Engagement Report

Review of engagement activity in Oxfordshire
around community services for older people, including inpatient provision

June 2021

Executive Summary

The Oxfordshire Health & Wellbeing Board has approved the development and implementation of a new Community Services Strategy and related programme of work. Public engagement will be crucial to the success of the delivery of this transformational change. Before commencing any new engagement with stakeholders and the wider public, it is sensible to reflect on the key themes and issues that have emerged through previous engagement activities. This is the purpose of this review.

While the whole adult population who are likely to need community services are within scope of the Strategy project, the most frequent users of these services are likely to be older people. This report, therefore, has a focus on the views and priorities of older people.

Priorities and Issues for Older People

This report summarises the priorities and issues for older people that have been identified through engagement activities in Oxfordshire. These can be summarised in four clear priorities and an additional five key messages:

Priorities:	Key Messages:
1. Loneliness and isolation 2. Staying healthy and active 3. Access to services 4. Planning / Lifestyle	1. Housing and infrastructure 2. Local communities 3. Information 4. Support 5. Communication

Responding to Proposals for Service Change

The issues and priorities that people identify in a theoretical context (above) are distinctly different to the feedback they give when presented with proposals to make changes to services. It is particularly important to be aware of these when developing the Community Services Strategy given implementation is likely to require changes to how community health services are organised and delivered. If these changes hit the threshold for substantial change, it will be even more important that the health system can demonstrate that proposals are understood, and where possible endorsed, by the wider community.

Engagement activities undertaken in 2015, 2017 and 2019 are considered in detail. There is a remarkable similarity in the issues and themes that people highlighted in response to these proposals for service change.

- **Positive about new Service Provision**

  When new service provision has been proposed as part of a formal consultation, respondents are often positive. This pattern of support, however, immediately changes if new service provision is proposed as an alternative to existing services. Objections are then frequently raised.

- **Care Closer to Home**

  Public and stakeholder consultation in Oxfordshire has consistently found a majority of people in favour of care being delivered as close to home as possible, including care at home where medically appropriate. Public consultations further suggest that there is widespread recognition that looking after someone at home is preferrable to admitting them to a hospital.

  However, as with the issue of new service provision, this consensus breaks down when specific service changes are proposed, particularly where proposals suggest a reduction in the formal number of hospital beds.

- **Inpatient Beds**

  While public consultations reveal widespread support in principle for new models of care and care closer to home, the same respondents often become very protective as soon as potential reductions to inpatient beds are mentioned. The strength of local feeling around inpatient provision is evidenced by the regular formation of active and vocal campaign groups. It is also worth noting that members of the public often express a belief that local community inpatient beds should be for local people.

- **Practicality of changes, particularly social care and staff capacity**

  Social Care and Staff Capacity

  One of the most common objections to the replacement of inpatient beds with a community-based model of care is around the capacity of staff to deliver care at home and concerns regarding social care's ability to implement this model.

  Stakeholders also frequently highlight the need to work more closely with Oxfordshire County Council as the social care provider and to more fully articulate the roles of the voluntary and community sector in community models of care (including addressing issues of investment and the length of contracts).

  Impact on Primary Care

  The impact on Primary Care, particularly the capacity of GPs to cope with new service models, is frequently raised in response to public consultations. People highlight demand on primary care services in light of the growing population and problems with GP recruitment and retention. They often want reassurance that there is sufficient funding and capacity for more people to be cared for in the community and outside of hospital.

  Transition Planning

  Respondents to formal consultations frequently complain that insufficient detail is provided on how proposals will be delivered in practice. Feedback suggests that more could be done to explain transition plans and provide reassurance that new models of care will be viable, realistic, safe and deliver better outcomes.

- **Current usage and increasing need due to population change**

  Objections to the reduction in inpatient beds are frequently made using arguments around the fact / perception that current beds are heavily utilised.

Members of the public also regularly cite predicted population growth (both within Oxfordshire and the surrounding areas) alongside significant building projects in the areas where changes to service provision are proposed. These people frequently question whether these population changes had been sufficiently considered and questioned how proposals to reduce the number of beds would be viable within this context.

- **Travel and Parking**

  Long travel times and inadequate public transport are consistently raised as concerns with people highlighting poor transport links due to the rural nature of the county combined with the congestion in the city. They often argue that insufficient public transport particularly impacts those known to have heightened risk of health problems such as frail older people and families with young children.

  Insufficient and expensive parking are consistent complaints.

- **Challenges to the Process and the Consultation**

  In each of the major consultation exercises conducted in Oxfordshire since 2015 there have been challenges to the processes used to develop proposals (particularly around population predictions and travel assessments) and to the consultation itself. Criticisms of the consultation process range from the availability, timing and organisation of public meetings to concerns that formal surveys are biased and difficult to understand due to technical language.

