and community organisations could respond to the changing needs of the population. A **Planning and Design Sub-Group**, that included members of the Stakeholder Reference Group, was established to help shape the project's approach described in section 3.5 below.

3.2 Information and Data

The collection of information and data on population health and care needs and the review of services and assets ran concurrently. This helped to avoid duplication and allowed the development of a holistic picture of current services and need.

The project began by collating existing information about the health and care needs of the OX12 population. This included the findings of engagement activities conducted by Healthwatch in 2018.

Each of the partner organisations then collected and provided information and activity data on the services they currently provide including Oxford Health, Oxfordshire County Council, Oxford University Hospitals Trust, and Vale of White Horse District Council.

The County Council's Public Health Team also used the suggested metrics in NHS England's 'Population Health Management Flatpack' to pull together an assessment of health needs in OX12. This drew information from a wide variety of sources and included: health and care inequalities; experience of care; the health and wellbeing of the population; quality; the cost of care; and workforce.

Further data and information was collected on third sector organisations providing services to OX12 residents and supplemented with a survey of people living and working in the local area (see section 3.3 below).

An 'Information and Data Workshop' was held in May 2019 to examine all the data and information gathered up to that point in the programme. This helped to create a picture of the health and care needs of the local population, the services currently available to meet those needs and issues and areas of concern that, if addressed, would have a benefit for the people of OX12.² The workshop also identified gaps in the information, allowing these to be closed in succeeding months.

This was followed by two workshops with the OX12 Stakeholder Reference Group to enable members of the community to interrogate the information and data gathered and identify any further gaps in the information.

The project's 'Information and Data Task and Finish Sub-Group' then gathered all the intelligence together to produce a formal **Information and Data Pack** and a **Bite Size** version. These documents supported the 'Solution Building' described in sections 3.5 and 3.6 below.

3.2.1 Limitations in the formal data

It is worth noting that there were some limitations in the information and data that was available to the OX12 Project. This was partially due to the fact that information is collected and recorded differently by different organisations. Wherever possible information was collected based on residents of OX12. However, primary care data related to registered patients of the Newbury and Church Street GP practices which includes people who do not live in OX12 postcodes. Some information was only available at a district, county or national level. Other data and information was drawn from organisations that used different timescales for the collection of data. All issues and discrepancies are clearly noted in project documentation.

Information on population growth and future health and care needs was also limited. While some areas of the country have complex predictive modelling tools that draw on actuarial style logarithms to predict future conditions, this is not a capability that is currently available in Oxfordshire. The OX12 Project, therefore, sought to make the best use of the information that is available and to maximise Oxfordshire's existing analytical capacity.

² The summary write-up of the Information and Data Workshop is included as Appendix 3.

3.3 Review of Services and Assets

Information on current services and physical assets was gathered as part of the information and data collection work described above. A detailed report of OX12 assets is included in Appendix 4. To supplement this, a survey to map community services and assets was designed with members of the OX12 Stakeholder Reference Group. This sought to identify what services (NHS, social care, local authority and voluntary sector) are used by people living and working in the OX12 postcode area, where those services are provided from and where people travel from to access them.

The survey combined quantitative questions with open-ended qualitative questions that encouraged respondents to describe their experience. The survey was launched on 2nd April 2019 and was available on the CCG's online consultation and engagement tool *Talking Health* until 6th May 2019. During this time the survey was extensively promoted via the press (including paid for advertising and press releases) and social media (Facebook and Twitter). Seven roadshows promoting the survey were held at locations identified by members of the OX12 Stakeholder Reference Group and hard copies were made available to selected hard to reach groups.

A total of 1,303 responses were received: 920 (71%) were online and 383 (29%) were paper responses.

More details of the approach, distribution and response rate to the survey are available in the *'Report on survey to plan for the future Health and Care needs in Wantage and Grove (OX12)'* which is included as Appendix 5

3.4 Innovation and Good Practice

A key part of Oxfordshire's Population Health Management Framework is the consideration of relevant 'Innovation and Good Practice'. To support this, a review of the new models of care that have emerged throughout the country, particularly through the NHS England 'vanguard programme', was undertaken in April 2019 (see Appendix 6).

This was supplemented by a shorter discussion document that summarised the main points in this review alongside a consideration of the local direction of travel, as expressed in *Oxfordshire's Health and Wellbeing Strategy 2018–2023* and the Oxfordshire system's *2019/20 Operating Plan* (see Appendix 7).

These two documents were considered by senior clinicians from organisations across Oxfordshire in a 'Clinical and Care Forum' in July 2019. The conclusions from this meeting are described in [The Oxfordshire Clinical View](#) which was used to inform the 'solution building' stages of the project (see section 3.5 and 3.6 below).

3.5 Meeting Population Needs

The information gathering stages of the OX12 Project (the data on population health needs and information on services and assets) was brought together with feedback from ongoing dialogue with community representatives and the recommendations of the Clinical and Care Forum at a **'Solution Building Event'** on 18th September 2019.

This all-day workshop-style meeting involved local people, community groups and key stakeholders from the Wantage and Grove area alongside staff from health and

care partner organisations. Over 70 individuals attended with approximately half coming from the local area.

The event was independently chaired by an associate with the Consultation Institute. The event generated 135 table-based solutions / options for meeting the current and future population health needs in the OX12 area in the short, medium and long term. These were supplemented by a range of individual solutions from people on the 7 tables and a further set of post-it notes.³ The write up of the day is included as Appendix 9.

3.6 Development of Options

An initial analysis of the post-it notes provided an approach to grouping the material from the Solution Building event. This was tested by the OX12 Project Group using all of the material generated in discussions on the Key Theme '*Impact of a changing population on demand and need*'. The Project Group endorsed this approach and also suggested that a sensible way of reviewing the material would be to identify:

- Quick wins;
- Things that could be developed in the longer term that would impact on the issues identified and provide a benefit for people living in OX12;
- Things that were already in train.

In identifying these, the Project Group further suggested that all proposed options should be tested to ensure that they were:

- Sensible/clinically sound;
- Deliverable;
- Affordable;
- Able to deliver a recognisable benefit/ make a difference to people of OX12.

The OX12 Project Executive also reviewed the suggestions from the Solution Building event and recommended that further analysis focused on the following areas:

- Promoting Health and Wellbeing;
- Transforming and Integrating delivery of Health and Care;
- Providing Services Closer to Home and supporting people to live independently longer;
- Travel, Transport and Access.

