

Health and Care Transformation in Oxfordshire

Update for the Board of Oxfordshire Clinical
Commissioning Group

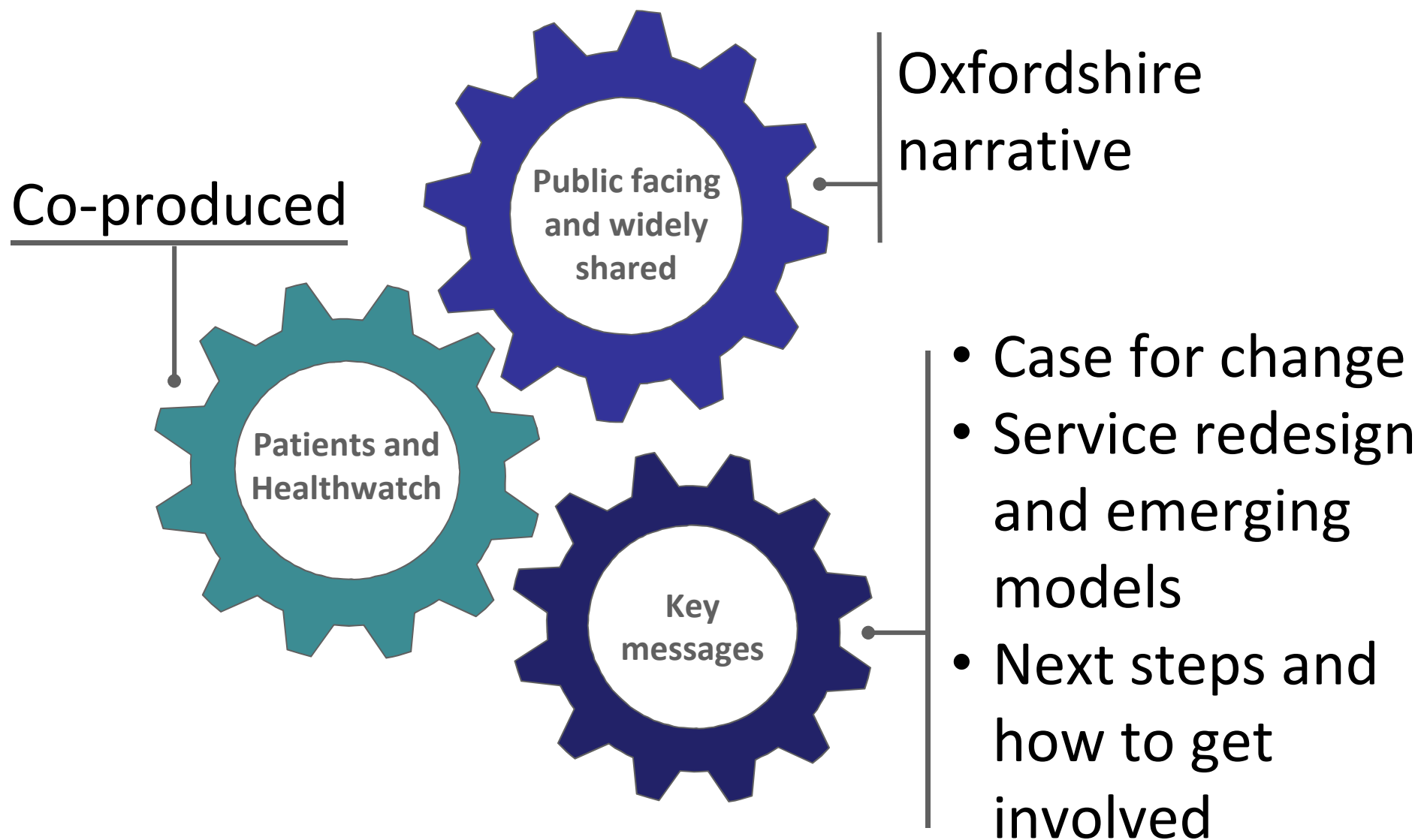
23 September 2016

The Big Health and Care Conversation

- The Case for Change
- Engagement
- Assurance
- Public Consultation



The Case for Change



The Case for Change

High quality, safe and effective care

Clinically driven

Oxfordshire wide - for all ages, mental and physical health to avoid variation and inequalities

Prevention - supporting everyone to have a healthier and happier life

The Case for Change

Not about cuts...