  The lack of alternative options is also often highlighted as a flaw of the consultation process, creating a perception that decisions have been pre-determined.

  In all formal consultations there were those who expressed a belief that the proposals were being driven by the need to make savings.

Conclusion

There is a strong consensus regarding the issues and priorities that are important to older people in Oxfordshire. These, however, frequently change when people are presented with proposals to make changes to services.

The experience of engagement activity in Oxfordshire suggests that there needs to be a recognition at that outset that it is unlikely to be possible to gain universal support for the transformation of community services, particularly if proposals involve potential changes to inpatient beds.

Local communities tend to have strong allegiance to their local hospitals and frequently oppose the removal of any services, even where investment is being diverted to alternative models of care. For many people, the size, value and future worth of a hospital is directly linked to the number of inpatient beds.

However, by explicitly addressing the issues and themes that have consistently been raised in response to proposals for service change – from social care capacity to travel and transport – the change programme has the potential to build a broader consensus.

When organising future engagement activities, it will be important for the Community Services programme to consider the criticism of previous consultations. In particular, it may be worth undertaking testing / piloting of surveys with a small group of potential recipients.

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1.   Context and Purpose

1.1   Background

The Oxfordshire Health & Wellbeing Board has approved the development and implementation of a new Community Services Strategy and related programme of work. This aims to introduce a transformational change in how Oxfordshire delivers community health services to improve independence, prevention, responsiveness and personalisation.

1.2   The importance of Public Engagement

Public engagement will be crucial to the success of the delivery of this transformational change.

Self-care and prevention – to increase independence and resilience and reduce the need for more formal health interventions – will be a key part of the strategy. This will only be successful if the public understand and accept their role.

Implementation of the strategy is also likely to require changes to how community health services are organised and delivered. These changes may hit the threshold for substantial change and will, therefore, need to be understood and endorsed by the wider community.

1.3   Developing an Engagement Plan

The Community Services Programme aims to use a co-produced engagement approach. Considerable engagement activity has already taken place in Oxfordshire around community services, including inpatient provision. Before commencing any new engagement with stakeholders and the wider public, it is sensible to reflect on the key themes and issues that have emerged to date. This is the purpose of this review.

2.   Approach to this Review
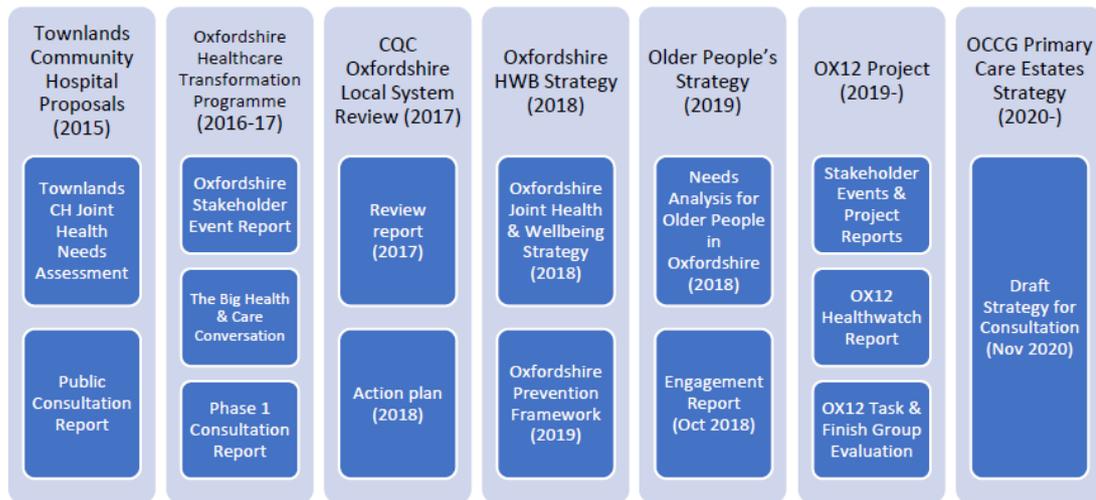
2.1   Scope of this Report

The Community Services transformation programme aims to increase the opportunities for people to live independently and manage their own needs through access to local preventative support in their own community, anticipatory approaches to assessment and care planning and personalised approaches to care that focus on the person's strengths and assets. While the whole adult population who are likely to need community services are within scope of the project[1], the most frequent users of these services are likely to be older people. This report, therefore, has a focus on the views and priorities of older people.