Four working groups were set up to take this work forward including members of the OX12 Project Group, Stakeholder Reference Group, leads from strategic partners, and clinicians depending on the focus of their work.

The groups considered the ideas generated by the Solution Building event alongside all the other information generated through the life of the OX12 Project.

These groups met throughout October and – recognising the four areas of focus are not discrete – were brought together on the 4th November 2019. At this meeting, the four groups shared their outputs to create a whole picture response to the health and care needs of OX12. They identified overlaps and differences in recommendations and took steps to align the proposals.

³ It should be noted that by collecting the material in this way there were duplications in the suggestions, solutions and statements that were the product of the day.

Facts and Key Themes

What we found

4. Population Health and Care Needs: Key Themes

The approach to the data collection and analysis is described in section 3.2 above. This section summarises what this information and data revealed about the health and care needs of the OX12 population. This was echoed and reflected through community feedback and the information discussed at the OX12 Listening Event.

4.1 Cross-Cutting Themes

Based on their consideration of the population health and care needs in Wantage, Grove and the surrounding villages, the OX12 Data and Information Group highlighted the importance of:

- Promoting health and wellbeing at different stages of life so that residents can: get the best start in life (at birth through to adulthood); maximise health and wellbeing in their prime of life; and ensure the end of life reflects personal choice.
- Taking account of conditions and experiences which cross all ages, for example mental health, learning or physical disability, and some long-term conditions.

4.2 The Four 'Key Themes'

Four 'Key Themes' emerged from the information gathering stages of the OX12 Project:

- Promoting and Developing Health and Wellbeing across all life stages;
- Making best use of Community Resources;
- The impact of a changing population on demand and need;
- Travel and Transport.

The data behind each of these 'Key Themes' is summarised in the rest of this section.

4.2.1 Key Theme 1: Promoting and Developing Health and Wellbeing across all life stages

- The overall proportion of people with a long-standing health condition in Wantage and Grove GP practices is similar to the national average at around 50%.
- Current cancer prevalence is higher in OX12 compared to national figures, at around 3.5% compared to 2.7%.
- Current prevalence of dementia is similar to national figures at 1% of the total practice population.
- Prevalence of Diabetes, Chronic Obstructive Pulmonary Disease and Serious Mental Illness is significantly below the national average.
- Coronary heart disease is steadily declining while rates of stroke, heart failure, and asthma remain stable.
- Similar to national figures, around 15% of adults have high blood pressure (a leading risk factor for heart attacks and strokes). Around 12% of the adult population are estimated to have undiagnosed hypertension.

- Levels of adult obesity, smoking, physical inactivity and overweight or obese children are significantly lower compared to national averages.⁴ Healthy eating and levels of physical activity is significantly higher compared to national data. However, still around 20% of children in the Vale of White Horse District (which includes the OX12 postcode) have excess weight at the start of primary school, rising to around 30% at the end of primary school.
- The overall prevalence of depression in OX12 is currently around 9% of the adult practice population. The prevalence of mental health and emotional disorders in children is measured at county level. In Oxfordshire, around 8% of children aged 5-16 have a diagnosed mental health disorder, compared to over 9% nationally.
- The Stakeholder Reference Group's survey of OX12 residents found that there is active use of leisure services (such as the sports centre, accessing exercise classes or using paid for gyms) and a wide network of self-run or informal groups (including mother and toddler groups, faith groups, singing groups and choirs, and art and creative groups).

4.2.2 Key Theme 2: Making best use of Community Resources

- Constraints on physical space for delivery of both primary and community services is one of the greatest challenges in the OX12 area. There are significant pressures on physical space in the two GP practices (both practices have identified the need to expand), while Oxford Health is also struggling for physical space for some of their teams working in the OX12 area.
- During 2018/19 a total of 87 patients from the OX12 postcode area were treated by Oxford Health in community hospitals across Oxfordshire (see section 5.3 for more details of where they were treated).
- A considerable amount of health care in OX12 is provided in people's homes. For example, District Nursing delivered 9,672 contacts in 2017/18.
- There are a range of physical assets in the OX12 area. These are described in section 5.5 below.
- There is a vibrant third sector offering a wide range of clubs, leisure classes, events, and support services (including a volunteer transport scheme), with many opportunities for volunteering and/or sharing skills, knowledge and interests. This includes active health and care groups such as MIND, MS Society, Young Carers, and AGE UK that support people with specific health conditions. However, community representatives on the project expressed concerns around future proofing these activities in terms of volunteers coming forward, investment and funding.
- Respondents to the project survey wanted more services in OX12. The survey suggested a desire from those responding for podiatry, pharmacy and optical health services as well as specialist clinics, mental health support, screening and cancer services. Other respondents mentioned end of life care, outpatient clinics, rehabilitation, Midwifery Led Unit, X-ray and Minor Injuries Unit. Survey

⁴ While prevalence data is drawn from the two GP Practices, this is based on a combination of Practice and District (Vale of White Horse) data.

respondents also said they wanted increased leisure facilities, support groups, services for older people and facilities for children.

4.2.3 Key Theme 3: The impact of a changing population on demand and need

- Life expectancy for men (almost 82 years) and women (85 years) in Wantage and Grove practice populations is higher than the national average (79.4 and 83.1 respectively) and there is a higher than average older population (20% of the population is over 65). This creates more demand for age-related services (such as district nursing and podiatry) and results in more complex care needs.
- The proportion of people living in nursing homes is higher than the national average, at around 0.7% compared to 0.5% nationally, which increases the workload for GPs and the community health professionals who support these residents.
- Significant housing growth is planned for the OX12 area (including plans for extra care homes). Over the next five years, 2018 to 2022, the areas with the largest numbers of additional homes are expected to be Grove and North East Wantage.
- The plans for the next five years include the build of a 65-bed care home and 50 extra care units on Grove Road.
- Use of A&E and Minor Injuries Units by people from OX12 is lower than the CCG average as is use of GP out of hours services. Data on admissions indicates an appropriate use of A&E.
- Respondents to the project survey raised concerns about access to dentistry in OX12.
- The numbers of people from OX12 using community inpatient beds equate to just under six community hospital beds in a twelve-month period (out of 140 beds in total). In 2018/19 87 out of 1,350 in-patients came from OX12.
- Oxfordshire CCG forecasting predicts a shortfall in Wantage GPs (excluding retirements) of 2.7 and 4.8 by 2022 and 2027 respectively. In line with the Long Term Plan, the GP workforce will develop a more skill mix approach using different clinicians, who can undertake a range of 'traditional' GP activities and consultations (for example, physiotherapists, clinical pharmacists and nurse practitioners / nurses with enhanced training).

