OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

Date of Meeting: 29 November 2018

Title of Paper: Planning for future population health and care needs

Paper is for:

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Conflicts of Interest (please delete tick as appropriate)

| Conflict noted: conflicted party can participate in discussion and decision ✓ |
| Conflict noted, conflicted party can participate in discussion but not decision |
| Conflict noted, conflicted party can remain but not participate in discussion |
| Conflicted party is excluded from discussion |

Purpose and Executive Summary:
This paper sets out an emerging framework to support how commissioners and providers of health and care services in Oxfordshire propose to work together to meet the health and care needs of the population today and in the future. The framework was approved by the Health and Wellbeing Board on 15 November 2018 as a tool that can be used to progress the planning and design of future services.

The framework aims to provide an evidence-based approach to planning for the design and delivery of services, engaging the public and key stakeholders at an early stage in order to fully understand the health and care needs of our populations. Once we have collectively understood these challenges, we can develop solutions together for the future delivery of services to meet those needs.

The framework and the stages within it can be practically applied at the most appropriate geographic or population level.

The framework was reviewed, in draft form, by the Health Overview and Scrutiny Committee on 20 September. Members of the Committee were invited to comment on the proposed involvement and engagement with local communities as set out in the framework.

There will be a balance to addressing challenges locally with those that impact on a wider geography or population and need to be addressed at a broader level or for a greater population. Work to establish the most appropriate level at which to plan and
deliver services will support this balance.

This is a system approach; partners will work together involving and engaging local communities to determine how best to meet future health and care needs. Solutions will be developed as a system not as individual organisations.

The key stages of the framework and principles for the approach have been summarised in the Appendix 1. This should not be read as a set of prescriptive guidance or considered as the approach that will be applied to the whole of the County. It should be regarded as a support tool – the principles of which will inform how the planning and design for the future delivery of services will be approached.

It is not intended to be used in isolation or as a prescriptive approach to the all future service planning. The framework can be used to support an open and transparent approach to addressing some of the big questions and challenges that Oxfordshire faces. The framework can provide a good practice approach to how we will involve and engage communities in our work to plan and design services.

Engagement: clinical, stakeholder and public/patient: Not applicable

Financial Implications of Paper: None

Action Required:
Members of the Board are invited to welcome and adopt the approach, approved by the Health and Wellbeing Board, designed to meet current and future population health needs as set out in this report.

OCCG Priorities Supported (please delete tick as appropriate)

- Operational Delivery
- Transforming Health and Care
- Devolution and Integration
- Empowering Patients
- Engaging Communities
- System Leadership

Equality Analysis Outcome: Not applicable

Link to Risk:
Adoption of the framework will support the mitigations for risk AF27. There is a risk that the needs of the population cannot be met in a sustainable way based on the current ways of working across the system.

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Planning for Future Population Health and Care Needs

1. Introduction
This paper sets out an emerging framework to support how commissioners and providers of health and care services in Oxfordshire propose to work together to meet the health and care needs of the population today and in the future.

Members of the Board will be aware that the Oxfordshire system has been working to strengthen partnership working across health and social care. System partners have been exploring ways in which we might work together to fully understand the health and care needs of our populations and how we can develop solutions for the future delivery of services to meet those needs.

These discussions have included how future proposals can be developed at the most appropriate local level; involving and engaging clinicians\(^1\) and local people.

This work in Oxfordshire; to understand how to best meet the current and future health and care needs of our population fits within the national context of the development of Integrated Care Systems.

Best practice for Integrated Care Systems is to develop an evidence based approach to planning for the design and delivery of services, engaging the public and key stakeholders at an early stage in order to fully understand the health and care needs of populations. The Oxfordshire approach has been developed on clear principles of population health management, it will extend across health and care, be evidenced based and include:

- population health and demographics review
- consideration of the most effective and appropriate geographic or population level for the focus of work and delivery
- local service and assets mapping
- identification of good practice
- consideration of the impact of the Oxfordshire ‘Growth Deal’
- the clinical case for change – what are the most up to date and emerging clinical models that we should be considering
- options development and review

Public involvement and engagement will be critical throughout along with the involvement of clinicians and care professionals.