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[1] Full details of the scope of the programme, including the exclusions, are included in section 4.2 of the *Oxfordshire Community Services Strategy, Project Initiation Document (PID).*

This report focuses aim to reflect the key themes and issues that have emerged through engagement activity. It deliberately excludes information about the Oxfordshire population and their associated needs as this can be found in other reports.[2]

2.2   Sources used in this Review

This review has considered the following strategies, data analyses and engagement reports:

Full details of these reports, including hyperlinks to those which are publicly available on the internet, are included in the references section at the end of this report.

2.3   Structure of this Report

Section 3 considers the priorities and issues for older people that have been identified through engagement activities in Oxfordshire. Much of this is drawn from the engagement that took place to inform the development of Oxfordshire's *Older People's Strategy* but it also incorporates comments related to people's experience of using community services from other documents considered in this review.[3]

The issues and priorities that people identify in a theoretical context are distinctly different from the feedback they give when presented with proposals to make changes to services. These responses are, therefore, considered separately in section 4.

2.4   Methodologies used in public and stakeholder consultations

Information on the methodologies used in public and stakeholder consultations are described in the original documents and are not repeated here (see references section for links to these documents). It is, however, worth being aware of the number of respondents to the public consultations considered in detail in this report:

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[2] For example, *the Needs Analysis for Older People in Oxfordshire 2018* (see link in the References section)
[3] A decision was made not to include a separate section about people's experience of using community services because much of the information considered for this review is historical and it is likely that specific issues have been resolved. For example, a detail action plan was developed in response to the issues raised by the CQC Local System Area Review.

- Consultation on proposals for future services at Townlands Hospital, Henley-on-Thames conducted between 12 May and 15 June 2015: approx. 840 responses.[4]

- Big Health & Care Consultation (Oxfordshire Healthcare Transformation Programme - Phase One) conducted between 6 January and 9 April 2017: more than 10,000 individual responses with over 1,400 people attended the public meetings.[5]

- Engagement to inform the development of an Older People's Strategy for Oxfordshire conducted between 26 July and 3 September 2018: more than 300 written responses as well as visits to 12 community and voluntary groups.[6]

- Community consultation to support the planning for future health and care needs in Wantage and Grove (OX12 Project) conducted between 2 April and 6 May 2019: seven roadshows were organised to support this and a total of 1,303 responses were received.[7]

It is also worth noting that the percentages taken from these reports will not always equal 100%. This may be because figures of 0.5 or higher are often rounded up. Alternatively, percentages may be higher than 100% where respondents had the option to give more than one response.

3. Priorities and Issues for Older People

In 2018 an engagement exercise was organised to inform the development of Oxfordshire's *Older People's Strategy*. This identified four clear priorities and an additional five key messages.[8] These are summarised below and are supported by themes mentioned in other Oxfordshire documents considered as part of this review.[9] Specific issues raised by people, their families and carers to the CQC Local System Area Review in 2017 have been incorporated below.

3.1 Loneliness and isolation

Loneliness and isolation was one of the biggest issues as it not only impacts on the quality of older people's lives but can also lead to ill health and shortening of lives. Carers and those who are less mobile or with long term conditions were identified as being at particular risk of loneliness.

Respondents to the consultation highlighted the need for accessible, free venues and support for running groups. People valued organisations and resources such as Community Information

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[4] 324 questionnaires (205 postal and 119 online); 34 separate written submissions; 233 attended public meetings; 15 attended drop-in sessions; 111 attended a deliberative event; there were 88 twitter engagements; and 32 Likes, Shares and Comments on Facebook.

[5] 646 surveys were completed (509 online and 137 self-completion); 1,407 people attended the 15 public meetings held; 9,248 letters from the public were received; 43 written submissions were made by stakeholders; there were 664 twitter engagement with 30,595 reached via Facebook promotions.

[6] 304 survey responses (262 online survey and 42 paper copies); 6 separate written responses were submitted.

[7] 920 (71%) were online and 383 (29%) were paper responses. A paid Facebook campaign reached 28,000 people with a conversion of 143 people clicking through to the survey.

[8] It is worth noting that a qualitative approach to data collection was chosen, resulting in a large amount of free text for analysis. Given the overlap in the answers people gave to each question, responses to all the questions were analysed together. No breakdown of the answers in terms of either raw numbers or percentages is, therefore, available.

[9] This particularly includes the OX12 Project survey conducted in 2019, and the issues from Healthwatch Oxfordshire's 2019 engagement which gathered views from 121 respondents to a general NHS Long Term Plan questionnaire, 20 respondents to a Long-Term Conditions questionnaire, and 14 participants in two focus groups. (The results are summarised in Oxford Health's *Community Services Strategic Framework 2021*.)