4.2.4 Key Theme 4: Travel and Transport

- Public health data indicates that the majority of residents from the OX12 postcode area live within 10-15 minutes of the Health Centre, Wantage Hospital, a dentist and a pharmacy. This assumes the journey is made by public transport. However, experience of local residents travelling within OX12 and to neighbouring towns and cities suggests journey times are longer and journey plans more complex.
- The project survey of OX12 residents had 1,303 respondents and, of these, the majority of people said they use a car to access services both within and outside of OX12 (1,139), while a smaller number travel on foot (522) or by public transport (243).

- 87% of the registered patients from OX12 who attend acute hospital outpatient appointments do so at one of the Oxford University Hospitals (the Horton, Churchill, John Radcliffe or Nuffield.) A small number of outpatient's appointments are provided in Mably Way Health Centre. Those travelling to Oxford for their outpatient and follow up appointments accounted for a total of 48,470 journeys over a 2 year period (April 2017 to March 2019).
- Respondents to the project survey raised concerns about parking at all hospital sites, particularly the John Radcliffe. This echoed concerns raised to Healthwatch in 2018 where residents from Wantage and Grove expressed frustration with parking difficulties when they had to travel out of OX12 to access services, particularly at Abingdon.
- Respondents to the project survey also highlighted concerns about the availability, frequency and complexity of public transport to access services outside of OX12. Again, this echoed the 2018 Healthwatch report which described public concerns about bus services, particularly:
 - The reduction in services to local villages such as Challow. This is having an impact on people's independence and sense of loneliness and isolation.
 - Buses to Abingdon and Oxford. It requires two buses to get to a hospital appointment in Oxford from OX12 and takes approximately two hours each way. The return journey from Abingdon can be unpleasant on a rainy day as the return bus stop is not under any shelter.
- The Healthwatch report also noted the cost of taking taxis to attend health appointments. For example, the average charge from Wantage to the John Radcliffe in 2018 was £60. Even when people can afford a taxi (which many can't), it is a struggle to get one because there are no local taxis in Grove and four out of the eight in Wantage only take pre-bookings.
- The Healthwatch report described the existing community transport options (provided by South Central Ambulance Service and Wantage Independent Advice Centre) but highlighted public confusion about how to access these services and eligibility.

5. Current Services and Assets

5.1 Overview

A considerable amount of health care in OX12 is **provided in people's homes**. Other services are **clinic based**.

Constraints on physical space for both primary and community services is one of the greatest challenges in the OX12 area. There are significant **pressures on physical space** in the two GP Practices, while Oxford Health is also struggling for physical space for some of their teams working in the OX12 area.

Workforce issues are similar to other areas across Oxfordshire with nursing, therapy, GP and other primary care staff being difficult to recruit and retain. Forecasting predicts a shortfall in Wantage GPs (excluding retirements) of 2.7 and 4.8 by 2022 and 2027 respectively.

5.2 Primary Care

Mably Way Health Centre includes two GP Practices and a pharmacy and offers a range of community-based outpatient clinics e.g. podiatry, dietician and ultrasound provided by Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust and private providers.

In addition to the services on the Mably Way site, there are five dental practices, three further pharmacies, and five opticians in the OX12 area. (A full list, including maps with the locations of these services, are available in Appendix 3).

The survey of OX12 residents showed that in addition to accessing GP services, local people had accessed NHS pharmacy services, dental services and opticians (including the Minor Eye condition service).

5.3 Wantage Community Hospital

Current provision at Wantage Community Hospital includes a Midwifery-led Unit, children's services and speech and language therapy services. MSK physiotherapy services re-opened in the hospital in September 2019. Twelve inpatient rehabilitation beds at the hospital have been temporarily closed since June 2016 following the identification of legionella.

During 2018/19 a total of 87 patients from the OX12 postcode area were treated by Oxford Health in community hospitals across Oxfordshire. Of these:

- 9 were admitted under the specialist stroke rehabilitation pathway to the Abingdon Stroke Recovery Unit;
- 17 patients were admitted under the Emergency Multidisciplinary assessment unit pathway (EMU) in Abingdon hospital;
- The remaining 61 patients required 'generic rehabilitation' prior to their discharge;
- The majority of the 87 patients were admitted to Abingdon wards with others being admitted to Didcot and Wallingford;
- The average length of stay (ALOS) measured from admission to discharge across all community hospitals is consistently 25 days;
- The majority of all patients from OX12 returned to their place of residence following admission.

5.4 Voluntary and Community Services

There is a **vibrant third sector** in OX12 with a wide range of clubs, leisure classes, events, and support services, with many opportunities for volunteering and/or sharing skills, knowledge and interests.

There are **active health and care groups** such as MIND, MS Society, Young Carers, and AGE UK that support people with specific health conditions.

A range of **online resources** to promote health and wellbeing are also available to people living in this community. However, feedback from stakeholders suggests that more could be done to make people aware of these resources.

The OX12 survey found that there is **active use of leisure services** (such as the sports centre, accessing exercise classes or using paid for gyms) and a **wide**

network of self-run or informal groups (including mother and toddler groups, faith groups, singing groups and choirs, and art and creative groups).

The survey responses suggest good take up of these opportunities in OX12⁵ but also highlighted a number of community issues and concerns (see section 5.6 below).