\(^1\) In this context ‘clinicians’ and ‘clinical’ is used in an all-encompassing way and refers to social care experts, Drs, Nurses, Allied Health Professionals and those involved in both the design and delivery of the services.
2. Oxfordshire
For Oxfordshire we will need to carefully consider not only those members of our population who access and require our health and care services now but those who we expect to require services in the future. The significant levels of housing growth in the County will impact on the size and make up of our populations. We know that people are living longer with both increasing numbers and complexity of long term or chronic conditions. By working together system partners across Oxfordshire will be able to plan to meet the needs of our growing and aging population.

The ‘place’ of Oxfordshire is key in the work toward integrated care, provider and commissioner organisations are keen that we work together to support locally driven solutions to the future of our health and social care provision. In an approach not dissimilar to one of subsidiarity there is a working principle that Oxfordshire will seek to address health and care needs at the most appropriate local level.

A piece of work is being undertaken to consider the most appropriate level at which to plan and deliver our services. The outputs of this work will inform the development of a route map for plans to deliver integrated care in Oxfordshire.

We are in a great position of strength in Oxfordshire; we have strong and vibrant neighbourhood areas, local community groups and third sector organisations. There are a number of existing strategies and plans that can be further developed to support future plans for delivery.

3. Planning future population health needs – outline framework
Appendix 1 sets out a summary of the emerging framework for how commissioners and providers of health and care services in Oxfordshire propose to work together to meet the health and care needs of the population today and in the future.

The framework uses the learning from community based initiatives such as the Healthy Towns projects and recognises the critical importance of engagement with local residents, stakeholders, clinicians and professionals at an early phase and throughout the cyclical planning process. The specific design of these approaches will be bespoke to the population or geographical area that is the subject of the framework approach.

The summary in Appendix 1 should not be read as a set of prescriptive guidance or considered as the approach that will be applied to the whole of the County. It should be regarded as a support tool – the principles of which will inform how the planning and design for the future delivery of services will be approached.

The framework has been developed with good input and clinical input from within the CCG and wider partners. It presents an approach to work collaboratively with partner provider and commissioner and members of the public to identify health and care needs.
The development for the future planning and delivery of those service designed to meet identified need will advance our work towards more integrated health and care.

The framework was reviewed, in draft form, by the Health Overview and Scrutiny Committee on 20 September. There was recognition from the Committee of the good work that had been undertaken to develop the framework. As a part of the discussions support was forthcoming in the shift in approach to ensure good, effective and meaningful communications and engagement from the outset.

On 15 November Oxfordshire Health and Wellbeing Board approved a draft strategy for the Health and Wellbeing of Oxfordshire. That strategy sets out the following priority areas for the Health and Wellbeing Board

- Agreeing a coordinated approach to prevention and healthy place-shaping
- Improving the resident’s journey through the health and social care system (as set out in the Care Quality Commission action plan)
- Agreeing an approach to working with the public so as to re-shape and transform services locality by locality
- Agreeing plans to tackle critical workforce shortages

The draft strategy will now be subject of a public engagement process.

As a part of the same agenda the Health and Wellbeing Board approved the outline framework for advancing the population health needs work. These are significant steps in relation to a collaborative approach to meeting population health and care needs in Oxfordshire now and in the future.

The approach set out in the framework and the principles that it is built on challenges commissioner and provider organisations to work together to plan for services in the short, medium and longer term. The framework will enable the right conversations with the public about health and care needs and how those needs can be met.