Network, Community First Oxfordshire and OCVA which provide information about activities in their area. However, concerns were raised about the lack of resources for these organisations and their ability to cope with demand. Concerns were also expressed about changes to day centre provision.

3.2   Staying healthy and active

Staying healthy and active was seen as fundamental to the ability to remain independent. Reference to some description of activity was mentioned more times than any other topic in the survey and by over two thirds of respondents.

To stay healthy and active, people said they needed to be able to access appropriate healthcare. People felt primary care should provide better information and signposting. There were concerns about waiting times for a medical appointment with nearly half of respondents raising this issue.

People recognised the need for support so they could keep doing everyday activities such as shopping or going to the bank and for one-off activities such as everyday outings. Keeping active was also seen as a way of remaining socially connected and avoiding loneliness. Mental stimulation was as important as physical activity and people said cross-generational activities and a variety of affordable, local groups and activities were beneficial. These included interest groups (e.g. dancing), support groups (e.g. carers or visually impaired groups), day centres etc.

People also want information on healthy living and lifestyle choices. A few people mentioned that if they had known the importance of having a healthy diet for a better old age, then they might have been persuaded to do something about their eating habits in their 30s, 40s and 50s.

3.3   Access to services

Whether they lived in the city, urban or rural areas, people raised access to services and transport as important for their health and wellbeing. Some people reiterated one or both issues in responses to more than one question, suggesting how important this is to people.

The strongest message within this theme was the importance of access to healthcare. Some individuals said that lack of easy access resulted in medical problems not being addressed until they were urgent, by default causing more demand on services.

People described how they needed to access multiple sources of care as they got older, from GPs, to different hospital sites, pharmacies, social care, in addition to support groups. Navigating and accessing a complex system often fell on family carers, who may be elderly or infirm themselves. People wanted support so they could fully access what they needed and were entitled to.

Physically accessing services was seen as an important factor in enabling people to lead an active life, visit friends and family, do basic daily tasks or attend appointments. As mobility decreases, there is increasing need for public transport and the support to access it. Losing the ability to drive emerged as a key worry for many people in rural areas. There was desire for increased bus services or other, affordable transport options, especially in rural areas. People noted that moving areas in order to access better transport would potentially mean losing touch with a valued local community.

Access to technology was voiced as a key barrier for many. People said that there was an assumption that they could access information and services through the internet. However,

most people at the carer and disability focus groups did not use the internet and believed that this resulted in them being excluded. The CQC Local System Area Review in 2017 particularly highlighted the challenges carers of people who were funding their own care experienced trying to rely on the 'Live Oxfordshire' website for the information they needed.

3.4   Planning / Lifestyle

Planning for old age, people's lifestyles and personal responsibility was the final of the four themes identified. This included a strong desire to take control of their lives where they could.

Respondents highlighted the impact of significant life transitions that older people experience as their circumstances and health conditions change. Given this transition and change, people felt there was a need for better coordination to navigate the range of support and opportunities from the health, social care and community sectors. People said that a one-stop shop or care navigators would facilitate access to what they needed, helping them to adapt and continue to live full lives.

It was evident from the discussions at focus groups and survey that many people are anxious about being able to manage financially. People wanted good information and advice on a range of aspects of financial matters including: financial planning; pensions; the cost of care; how to manage when money is short; low-cost activities.

There was also a message about prevention and personal responsibility. People felt that keeping well and or managing a condition was not solely the responsibility of services but individuals also had a role to play. However, the right support and information to prevent ill health was also needed.

3.5   Other key messages

The consultation report identified a range of other issues which interweave through these four main themes:

3.5.1 Housing and infrastructure

There was a strong message about people wanting to remain in their own home for as long as possible. This linked closely with the value attached to people's local community. Staying at home in appropriate accommodation reflected the desire to remain independent. There was a recognition that housing needed to be adapted at an early stage so people could remain in their homes.

3.5.2 Local communities

The importance of local communities was stressed with the word "local" being mentioned by nearly half of individuals who responded to the survey. People valued the support offered by local communities and the opportunities for contributing and participating. Staying independent and socially connected was associated with a supportive local community.

3.5.3 Information

People emphasised the importance of clear information and to know where to get it. They wanted information about services, activities, healthy eating, end of life care, Good Neighbour Schemes, keeping warm, carer's allowances, and transport. People want reliable information in a range of formats such as face to face advice or a 'one stop shop' at appropriate points in their lives. They want accessible formats, plain English, and no jargon.

The CQC Local System Area Review in 2017 found people who funded their own care experienced difficulties in accessing information in respect of support services available.