5.5 Physical Assets

5.5.1 Location of Physical Assets

OX12 has a large number of physical assets.⁶ In addition to Wantage Community Hospital and the primary care assets described in section 5.2 above, there is a Memorial Park in Wantage and:

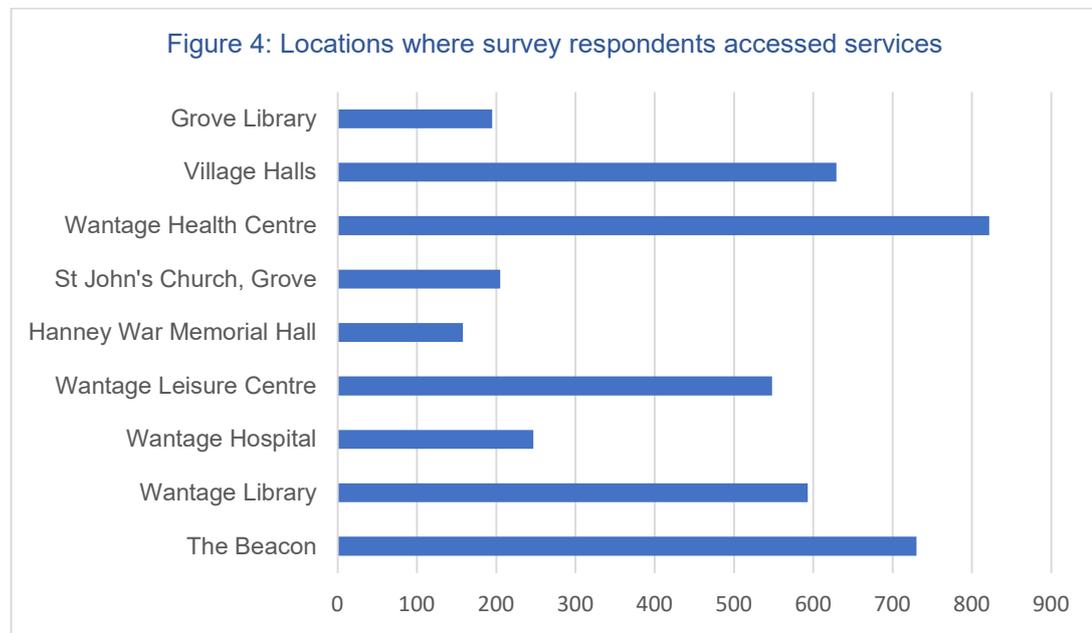
- Two **Libraries** – one in Wantage and one in Grove.
- **Wantage Leisure Centre** which has an air-conditioned gym, indoor 25 metre swimming pool, sauna, fitness studio hosting a variety of classes, a large sports hall, squash courts and a crèche.
- A number of other **public sector buildings** including Wantage Fire Station, offices for Grove Parish Council and Wantage Town Council, and twelve schools (including Fitzwaryn Special School).
- **The Beacon Community Centre** which provides a varied programme of events from film screenings, live music, theatre and stand-up comedy to a range of classes and workshops. There are a choice of rooms for hire, including a large auditorium, a dance studio and three other function rooms. There is also a café on site.
- **Wantage Independent Advice Centre (WIAC)** based in Wantage and serving Wantage, Grove, Farringdon and residents of the Vale of White Horse district. Volunteers provide:
 - advice on a wide range of topics, including debt management, benefit entitlements, employment rights, consumer rights. Other agencies and organisations also hold sessions or group meetings at the WIAC premises.
 - a transport scheme to hospitals, doctors, day centres, shops etc. for people who are unable to use public transport.
 - a ‘Good Neighbour’ scheme offering volunteer befriending perhaps over a cup of tea or to help with small tasks (such as simple DIY, paperwork, de-cluttering, collecting prescriptions etc.).
- **Vale & Downland Museum** in Wantage.
- Thirty-five **Halls / meeting rooms** and two **Day Centres**.
- Twenty-eight **churches** and a **convent** which has community rooms.
- A range of other assets offering community and leisure activities.

⁵ A breakdown of the responses to each question, and graphs showing the take up of activities, is included in the ‘*Report on survey to plan for the future Health and Care needs in Wantage and Grove (OX12)*’ which is included as Appendix 5.

⁶ A full list, including maps with the locations of these services are available in Appendix 4.

5.5.2 Accessing Services

The chart below shows which locations survey respondents said they most frequently use to access services, groups and activities.



87% (1,139) of all respondents to the Stakeholder Reference Group's survey said they usually, but not exclusively, accessed health and wellbeing services by car. 40% (522) accessed services on foot and 18% (243) used public transport. Less than 1% reported that they claimed support from the NHS Healthcare Travel Scheme. Further analysis of this data based on age profiles found a greater dependency on public transport and volunteer car driver schemes amongst those aged over 65.

5.6 **Community Issues and Concerns**

The responses to the open-ended questions in the Stakeholder Reference Group's survey also highlighted a number of issues and concerns about health and wellbeing services in OX12. These are largely consistent with the findings of other community surveys in the area, including the Healthwatch survey carried out in 2018.

5.6.1 Travel and Transport

Concerns related to the availability, frequency and complexity of public transport to access services outside of OX12. Parking was raised across all NHS sites, but specifically at the John Radcliffe Hospital (Oxford University Hospitals NHS Trust). Survey respondents felt that the distance to travel to services outside OX12 was too far and that travel times should be considered when providing services.

5.6.2 GP Services

Many comments related to GP services, specifically waiting times to see a GP. Survey respondents frequently felt that the Health Centre at Mably Way should be expanded and more GPs recruited. They also suggested that more services could be provided at the health centre to reduce travel times.

5.6.3 NHS Dentistry

Many respondents to the survey felt that NHS dentists in OX12 were at capacity and there needs to be more provision in the area.

5.6.4 Housing and Population Growth

Respondents highlighted concerns about housing and population growth in the OX12 area. Comments noted that the number of new houses being built will increase the population and create more demand on services. These respondents felt that the infrastructure will need to be improved to support the housing growth and that services should be more local because of this.

5.6.5 Wantage Community Hospital

Many comments were received about the current Wantage Hospital facility. Wantage Community Hospital is highly valued by the local community. A common theme of feedback from the local people has been the need to ensure the hospital remains open and the facility offers a wide range of services to the local community.

Some respondents to the survey identified specifically that they wanted physiotherapy, maternity, End of Life care, respite, rehabilitation and minor injuries services to be returned to the hospital. Many were eager to see the inpatient rehabilitation beds re-opened at the hospital.

5.6.6 Community Priorities

Respondents were asked if anything else would help them or their family access health and wellbeing services. This prompted a range of comments but the services that were mentioned most frequently were physiotherapy services, X-Ray, respite/rehabilitation, Minor Injury Unit and maternity. A smaller number of people said they wanted more mental health services.