...but we do face a potential shortfall...

... so business as usual isn't an option...

... we need a new safe and sustainable plan.

The Big Health & Care Conversation

A variety of communications and engagement activities have already been undertaken since June:

- 6th June 2016 stakeholder event - official launch of the public engagement
 - Big Health and Care Conversation Roadshows held in Banbury, Oxford city, Wallingford, Bicester, Witney and Wantage, Henley (over 375 people attended)
 - Smaller displays have been set up in Thame, Farringdon and Didcot with more planned in other market towns
 - Online and hard copy survey (over 200 response)
 - Options development workshop
 - Presentations and feedback at stakeholder meetings incl: Age UK, Carers Oxfordshire, Public Locality Forums, Community Groups
 - Scrutiny and development of engagement with Healthwatch and HOSC
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Summary of key themes from engagement activity

Over 75% respondents said they understood why change was needed and listed the following top reasons for change:

- Lack of resources / money / efficiency
 - Ageing population
 - Increased pressure on services – growing population & delayed transfers of care
 - Staffing problems – number, specialists and quality
 - Technology / new medical techniques
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Summary of key themes from engagement activity

- Transport & accessibility to services
- More funding required
- Patient safety, patient experience and patient outcomes are important
- A focus on prevention and education on leading a healthy lifestyle is needed
- The need to retain community hospital services
- Emphasis on staff and recruitment
- Difficulties in accessing GP services
- More integration of health and social care
- A need for public attitudes to change– moving to an understanding that people are responsible for their own health
- Use of technology
- Better communications

The final engagement report is available on www.oxonhealthtransformation.nhs.uk

Options

- Whole system reform across Acute, Community, Primary Care
 - Clinical sustainability and affordability
 - Trade-offs and choices between physical access, quality and money and investment in capacity of community based care closer to home services
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Emerging Whole system options

Tier and type of beds	Locality/site options
Very specialist (Tertiary) beds e.g. cancer, neuro, cardiac etc	JR/Churchill/NOC (as now, no plans to change being proposed)
General acute for medicine and surgery	Centralised at Oxford - JR/Churchill/ NOC OR Split across Oxford and Horton DGH
Step up & step down (EMU+) and complex rehabilitation Intermediate/nursing home	Up to 4 sites with NHS beds across Oxfordshire Located in Oxford, Horton, South, West Plus Nursing homes and Care homes
Own bed	Everywhere (across Oxfordshire)
Maternity	Obstetric (consultant deliveries) All at JR or split across JR and Horton DGH Plus midwife led units
Long Term Conditions, Frail Elderly, Assessment & Diagnostics	Accessible to all localities integrated with primary care

Options Development - Stakeholder Engagement

- Stakeholder workshop held on 28th July at Kassam Stadium, another held yesterday
 - Focus groups for maternity and paediatrics
 - Patient advisory group sessions for primary care
 - More opportunities for involvement are being identified
 - Working to ensure all feedback is captured and fed in

 - Suggested criteria for appraising options includes:
 - Access including public transport and travel
 - Quality safety, clinical effectiveness and patient experience
 - Workforce availability to staff now and in the future
 - Deliverability affordable, manageable, avoids destabilising system
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Continuing the conversation

On-going engagement will continue leading up to the public consultation later in the year. This will include engagement around the developing options for the proposed service reconfiguration and further work with seldom heard people and groups in the county:

- Patient/public engagement events through the autumn
 - Outreach into the community with seldom heard groups
 - Discussion at key community and voluntary sector groups
 - Patient/public involvement in developing options e.g. 22nd Sept Stakeholder event; focus groups
 - Briefings and feedback with County Council and District Councils
 - Briefings and feedback for Oxfordshire MPs
 - Updates and reports to Oxfordshire's Joint Health Overview and Scrutiny Committee
 - Updates to Oxfordshire's Health and Wellbeing Board
 - Online information on the Transformation Programme website:
www.oxonhealthtransformation.nhs.uk
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The programme – what is next

- Launch of public consultation deferred to January 2017 as it is important that we have an implementable and sustainable pre-consultation business case

Further important work on:

- Development of business case for change including financial viability, clinical delivery and operational sustainability
 - Development of options and proposals for clinical & financial sustainability
 - Finalising the options for consultation
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Assurance and Scrutiny

HOSC

NHSE Assurance (including PCBC)

Clinical Senate Review

Timeline