3.5.4 Support

This was mentioned more than any other topic in the survey. People talked about the need for a network of support in order to live well for longer. This came in the form of family and friends, community, health services, support groups. There was also the need for help with practical everyday jobs to stay independent such as the garden, changing light bulbs.

3.5.5 Communication

People wanted to know that there was joined up communication between different professionals and organisations. This echoes messages in other engagement work regarding the need for joined up working and clear, compassionate communication from professionals.

Many people told the CQC Local System Area Review in 2017 that this was working well in Oxfordshire with people, families and carers reporting they felt well cared for and involved in making decisions about their care, support and treatment when moving through the health and social care system. However, the Review also noted that some older people were confused by duplication in roles and services and were required to tell their story more than once and take part in multiple assessments.

4.   Responding to Proposals for Service Change

While there are some similarities, the issues and priorities that people identify when asked in a theoretical context are distinctly different from the feedback they give when presented with proposals to make changes to services. This section considers the feedback from three change projects – the proposal to establish a Rapid Access Care Unit at Townlands Hospital in Henley 2015, the Big Health & Care Consultation in 2017 around the Phase 1 proposals for the Oxfordshire Transformation Programme, and the engagement in 2019 around the OX12 Project which sought to use the 'Health and Care Framework' to plan future health and care services in the OX12 postcode area of Wantage and Grove.

4.1   Positive about new Service Provision

When new service provision has been proposed as part of a formal consultation, respondents are often positive. For example, in the consultation about the future of the Townlands Hospital in Henley in 2015, respondents noted a number of potential benefits of a Rapid Access Care Unit.[10]

Similarly, survey respondents to the Big Health & Care Consultation were overwhelmingly in favour of the expansion of planned care services at the Horton General Hospital.[11]

This pattern of support, however, immediately changes if new service provision is proposed as an alternative to existing services. This is discussed in more detail below.

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[10] The aspects of the proposals that were positively received are summarised on page 8 and 9 of the Townlands Consultation Report Executive Summary.

[11] 85% were in favour of a new diagnostic unit to be introduced at the Horton General Hospital; 85% agreed with investing in an Assessment Unit for patients before operations, thus avoiding the need to travel to Oxford; 84% agreed that there should be more chemotherapy, renal dialysis and day case surgery at the Horton General Hospital; and 78% agreed with introducing a new Outpatient Unit with a 'one stop shop' clinic for appointments.

4.2   Care Closer to Home

Public and stakeholder consultation in Oxfordshire has consistently found a majority of people in favour of care being delivered as close to home as possible, including care at home where medically appropriate. Public consultations further suggest that there is widespread recognition that looking after someone at home is preferrable to admitting them to a hospital.

In the 2015 consultation about the future of the Townlands Hospital in Henley, 73% of respondents agreed that people should be cared for at home as much as possible while 74% agreed or strongly agreed that looking after someone at home (if medically appropriate) is better than keeping people in hospital.

This was echoed in the Big Health & Care Consultation conducted two years later in 2017. An overwhelming majority of respondents to this much larger survey (93%) agreed with the idea that people would always want to be treated closer to home, when appropriate, while 78% agreed that a hospital bed is often not the best place for frail elderly people, with 43% strongly agreeing with this statement. Where people knew of ambulatory care units, rapid access care units or liaison centres, as was the case in Henley, Witney and Abingdon, they expressed strong support and acknowledged that a hospital is not always the best place for people to be and complications can arise from being admitted.

Specific questions weren't asked about care closer to home in the OX12 Project survey in 2019. However, in response to the question *'what would help you or your family to access health and wellbeing services'* respondents listed a large number of NHS services that they would like to see delivered locally[12] as well as list of services they would like to see delivered at Wantage Hospital[13]. The importance of local services was also frequently made in free-response questions.

As with the issue of new service provision, this consensus in favour of care closer to home breaks down when specific service changes are proposed, particularly where proposals suggest a reduction in the formal number of hospital beds.

4.3   Inpatient Beds

While public consultations reveal widespread support in principle for new models of care and care closer to home, the same respondents often become very protective as soon as potential reductions to inpatient beds are mentioned.

In the 2015 consultation around the future of Townlands hospital, despite the support for a new Rapid Access Care Unit, the majority of local people did not support the consultation proposals as a whole because they did not accept that the case had been made to reduce the inpatient bed provision.[14]

Similarly, while an overwhelming majority supported moving care closer to home in principle, 50% of the survey respondents to the Big Health & Care Consultation in 2017 did not agree with

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[12] The top three services that people felt the most strongly about were Physiotherapy services (39 comments), X-Ray (23 comments) and Minor Injury Unit (20 comments). A small number of people said they wanted more services (5) and mental health (counselling and Cognitive Behavioural Therapy) had 9 comments.