Innovation and Best Practice

What good looks like

6. The Oxfordshire Clinical View

6.1 Clinical Areas

As outlined in section 3.4, senior clinicians from provider and commissioner organisations across Oxfordshire came together in the 'Clinical and Care Forum'.⁷ Led by Oxfordshire CCG's Clinical Chair, the Forum reviewed and considered opportunities to utilise national evidence-based innovation and best practice in the county and specifically in OX12.

Three clinical areas were identified as being particularly relevant to OX12 (based on the emerging data and information collated by the OX12 Project and the national and local direction of travel for health and care services). These were:

1. Proactive and responsive care to increasingly support people at home with long term conditions and frailty;
2. Making services traditionally provided in acute hospitals more local and accessible, with a focus on outpatient and follow-up appointments;
3. 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.

Clinicians focused on these three areas, drawing on their expertise and clinical experience alongside information on innovation and good practice from around the country (including the Vanguard programme). They also took into account the national direction of travel and Oxfordshire priorities and initiatives.

6.2 The Oxfordshire Clinical View

Clinicians met on the 3rd July 2019. The conclusions from this meeting of the Clinical and Care Forum are described in [The Oxfordshire Clinical View](#). This is included as Appendix 8 and summarised below.

6.2.1 Consideration of the County-Wide Context

Clinical leads welcomed the opportunity to develop local solutions to meet local health needs but recommended that any proposals arising from the use of the framework should be considered within a **county-wide or an Integrated Care System context** being mindful of any wider projects or initiatives that are being taken forward at either of these levels.

To ensure an equitable service for all patients in Oxfordshire, they also noted that some health needs (such as support for child and adolescent mental health) will need to be addressed at a county level.

6.2.2 Sustainable primary care as a key enabler

Clinicians identified **sustainable primary care as a key enabler**. *The NHS Long Term Plan* describes Primary Care Networks (PCNs) serving populations of 30,000 – 50,000. The aim is to bring primary care, community services, social care and the third sector closer together to provide more personalised, integrated and co-ordinated health and care for local populations. This work is progressing in Oxfordshire.

6.2.3 Out of Hospital Model of Care

The Oxfordshire Clinical and Care Forum strongly supported an **‘out-of-hospital model of care’ as the preferred approach to managing frail and vulnerable people** (including those with mental health crisis issues). They noted, however, that some patients will continue to require hospital-based care.

Drawing on national research they recognised that there is a considerable evidence base to demonstrate that a hospital environment is frequently not the best place for care to be delivered, particularly for frail older people. They further highlighted the potential opportunities offered by both the emerging PCNs and the existing work being developed in Oxfordshire, such as ‘Home First’.

6.2.4 Moving acute hospital outpatient and follow-up services into the community

The Oxfordshire Clinical and Care Forum strongly supported the development of alternatives to face-to-face delivery of outpatients and follow-ups in an acute setting. They recommended moving **more outpatients and follow-up appointments closer to where people work and live**, where this is feasible.

Clinicians acknowledged feedback from local residents that travel to and parking at the acute hospitals in Oxfordshire is difficult and that this creates problems and added stress. Drawing on best practice elsewhere, and the success of this approach in Townlands Hospital in Henley, they agreed that increased near patient testing and digital technology has the potential to allow many traditional outpatient and follow-up appointments to be delivered virtually or at a community location. This will improve patient’s experience, reduce travel as well as often making more efficient use of clinical resources.

Clinicians, however, noted that not all specialities are suitable to be provided in the community, particularly those that require specialist equipment. It will, therefore, be important that each specialty is considered separately.

6.2.5 A Focus on Prevention

The Oxfordshire Clinical and Care Forum **endorsed an increased focus on prevention** to embed primary and secondary prevention in all clinical and care pathways. This approach aims to intervene early, or provide support earlier, to prevent and/or delay ill health and to deal with it more responsively when illness does occur. It includes addressing the wider determinants of health like social deprivation, loneliness and poor mental health and working with carers, voluntary organisations and other community organisations.

Project Outputs and Next Steps

What we could do to address need

7. Developing local solutions to meet population needs

The 'Solution Building' approach used by the OX12 Project is described in section 3.5 and 3.6 above. This section summarises the potential local solutions / opportunities that the project has identified to meet population health needs in Wantage, Grove and the surrounding areas. It includes initiatives that will take time to develop and implement along with some 'quick wins' that should be able to be delivered on a much shorter timeframe.

More work is required to explore the viability of all these potential solutions and opportunities, especially as many will either require funding or rely on commitments being made by both public and voluntary sector organisations or local volunteers.

7.1 Sustainable primary care as a key enabler

The Oxfordshire Clinical and Care Forum recognised sustainable primary care as a key enabler and also highlighted the role of Primary Care Networks (PCNs) in delivering more personalised, integrated and co-ordinated health and care for local populations.

The new Wantage Primary Care Network covers the OX12 area as well as a small number of postcodes from the surrounding areas. This Wantage PCN will be central to transforming health services and addressing population health needs as GP practices adopt innovative new approaches and work more closely with other services in the community.

The opportunities identified by the OX12 Project are designed to complement and wrap around the developments being introduced by the Wantage PCN.

While it is being addressed by a different process involving the two GP practices, NHS Property Services and Assura, the owner of the building, there was consensus amongst participants in the OX12 Project that the current capacity issues at the Mably Way Health Centre need to be resolved as soon as possible.

7.1.2 Piloting new Pathway Tools

The work on the OX12 project facilitated cross organisational conversations that have led the Wantage PCN to pilot a new tool to identify patients who may benefit from proactive support to more appropriately access care. The tool identifies frequent users of urgent care – often low severity consumption such as a high number of calls to NHS 111 and Out of Hours – who have no or very few non-elective admissions.

7.1.3 Moving towards Shared Care Records

The Wantage PCN is also actively involved in ongoing work to link patient care records held by different organisations on different IT systems. Access to these shared records will allow health practitioners to provide better and more holistic care by taking into account the interfaces the patient has with others in the health and care system.

7.2 Moving services into the community

Accessing services is a challenge for many patients from OX12, especially when they have to travel to Oxford City. The OX12 Project has, therefore, explored opportunities to make more services accessible in the local community in order to reduce travel, promote a cleaner environment and provide a better patient experience.