The innovation and good practice stage of the framework includes consideration of latest ideas and good practice from across health and care. By using clinician and patient expertise, promotion of best practice and an evidence-based approach, we aim to achieve clinically-driven solutions that will provide high quality care to Oxfordshire patients now and in the future.
4. Next steps
The framework approach is a tool that can be used to progress the planning and design of future services. It is not intended to be used in isolation or as a prescriptive approach to the all future service planning. The framework can be used to support an open and transparent approach to addressing some of the big questions and challenges that Oxfordshire faces. The framework can provide a good practice approach to how we will involve and engage communities in our work to plan and design services.

Working with system partners we will determine how the framework will be applied and where. It is anticipated that the framework approach will be used in the first instance in support of the work that needs to take place in relation to the provision of services in Wantage and surrounding areas, with specific reference to services at Wantage Community Hospital.

5. Recommendations
Members of the Board are invited to welcome and adopt the approach, approved by the Health and Wellbeing Board designed to meeting current and future population health needs as set out in this report.
Planning for Future Population Health and Care Needs

Framework Summary

This framework aims to provide an evidence-based approach to planning for the design and delivery of services, engaging the public and key stakeholders at an early stage in order to fully understand the health and care needs of our populations. Once we have collectively understood these challenges, we can develop solutions together for the future delivery of services to meet those needs.

The framework and the stages within it can be practically applied at the most appropriate geographic or population level. There is a clear emphasis within this approach on locally developed solutions. There will be a balance to addressing challenges locally with those that impact on a wider geography or population and need to be addressed at a broader level or for a greater population. Work to establish the most appropriate level at which to plan and deliver services will support this balance. Decisions will not be made in isolation.

Public involvement and engagement will be critical throughout, along with the involvement of clinicians and care professionals. The specific design of these engagement approaches will be bespoke to the population or geographical area covered in the scope of the use of the framework.

This framework was approved by Oxfordshire Health and Wellbeing Board on 15 November 2018

Principles of the approach – what we will and will not do

In line with the overarching principles of the Health and Wellbeing Board, we will uphold the triple aim for the people of Oxfordshire:

**Better Health and wellbeing** – improved population health and wellbeing

**Better Care** – transformed care delivery, improved quality and experience

**Better Value** – sustainable finances and optimal use of the Oxfordshire Pound

This is a *system approach* – partners will work together involving and engaging local communities to determine how best to meet future health and care needs. Solutions will be developed as a system not as individual organisations;

- **Population health management** principles will be followed – planning will include prevention and a focus on the wider social determinants of health;
- We will promote and enable **community and patient involvement** and engagement throughout - this will include co-design of approaches and co-production of key outputs;
- We will promote and enable **clinical* leadership**;
- Our work will be based on **parity of esteem** and address both physical and mental health;
- Future solutions and models of care will be **based on evidence** and will consider innovation and best practice from elsewhere;
- We will undertake appropriate reality checks – **are proposals realistically affordable, attainable**, can we be sure of a workforce to deliver the model(s), are the proposals right for Oxfordshire or a specific community within our County;
- We will sense check the level (geographic or population) at which solutions are being planned and developed – **we will not fragment or isolate decision making**;
- All planning approaches will be supported by robust **clinical and business cases** in the development of possible options;
- We will follow **best practice** and locally agreed change management approaches

The key stages of the framework have been summarised in the diagram overleaf. This should not be read as a set of prescriptive guidance or considered as the approach that will be applied to the whole of the County. It should be regarded as a support tool – the principles of which will inform how the planning and design for the future delivery of services will be approached.

*The term ‘Clinical’ in this context is used in an all encompassing way and refers to leadership provided by social care experts, Drs, Nurses, Allied Health Professionals*
### Population Health and Care Needs Framework Summary

**Planning and Co-design**

- Co-design the detailed approach with particular emphasis on local involvement
- Informed by JSNA and community profiles confirm the scope of the focus of the work – neighbourhood / Town / locality etc
- Establish a core project team
- Establish a stakeholder group
- Establish a clinical / professional group
- Develop involvement strategy and communications plan
- Hold a community event(s) to introduce and kick off the project

**Key Activities**

- How can co-design be enabled?
- How will the approach be organised?
- Who will lead the project from the system?
- Who should be involved in this work locally?
- How do people want to be involved?