[13] Many respondents suggested services that should be provided in Wantage Hospital/Local Hospital. 46 comments related to accessing GP services, 41 comments related to wanting a Minor Injury Unit, 26 comments relating to wanting a local hospital with beds and 12 comments related to wanting an A&E in Wantage Hospital.

[14] 72% people cited bed provision as an issue.

the proposal to permanently close hospital beds and use the money and staff to avoid hospital admissions, support early discharge and care closer to home. This opposition increased to 61% for those living in areas most likely to be affected (Banbury and surrounding). Only 29% agreed with the proposal.

While the OX12 Project was focused on meeting the long-term health and care needs of the Wantage and Grove community, discussions around the project were influenced by public concerns about inpatient beds. At the time of the project, community inpatient beds at Wantage Hospital had been closed for three years following the detection of legionella. Many people used the survey and other engagement meetings to highlight their concerns about this situation. For example, 387 comments in the asset mapping survey specifically mentioned the current Wantage Hospital facility.[15] The level of concern about the inpatient beds at Wantage Hospital was pronounced in stakeholder conversations.[16]

Despite the differing timeframes covered by the various consultations in Oxfordshire, the reasons for opposing the removal of inpatient beds are strikingly similar. These are explored in section 4.4 to 4.7 below.

The strength of local feeling around inpatient provision is also evidenced by the regular formation of campaign groups:

- The *Henley Standard* Save Our Beds campaign and petition to keep the original proposal for 18 beds at Townlands Hospital was signed by around 3,000 people and a march through Henley town centre on 11 July 2015 was reported to have been attended by 2,500. [17]

- The *Keep the Horton General* group attended every public meeting as part of the Big Health & Care Consultation and actively campaigned using their website and Facebook page as well distributing their own material to households across the area. They provided a template letter that people concerned about the proposals could use and organised their own survey which was completed by 4,900 people.

- Members of the *Save Wantage Hospital* Group joined the 'Stakeholder Reference Group' for the OX12 Project. They contributed to the development and distribution of the survey designed to find out what services (NHS, social care, local authority and voluntary sector) are currently being used by people living and working in the OX12 postcode area. Their focus on hospital services, however, led them to develop their own leaflet which they distributed alongside the survey. This leaflet prompted people to highlight hospital services in their responses.[18]

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[15] This included 132 comments which stated that they wanted Wantage Hospital to re-open and 46 comments wanted all previous services to be returned to Wantage Hospital.

[16] See, for example, the record of the discussion of this at the Listening Event held with members of the Stakeholder Reference Group in September 2019.

[17] This figure was reported by the *Henley Standard.*

[18] The Save Wantage Hospital Group leaflet signposted people to Question 12, stating: *'Please remember our Community Hospital when completing this question'*. It also stated: *'As you know Wantage Hospital has been temporarily closed to in-patients for more than 2 years, other than Maternity, its services won't be included in the survey. It used to provide minor injuries, X-ray, physiotherapy, respite care and rehabilitation services, including end of life care. Tell the survey how these services, if they had been provided by the hospital, might have affected you differently or could affect you in the future'.*

4.3.1 Local Community Beds for Local

When considering the public view of inpatient beds, it is also worth noting that many members of the public believe that local community inpatient beds should be for local people. For example, 87% of respondents to the 2015 consultation survey strongly felt that Townlands Hospital should meet the needs of people that live in Henley-on-Thames and that patients in Henley should not travel to other community hospitals.[19]

4.4 Practicality of changes, particularly social care and staff capacity

4.4.1 Social Care and Staff Capacity

One of the most common objections to the replacement of inpatient beds with a community-based model of care is around the capacity of staff to deliver care at home and concerns regarding social care's ability to implement this model.

In the 2015 Townlands consultation, many members of the public opposed the reduction in inpatient beds based on concerns that the alternative services required in the community were not available and worries that it would not be possible to recruit the necessary staff. In question-and-answer sessions, specific questions were asked about the ability of social care services to meet demand given current services were already overstretched and given the pressure on the social care budget.

These concerns were echoed by GPs from local Henley practices. While supporting the proposed model, GP support was tempered by reservations about the capacity in social care and community nursing to successfully deliver the proposed new model of care, the need for detailed transition plans, the impact on readmission rates and the ability of the proposals to tackle Delayed Transfers of Care.

Two years on, in the Big Health & Care Consultation, widespread public concerns continued to be expressed that the social care infrastructure was not sufficient for the new model of care. Difficulties in recruiting and retaining care staff were mentioned by both the public and stakeholders along with the increase pressure on carers, especially elderly carers.