7.2.1 Acute hospital outpatient and follow-up appointments

The Oxfordshire Clinical and Care Forum strongly supported the development of alternatives to the face-to-face delivery of outpatients and follow-ups in an acute setting. The OX12 Project has identified opportunities to increase the range and scale of outpatient services available to the local population utilising the Wantage Community Hospital site. A viability assessment needs to be completed for all potential options. Suggestions for further exploration included:

- Community based cardiac rehabilitation, that has been successfully piloted in the north of the county
- Audiology services
- Supported Video suite – for skype/virtual outpatient consultations
- Chemotherapy
- A 12 bedded renal dialysis suite
- Ear, Nose and Throat (ENT) – this is one of the biggest areas of referral in OX12: the specific ENT specialities that could be delivered would be identified as part of the next steps.

Securing renal dialysis and chemotherapy in OX12 would require **near patient testing** facilities. (Near-patient testing, also known as point-of-care testing, is where medical investigations or tests are taken at the time of the consultation with instant availability of results. It prevents patients having to attend multiple appointments and allows immediate and informed decisions about care.)

This would open opportunities for GPs to use these facilities for more immediate diagnosis and treatment. This has the potential to further extend GPs capacity to care for people in their own homes, particularly when looked at in conjunction with new extended multi-disciplinary (MDT) teams (see section 7.3.2 below).

7.2.2 Minor Injuries

Improved access to treatment for minor injuries emerged as one of the community priorities in the OX12 Project survey. Postcode analysis, however, shows that the need for minor injuries treatment is low in the area.

7.2.3 Community Flu Clinics

The mapping of community assets found 35 village, community and church halls across the OX12 area. Another opportunity would be to examine the feasibility of providing outreach clinics (such as flu) in some of these village venues. This would benefit people living in the villages as well as people living nearby by reducing the need to travel to Wantage.

7.3 **Out of Hospital model of care for Community Rehabilitation**

The Oxfordshire Clinical and Care Forum explored the national evidence base that shows that a hospital environment is frequently not the best place for care to be delivered, particularly for frail older people. They strongly supported an 'out-of-hospital model of care' as the preferred approach to managing frail and vulnerable people (including those with mental health crisis issues).

7.3.1 Inpatient Beds at Wantage Community Hospital

Having supported an 'out of hospital' model, clinicians in the Oxfordshire Clinical and Care Forum did recognise that some patients will continue to require hospital-based care.

Analysis of the need for community inpatient care during 2018/19 showed that 87 patients from OX12 required treatment in a community hospital. Of these 9 were admitted under a specialist stroke rehabilitation pathway that is delivered in Abingdon Stroke unit and 17 patients were admitted under the Emergency Multidisciplinary Assessment Unit Pathway (EMU) at Abingdon Hospital. The remaining 61 out of the 87 patients required 'generic rehabilitation' prior to their discharge.

Following the temporary closure of the beds in the Wantage Community Hospital their needs are being met in community hospitals near to OX12, particularly Abingdon, Didcot and Wallingford although a few are cared for further away.

Current need for inpatient rehabilitation for patients from OX12 equates to 6 community beds. The reduction in the need for inpatient rehabilitation for OX12 patients reflects a trend across Oxfordshire that shows that the numbers of patients requiring inpatient rehabilitation is falling.

The overall utilisation of community beds is decreasing, nationally and in Oxfordshire. This can be attributed to more care being provided in people's homes or their normal place of residence or on an outpatient basis.

On the basis of the work undertaken using the health and care needs framework approach in OX12 and looking at the population's health and care needs in totality and the reduced need for inpatient rehabilitation there is not a compelling case for reopening the temporarily closed beds. Further work should be undertaken to test this.

7.3.2 An enhanced model for community rehabilitation

The aim of the Oxfordshire pathway for frail and elderly people is to care for people in their own homes wherever possible to support and maintain their independence. Where an inpatient stay is required clinicians agree it should focus on stabilising the patient and assessing to discharge keeping the inpatient stay as short as possible, whilst discharging patients with wrap around care in their own homes.

The OX12 Project has identified opportunities for enhancing community rehabilitation that could maximise the care given to patients closer to or in their own homes avoiding recourse to acute and/or inpatient care. This model of care requires the infrastructure in OX12 to grow to deliver this model effectively and enable services to be mobilised quickly.

There is a potential to develop a 'rehabilitation and recovery hub' at Wantage Community hospital using day facilities and clinics. This hub could serve patients who are 'not in acute crisis' and could provide physiotherapy, occupational therapy, social care support for rehabilitation and a place where people can regain their strength and recover from illness. The hub might include a gym, group activities, balance classes and falls prevention. It could provide a space for patients in temporary placements in residential homes to come in on a day basis for services, classes and/or therapy. Any future hub model should be inclusive of third sector and

voluntary groups, supporting and utilising the infrastructure to maximise the use of facilities.

In line with the national direction, *The NHS Long Term Plan* and current evidence base, this hub could be complemented by an enhanced package (to be scoped out) that would increase the role and availability of therapy and care support to patients in their own homes. Developing the Wantage PCN's Multidisciplinary Teams (MDT's) working alongside other organisations including OH could provide access to enhanced nursing care, therapies and domiciliary care (all necessary to support an out of hospital model of care).

Access to near patient testing facilities within the OX12 area (see section 7.2.1 above) could also open opportunities for GP's to provide more immediate diagnosis and treatment and a greater level of out of hospital care. However, this will require a different contractual relationship as currently the 'cost' and contracting model doesn't support such flexible use of infrastructure (i.e. one service is left carrying the costs associated with expensive tests etc when used by a different service without ability to recognise and share the costs equitably).

There may also be opportunities to increase the role and availability of outreach from the Abingdon EMU (Emergency Multidisciplinary Unit) to support patients through illness in their own homes without recourse to admission.

Supporting this, a stronger relationship could be built between primary care and community ambulatory units (e.g. Abingdon) to get telephone advice from specialist staff and/or Community Geriatrician around frailty to better manage and support these patients presenting with sub-acute illness.

7.4 Travel and Transport

While the Oxfordshire Clinical and Care Forum strongly supported moving services into the community, the clinicians in the Forum also noted that not all specialities are suitable to be provided in this way, particularly those that require specialist equipment. The OX12 Project, therefore, considered how travel and transport issues could be addressed.

7.4.1 Increase Access to Assisted Transport

Wantage Independent Advice Centre (WIAC) currently offers a highly regarded transport scheme to hospitals, doctors, day centres, shops etc. for people who are unable to use public transport. WIAC are, however, limited by the number of volunteer drivers. The OX12 Project identified a number of actions that could support this service and increase access to assisted transport.