**Key Questions to be answered**

- Co-design of approach
- Initial public event with the community
- Co-production local communications and engagement plan
- Establishment of stakeholder group

**Community Engagement**

- Co-production a project plan including timeline
- Confirmation of a core team
- Establishment of local clinical and professional steering group
- Establishment of local community stakeholder group
- Initial public event

### Population Health and Care Needs

**Stages can be run concurrently**

**Planning and Co-design**

- Start population health management approach
- Build on existing work to understand the current and future population needs
- Identify key leads to be engaged in development of specific aspect of the needs assessment work
- Segment the population to identify and consider need, use modelling to predict trends and geographical condition of buildings, non recurrent funding etc
- Identify any urgent or immediate concerns that require action
- Plot out timescale for significant population changes linked to growth deal

**Review of Services and Assets**

- Identify key individuals and organisations to undertake review
- Map what services are provided by whom, where and when
- Map which population accesses the services
- Identify physical assets and the services provided from those assets
- Capture any sustainability issues (e.g. building age, physical condition of buildings)
- Where possible highlight activity – what population segments access which services

**Innovation and Good Practice**

- Identification of innovative approaches to the future delivery of services
- Identify and understand the successes and impact that early adopter sites have achieved
- Consideration of latest ideas and clinical good practice
- Establish local views and ideas from those delivering services on how services could be provided differently in the future with innovation and integration
- Work to identify initiatives and programmes that will address wellbeing and prevention

**Meeting Population Needs**

- Co-design a range of small solution building events or a significant accelerated event
- Draw up suggestions and proposals directly informed by the preceding stages that will meet the identified population needs
- Test whether or not all challenges or gaps can be addressed locally
- Considering population health and wellbeing changes what impact and benefit could wellbeing and prevention initiatives have for the future
- Challenge – are emerging solutions / proposals affordable and deliverable

**Development of options**

- Further refine options informed by local engagement events
- Any additional detailed modelling and analysis to test proposals
- Present options tested against deliverability, operational sustainability, affordability
- Utilise a recognised Outline Business Case approach such as a 5 case model to summarise options for consideration
- Identify any quick wins
- Confirm any potential significant service changes

### Deliverables

- Understanding of those services provided by the third sector
- Understanding of local views of need
- Clear picture of what services are provided where, when and by which organisation
- An understanding of those services provided by the third sector
- Picture of social capital
- A summary of physical assets
- Understanding of distance travelled to access services
- Options and opportunities for what innovative approaches across health and care can meet the needs of the population
- Ideas for how to work in a more integrated way
- Ideas for a longer term approach to the management of health and wellbeing

**Meeting Population Needs**

- How could we work together as a system to best provide services to meet the needs of the population and at what scale?
- What provider delivery models, commissioning approaches, clinical and service delivery models support that?
- What can wellbeing and prevention support?

** Deliverables**

- What are the needs of the population across health and care?
- What are the specific needs of segments of the population?
- What future developments are planned that may change population requirements?
- Is any immediate action required?
- What are local views of need?

- What, where and when services are provided?
- Where do patients that access the services travel from?
- What are the physical assets in the system?
- What services do local people value and why?
- What do we understand about local groups and schemes?

- What emerging clinical and professional best practice is relevant to this population?
- What future opportunities should we consider with respect to innovation and new models of care?
- How could a less fragmented more integrated approach to health and care be of benefit?

**Meeting Population Needs**

- How can co-design be enabled?
- How will the approach be organised?
- Who will lead the project from the system?
- Who should be involved in this work locally?
- How do people want to be involved?