Stakeholders also highlighted the need to work more closely with Oxfordshire County Council as the social care provider and to more fully articulate the roles of the voluntary and community sector in community models of care (including addressing issues of investment and the length of contracts).

4.4.2 Impact on Primary Care

The impact on Primary Care, particularly the capacity of GPs to cope with new service models, was also frequently raised in response to public consultations. People highlighted demand on primary care services in light of the growing population and problems with GP recruitment and retention. They often wanted reassurance that there was sufficient funding and capacity for more people to be cared for in the community and outside of hospital.

4.4.3 Transition Planning

In both the Townlands and Big Health & Care Consultation, respondents argued that insufficient detail had been provided on how proposals would be delivered in practice. This prompted

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[19] 6% did not agree and 7% provided a neutral response to this question in the survey.

suggestions in both consultations that new services closer to home should run alongside existing services to demonstrate their viability, before removing any existing hospital services.

This suggests that more could be done to explain transition plans and provide reassurance that new models of care will be viable, realistic, safe and deliver better outcomes.

4.5   Current usage and increasing need due to population change

Objections to the reduction in inpatient beds are also frequently made using arguments around current bed usage. In the Townlands consultation, for example, many expressed a view that current beds were heavily utilised so, if anything, more were needed.

In all the engagement exercises considered for this report, members of the public also cited predicted population growth (both within Oxfordshire and the surrounding areas) alongside significant building projects in the areas where changes to service provision were proposed. These people frequently questioned whether these population changes had been sufficiently considered and questioned how proposals to reduce the number of beds would be viable within this context.

In both the Big Health & Care Consultation in 2017 and the OX12 Project in 2019, appeals were made to consider the expected population composition as well as absolute numbers.

4.6   Travel and Parking

Travel, public transport and parking issues are consistently raised as concerns in engagement activities with respondents highlighting poor transport links due to the rural nature of the county combined with the congestion in the city.

4.6.1 Travel

Travel and parking emerged as themes in the focus groups and public meetings about the future of Townlands Hospital, particularly concerns about having to travel to Wallingford for inpatient care. 17% of respondents to the survey (41 people) also chose to make comments on parking and travel implications in the free-response boxes. This included issues about insufficient parking (see below), longer travel times for inpatient care (including for visitors), and concerns about a lack of public transport to support people travelling to other hospital sites.

In the Big Health & Care Consultation there was widespread concern about the centralisation of services in Oxford and the resultant increase in travel times, both by car and public transport. Many respondents disputed the travel times presented in the consultation document, arguing that journey times were much longer than the estimates given.

In this consultation, many people highlighted problems and frustrations with reaching Oxfordshire hospitals by public transport. Scheduled timetables and routes were reported to be inadequate and expensive, with arguments made that poor public transport particularly impacted people known to have heightened risk of health problems such as frail older people and families with young children.[20]

These concerns were repeated two years later in the 2019 survey for the OX12 Project. 433 comments were received that related to travel and transport. Concerns related to the

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[20] This assertion was supported by the results of the OX12 Project survey in 2109 which found a greater dependency on public transport and volunteer car driver schemes for the 65 and over group.

availability, frequency and complexity of public transport to access services outside of the Wantage and Grove area. People felt that the distance to travel to services was too far and that travel times should be considered when providing services.

4.6.2 *Parking*

Poor parking at hospital sites is regularly raised as an issue in engagement activities. Indeed, some respondents to formal consultations expressed concerns about new service provision on these grounds. Parking facilities were reported to be insufficient for the proposed model of care at Townlands Hospital while poor parking was highlighted as a significant issue for the expansion of planned care at the Horton General Hospital.

Parking across all NHS sites was again raised as a concern in the OX12 Project survey, with problems at the John Radcliffe Hospital in Oxford being particularly highlighted.

4.7 Challenges to the Process and the Consultation

In each of the consultation exercises considered in this section there have been challenges to the processes used to develop proposals (particularly around population predictions and travel assessments) and to the consultation itself.

Criticisms of the consultation process range from the availability, timing and organisation of public meetings to concerns that formal surveys are biased and difficult to understand due to technical language.

The Townlands survey, for example, gave respondents the opportunity to make additional comments and 59 specifically expressed concern that the questionnaire was leading and biased in favour of the proposed model of care.

In the Big Health & Care Consultation many members of the public and stakeholders expressed the concern regarding the decision to consult only on 'Phase 1' proposals, with some suggesting that this was a deliberate strategy to 'hoodwink' local people.