A new car share scheme for NHS staff to increase the number of volunteer drivers

This would involve working through communication leads/NHS Staff newsletters to recruit NHS staff who regularly drive to Oxford hospital sites from the OX12 area who would be willing to provide a lift for people with early appointments or provide a lift home for those with appointments near the end of the day. WIAC would be willing to vet and add these people to their list of volunteers and match them to people needing lifts. Volunteers would only need to participate as much or as little as they feel able and could do one-way lifts.

Campaign to identify new volunteer drivers

A campaign to identify and recruit new volunteers, with a particular focus on local people who have wheelchair accessible vehicles, in order to expand the numbers with adapted vehicles.

Increasing awareness of assisted transport options

The Healthwatch report highlighted public confusion about transport options. A public campaign could raise awareness of assisted and community transport services. In particular, the OX12 Project identified the need to raise awareness of options such as the Oxford company KIT Mobility Taxis who provide taxis for people who have to travel in their wheelchairs.

Making claims easier

Patients eligible for free or reduced cost transport are currently required to pay costs up front which they can then claim back. This claim process can take several weeks and leaves some patients, particularly those on benefits, struggling for cash. Establishing more places to get their refund in real time would help address this and providing cashier office facilities on more sites (e.g. Manzil Way, Didcot) could help many patients, not just those from OX12.

7.4.2 Improving Travel by Bus

Travelling by bus can be extremely challenging for patients from the OX12 area, particularly in poor weather. While new dedicated routes would be ideal, the Project recognised that any changes to bus routes and any new services need to be financially viable for the providers. The focus was, therefore, on relatively minor changes that have the potential to have a big impact for patients. The following opportunities have been identified but it should be noted that these have not yet been discussed with the relevant bus companies.

Travelling within OX12

Explore the feasibility of:

- Re-routing the **38** bus around Wantage and Grove to avoid a 30 minute wait for people starting their journey at the Wantage end of the route who are travelling to the Mably Way Health Centre;
- Explore the possibility of a shuttle bus from the centre of Wantage and some of the villages to Mably Way Health Centre and/or the leisure centre.

Travelling outside of OX12

Explore the feasibility of:

- Alternating the **X32** bus to Didcot so that it only goes through all the villages every other trip. Also reduce its route through the Harwell Campus outside peak commuting times. This could make access to Didcot quicker both for appointments and also for social visits impacting on isolation and loneliness.

7.4.3 Exploring opportunities to align appointment times and travel arrangements

Explore with Oxford University Hospitals and Oxford Health the possibility of securing software that would intelligently link a patient's postcode to public transport and

special transport needs in order to offer appointments at a time that better meets the patient's ability to travel and attend.

7.4.4 Returning Equipment

A final 'quick win' to reduce unnecessary patient journeys would involve asking NHS staff living in OX12 and who work in Oxford hospitals to return equipment to their base (e.g. BP units, shoes to the Tebbitt Centre, crutches etc.). An alternative would be to set up arrangements for these to be transported via the sample collection services from the GP surgery.

7.5 **Promoting Health and Wellbeing**

In their review of innovation and best practice, the Oxfordshire Clinical and Care Forum highlighted the importance of promoting health and wellbeing and endorsed an increased focus on prevention to embed primary and secondary prevention in all clinical and care pathways.

The mapping of community assets revealed that OX12 already has a vibrant third sector, strong community networks and a range of community assets. However, more could be done to better co-ordinate existing work and for public, voluntary and community organisations to work together to address the wider determinants of health and wellbeing. The OX12 Project identified the following opportunities.

7.5.1 'Healthy Place' initiative for the OX12 area

Participants in the OX12 Project felt it would be worth establishing a 'Healthy Place' initiative, drawing on the experiences and learning from the healthy new towns' programmes in Bicester and Barton.

This could be led by local people working with key staff from the public sector and voluntary sector organisations. It would be an action focussed group and could grow out of the existing commitment and motivation for change shown by the OX12 Project Group, Town Council and Stakeholder Reference Group.

The aim would be to empower the community to decide their own local priorities for action, drawing upon the issues that have been highlighted through this health and care planning process. There were plenty of suggestions recorded at the 'Solution Building' event including farmers markets, ideas to get people more physically active, projects to target loneliness (which are set out in more detail below), intergenerational work and health promotion campaigns.

The other suggestions in this section could all be overseen by the Healthy Place initiative with support from public, private and voluntary sector partners as needed.

7.5.2 **Tackling Loneliness**

The issue of rural isolation and loneliness was highlighted in the Healthwatch report and the OX12 Project health profile. Opportunities to tackle rural isolation and loneliness were also frequently identified at the 'Solution Building' event and were considered in some detail by the 'Care Closer to Home' group.

The Healthy Place initiative would need to consider whether tackling loneliness should be prioritised in their work. Suggestions made at the 'Solution Building' event included: building on existing befriending and good neighbour schemes, recognising the need to recruit more volunteers; creating more opportunities for people to meet

and socialise such as community cafes or learning together; and finding new ways to identify those at risk of social isolation.

7.5.3 Healthy Place Shaping

Led by the town, district and county council, 'Healthy Place Shaping' would ensure that 'health' is at the heart of all its planning and policies e.g. building, environment, leisure, licensing (food and alcohol) etc.

This would include looking at infrastructure (cycle paths, allotments, green spaces in new developments, mobility and wheelchair and pram friendly) and co-locating services to reduce the carbon footprint.

7.5.4 Healthy Workplaces

Work could be undertaken with local employers to improve the health and wellbeing of their employees. This could include promoting initiatives such as:

- Healthy eating options in workplaces;
- Walking or cycling groups at workplaces;
- Support for working carers;
- Opportunities for employees to volunteer in the local community supported by their employer;
- Staff with a customer service role to be trained to recognise symptoms of loneliness and know what to say.

7.6 Raise awareness of local health and wellbeing services

The success of a Healthy Place initiative and promoting local activities for everyone depends on access to up to date and relevant information. There were many suggestions on how to raise awareness of local health and wellbeing services in OX12.

Live Well Oxfordshire is a countywide web resource which can be searched to find local services and activities. Developed by the county council in partnership with Age UK Oxfordshire (Community Information Network), records on the website are reviewed regularly, and anyone can suggest new services to be added to the site. The Community Information Network online directory contains a subset of Live Well Oxfordshire records (focusing on community services) and there is also an annually published Live Well Oxfordshire brochure which contains information on care homes and home care services in the county, as well as information and advice about social care and community support.