The OX12 Project attempted to take a co-production approach to the development of proposals and established a 'Stakeholder Reference Group' which included members of the Save Wantage Hospital campaign group. This did not prevent complaints about the process, to the extent that a 'Listening Event' was organised in September 2019 in response to feedback from members of the OX12 Stakeholder Reference Group that they weren't being listened to. Details of the concerns expressed are available in the submissions made to this meeting and the Summary Report of the Listening Event. [21]

The lack of alternative options is also often highlighted as a flaw of the consultation process, creating a perception that decisions had been pre-determined.

In all formal consultations there were those who expressed a belief that the proposals were being driven by the need to make savings.

5. Conclusion

The experience of previous engagement activity in Oxfordshire suggests that there needs to be a recognition at that outset that it is unlikely to be possible to gain universal support for the

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[21] A link to these documents is included in the References section.

transformation of community services, particularly if proposals involve potential changes to inpatient beds.

Local communities tend to have strong allegiance to their local hospitals and frequently oppose the removal of any services, even where investment is being diverted to alternative models of care. For many people, the size, value and future worth of a hospital is directly linked to the number of inpatient beds.

However, by explicitly addressing the issues and themes that have consistently been raised by the public and other stakeholders – from social care capacity to travel and transport – the change programme has the potential to build a broader consensus.

When organising future engagement activities, it will be important for the Community Services programme to consider the criticism of previous consultations. Particular care should be taken to avoid survey questions that may be perceived as leading or biased and it may be worth undertaking testing / piloting of such surveys with a small group of potential recipients.

References

- Consultation Report on Proposals for Future Services at Townlands Hospital, Henley-on-Thames: https://consult.oxfordshireccg.nhs.uk/Townlands/consultationHome

- Big Health & Care Consultation (Oxfordshire Healthcare Transformation Programme - Phase One): https://www.oxonhealthcaretransformation.nhs.uk/what-is-the-vision/consultation-documents

- Care Quality Commission, Oxfordshire: Local System Area Review Report: https://www.cqc.org.uk/sites/default/files/20180208_%20oxfordshire_local_system_review_report.pdf

- Oxfordshire Health and Social Care CQC Action Plan (November 2017): https://mycouncil.oxfordshire.gov.uk/documents/s41526/JHO_APR1918R14.doc

- Report on engagement to inform the development of an Older People's Strategy for Oxfordshire 2019 – 2024: https://mycouncil.oxfordshire.gov.uk/documents/s43901/HWB_NOV1518R30

- Needs Analysis for Older People in Oxfordshire 2018 (October 2018): https://mycouncil.oxfordshire.gov.uk/documents/s43900/HWB_NOV1518R29

- Living Longer, Living Better: An Older People's Strategy for Oxfordshire 2019 – 2024: https://mycouncil.oxfordshire.gov.uk/documents/s43899/HWB_NOV1518R28

- Oxfordshire Joint Health and Wellbeing Strategy (2018-2023): https://www.oxfordshire.gov.uk/sites/default/files/file/constitution/oxfordshirejointhwbstrategy.pdf

- Report on survey to plan for future Health and Care needs in Wantage and Grove (OX12): https://www.oxfordshireccg.nhs.uk/documents/work%20programmes/Wantage_Ox12/OX12%20Engagement%20Report.pdf

- Submissions to the OX12 Listening Event and the Summary Record of the Event (12 September 2019): https://www.oxfordshireccg.nhs.uk/about-us/ox12-stakeholder-reference-group.htm

- OX12 Framework and Stakeholder Reference Group – a view from Healthwatch Oxfordshire: https://mycouncil.oxfordshire.gov.uk/documents/s49671/HWB_JAN3020R13

- OX12 Local Health Needs Assessment Task and Finish Group Report (6 February 2020): https://mycouncil.oxfordshire.gov.uk/documents/s49881/JHO_FEB0620R06

- Oxfordshire Prevention Framework 2019-2024 (working draft): https://www.oxfordshire.gov.uk/sites/default/files/file/plans-performance-policy/OxfordshirePreventionFramework_.pdf

- Oxfordshire Clinical Commissioning Group Primary Care Estates Strategy 2020 – 2025: https://consult.oxfordshireccg.nhs.uk/consult.ti/primarycareestatesstrategy/

- Oxford Health NHS Foundation Trust, Community Services Strategic Framework 2021, version 19 April 2021: https://www.oxfordhealth.nhs.uk/wp-content/uploads/2021/04/Oxford-Health-NHS-FT-community-services-strategic-framework-v19Apr21.pdf

- Draft Oxfordshire Community Services Strategy, Project Initiation Document (PID), version dated 3 May 2021

- Oxfordshire Integrated Care Improvement Programme 2021-2022, version dated 11 May 2021