These websites and 'hard copy' directory include details of activities and services available in OX12 but many people said it can be difficult to find the information they need. This could be addressed by local volunteers and interest groups committing to working more closely with Age UK to improve the directory and incorporate their local knowledge. Indeed, the Healthy Place group could take a leadership role in ensuring information is available in the right format for local needs.

Work would also be required to raise awareness of the information it can provide. Existing volunteers could provide a valuable role in helping point people to the information that would be most helpful for them but more targeted communications are also needed. For example, it is often difficult to spread awareness through parish

magazines so any additional funding that could be found would help facilitate items being included in these publications.

8. Next Steps

The purpose of the OX12 Project has been to identify the current and future health and care needs of the population of OX12. In so doing, we have been able to test application of the Oxfordshire Population Health and Care Needs Framework that was adopted by the Health and Wellbeing Board (HWB) in November 2018.

Compared to England and the rest of the county the OX12 area is both relatively healthy and relatively affluent. The project has shown that the health and care needs of the population are relatively well served non-the-less there are a number of opportunities and ideas that could result in real benefits to the OX12 population.

The opportunities for improving health and wellbeing in the area have been co-produced with commissioning and provider partners, stakeholders and members of the public. They align well with the strategic direction of health and care services as set out in The NHS Long Term Plan, Oxfordshire's HWB Strategy, clinical care pathways and system operational plans.

The next steps are for system partners to test the feasibility of taking forward the solutions and opportunities that have been identified, aligning them with existing priorities and plans for Oxfordshire and those of the partner organisations that would take them forward.

Testing the feasibility of the wide range of opportunities will include ensuring that they are clinically viable, operationally deliverable, financially affordable and would deliver a measurable benefit for people in OX12.

On the basis of the work by this project there is not a compelling case for reopening the temporarily closed beds. Further work should be undertaken to test this.

Having followed the NHS change process of 'plan, do, review, revise' throughout the project we will undertake a formal evaluation of the project and the application of Health and Care Needs Framework in order to make recommendations on its use in the future. A short report of the formal evaluation will be brought back to the HWB.

Glossary

Clinical Pathways of Care: A care pathway is a multidisciplinary healthcare management approach for a specific group of patients with a predictable clinical course, in which the different tasks or interventions by the professionals involved in the patient care (physicians, nurses, pharmacists, physical therapists, social workers etc.) are defined.

Health New Towns: The Healthy New Towns programme brings together health providers, commissioners, local government and developers to create healthier places by embedding health and wellbeing from the start of new developments, and to design and deliver health and care services from scratch.

Health and Wellbeing Board (HWB Board): key leaders from the health and social care services and Healthwatch work together to improve the health and wellbeing of their local population and reduce health inequalities

Healthwatch: UK consumer watchdog for patients which aims to improve health and social care

Joint Strategic Needs Assessment for Oxfordshire: provides information about the county's population and the factors affecting health, wellbeing, and social care needs.

Home First: Home First allows people to leave hospital rather than waiting on the ward for care assessments and rehabilitation planning, which can take time. Instead they receive those assessments at home, in a specialist unit or care home to help them get back on their feet.

Models of Care: A model of care defines the way in which health care is delivered, with an ultimate goal to address the needs of people across the course of their illness, through services provided by a variety of health professionals, including family doctors, specialists, nurses, physiotherapists, occupational therapists, social workers.

NHSE Vanguard programme: NHS England selected 50 sites in 2015 to act as 'vanguards' to lead the development of new care models to act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.

NHS Long Term Plan: The NHS Long Term Plan, published in January 2019, is a 10 year plan for the NHS to improve the quality of patient care and health outcomes. Its ambitions include measures to prevent 150,000 heart attacks, strokes and dementia cases, and better access to mental health services for adults and children.

Oxfordshire Joint Health Overview Scrutiny Committee: looks at the work of the NHS clinical commissioning groups, healthcare trusts, and the NHS England Local Area Team. The committee acts as a 'critical friend' by suggesting ways that health related services might be improved.

Outputs: Outputs are results achieved immediately after implementing an activity. For example, if we are delivering a workshop on [health](#) needs, participants who attended it will leave with a clear understanding on health needs issues. So, this is an output that has been achieved and it is achieved right after the conclusion of the workshop.

Patient Participation Groups (PPG): patient representatives from a GP practice who advise and inform the practice on what matters most to patients and to help identify solutions to problems as a 'critical friend'

Primary Care: most people's first point of contact with health services, for example, GPs, dentists, pharmacists or optometrists

Primary Care Networks: Primary care networks bring general practices together to work at scale. This helps to recruit and retain staff; manage financial and estates pressures; provide a wider range of services to patients and to more easily integrate with the wider health and care system. GP practice work together in geographical networks covering populations of approximately 30–50,000.

Third Sector: Third sector organisations are voluntary and community organisations such as registered charities, community associations and groups, self-help groups, social enterprises and co-operatives.

Appendices

Background and Context

Appendix 1 (please refer to Item 7 on the link): [Oxfordshire's Population Health and Care Needs Framework](#)

Planning and Co-Design

Appendix 2: [Key Points and Issues Raised During the Listening Event, 12th September 2019](#)

Information and Data

Appendix 3: [Write up of the 'Information and Data Workshop held in May 2019](#)

Appendix 4: [Summary of the Review of Physical Assets in OX12](#)

Appendix 5: [Report on survey to plan for the future Health and Care needs in Wantage and Grove \(OX12\)](#)

Innovation and Good Practice

Appendix 6: [Review of Innovation and Good Practice \(April 2019\)](#)

Appendix 7: [The OX12 Project: Innovation and Best Practice Discussion Document \(July 2019\)](#)

Appendix 8 [The Oxfordshire Clinical View \(July 2019\)](#)

Solution Building

Appendix 9: [Summary of Discussions at the OX12 Solution Building Event, 18th September 2019](#)

This list of appendices is not exhaustive. Copies of the full OX12 Project documents are available on the dedicated pages on the Oxfordshire CCG website:
<https://www.oxfordshireccg.nhs.uk/about-us/planning-for-future-health-and-care-needs-in-wantage-and-grove-ox12.htm>