

Planning for Future Population Health and Care Needs in OX12 - Communications and Engagement Plan

1. Introduction

This plan is intended to provide an approach to the communications and engagement required to start a process of open dialogue with stakeholders on the future of health service provision in South West of Oxfordshire with an initial focus on the area of OX12. The approach aims to engage stakeholders, stimulate thinking and discussion, offer some options, invite more and explore how we should create an engaged approach and process together.

2. Background

- a. In 2017 Oxfordshire Clinical Commissioning Group (OCCG) undertook the first phase of the Oxfordshire Transformation Programme (OTP) designed to address some of the immediate challenges faced within acute hospital services in the county.

OCCG reflected on the experience of running Phase 1 of the OTP; it was clear that before progressing any further with the plan we needed to develop better relationships with local stakeholders, including local councillors. This along with our new leadership gave us an opportunity to review the OTP and plan a better way of working with partners and the public. Given this, there are no plans to progress Phase 2 of the programme.

OCCG has been working with partners to develop a framework that has been shared with the Oxfordshire Health Overview and Scrutiny Committee and will be further discussed and agreed at the Oxfordshire Health and Wellbeing Board on 15 November 2018. This will replace Phase two of the OTP and we will not be using that term to describe this plan.

The approach being taken to review and plan for future care needs in the community is being developed. It is intended that this will be done by working in each locality with the local residents, communities and stakeholders, including local councils. The local plan will be based on the needs of that community and will recognise the assets that already exist in the community.

This is complex but necessary and for the plans to be sustainable, they need to address the changing demographics including planned housing growth and changes to population such as the ageing population in Oxfordshire and levels of deprivation that affect health and wellbeing. This work will very much need the involvement of the various local authorities in each locality and the county council who have the data and insights into the local plans and public health. The plans will be broader than health and will also include the wider care needs of the communities.

- b. Since late 2015 there have been persistent problems with legionella colonisation at Wantage Community Hospital. Legionella is a naturally occurring bacteria that, if inhaled, is highly dangerous for patients, staff and members of the public. High colonisations can occur in public buildings such as hospitals in particular which have older plumbing systems in which flow is compromised and steady temperatures are difficult to maintain. Throughout 2015 and into January 2016 the Oxford Health NHS Foundation Trust (OHFT) took all possible steps to eradicate legionella at Wantage Community Hospital including chemical dosing, heat treatment, requesting an increase in mains water pressure, re-plumbing accessible areas and applying medical filters to water outlets. Nonetheless, high legionella counts remained persistent through this period.

The final measures introduced in January 2016 of continual dosing and the application of medical filters had proven successful. However, OHFT was advised – including by specialist engineers and the local anti-microbial resistance team – that it is almost inevitable that legionella will return, most likely within 6-9 months.

Given these safety issues the inpatient beds were temporarily closed in July 2016 and have remained so since then. OHFT were anxious to avoid a situation where they might have to evacuate frail older people as a matter of urgency, because it carries high risks of harm.

During this time, OCCG and partners have been looking at the future strategic direction of Health and Social care services in Oxfordshire. Locality thinking has evolved around areas of population need as outlined above and this is particularly important for the population growth in the South of Oxfordshire.

Any planning process will need to work to principles which apply across Oxfordshire but also be realistic of constraints such as delivering value and affordability. The framework is available [here](#)

The framework advances work to address all aspects of local population health and care needs and future service requirements, setting important context around the matter of the temporarily closed overnight beds at Wantage Hospital.

3. Communication and engagement aims

The overarching aim of the communications and engagement plan is to ensure that those affected by future proposals have the opportunity to be

involved in shaping these proposals, to give their views and for OCCG to consider their feedback and work with the local community to further develop its plans. This will be achieved by:

- Providing clear and consistent messages and information to all stakeholders.
- Developing the engagement plan with key stakeholders from the community.
- Identifying engagement needs and undertake activity as required.
- Increasing public confidence in Oxfordshire CCG.
- Balancing negative perception and concerns.

Our intention is that the engagement approach we are proposing will mean people from the OX12 area will feel very much part of the process to review and design services for their local area.

Members of the community and local key stakeholders will be invited to work with the NHS. This will involve designing and delivering tailored engagement so people feel they can participate in all or various stages of the process in as much as they would like. They can choose to be active participants rather than observers.

4. Key messages

Whilst the communication messages will vary according to the audience, the key messages are:

- We want to work with local people to shape the future of health and social care and develop local solutions in response to local needs.
- It is vital that the patients, the public and stakeholders get involved in the development of outline options for discussion around the provision of local health and care services for the population of Wantage and Grove and its surrounding areas.
- Future plans will be developed using evidence of current needs and future needs as population changes.

5. Stakeholders

This engagement plan focuses on patient, public and external stakeholder engagement. These are:

- Residents within Wantage and Grove and surrounding areas
- Current and previous service users of health and social care services – particularly those who have had direct experience of services affected by any proposed changes
- Local Patient Participation Groups to Wantage and Grove
- Local lobby groups (Save Wantage Hospital Campaign Group and Wantage and Grove Campaign Group)
- Wantage Town Council (health sub-committee)

- South West Public Locality Forum
- Community Hospital League of Friends (*League of Friends of Wantage Hospital*)
- Healthwatch Oxfordshire
- Carer Groups in the South of the County
- Community sector groups and their members in the South East
- Voluntary sector groups and their members in the South East
- Seldom heard groups or representatives working with these communities in Wantage and Grove and surrounding areas
- Local faith communities
- Local groups or individuals with protected characteristics as described by the Equality Act 2010
- Local County Council councillors
- Representatives of Oxfordshire's District Councils: elected members and officers
- County, South & Vale District and parish councils in the South of the County
- The Oxfordshire Joint Health Overview and Scrutiny Committee
- The Oxfordshire Health and Wellbeing Board
- Local MP (*Ed Vaizey*)
- Representatives of the housing and care home sector
- Representatives of education providers
- Neighbouring health and care systems along Oxfordshire's county boundaries

6. Engagement activity with local community and stakeholders

Communication and engagement activity will be divided into several phases to align with the framework summary in appendix 1.

A. Planning and co-design

- Identify community influencers (stakeholder and public – MPs, local councillor, local media reporters, pressure and campaign groups, vocal locals) plus others such as housing associations, schools, community groups, councillors, who can influence the debate
- Meet with local campaign group members to look at best way to engage with the community (*an initial meeting has taken place*).
- Establish a stakeholder group to co-design approach to programme of work and engagement. It is proposed this will include:
 - 2/3 people from Save Wantage Hospital Campaign Group
 - 1/2 patients from local GP practices' Patient Participation Groups
 - Oxfordshire County Council rep
 - Representative from Wantage Town Council health sub-committee
 - Oxford Health NHS Foundation Trust rep
 - OCCG

B. Population Health and Care Needs

Gather evidence that exists about the health and care needs of the local population from Public Health, Local authorities and NHS. Work with stakeholder group and others using, for example, a survey, 'vox-pops' (short video clips), community outreach and community events to:

- Understand local demographics (existing and emerging, with future demographic forecasting)
- Understand community concerns – not just about hospital services, but wider concerns about community facilities - and identify how these can be addressed
- Understand what is currently working in the community, from the perspective of residents – including non-health services that support the health and wellbeing of local people.

C. Review of Services and Assets

Work with stakeholder group and others through community outreach and community events to seek feedback (*i.e. have we got it right?*) on the review of services and assets which includes mapping of services, which population access the services, what are the physical assets in the community, workforce etc.

D. Innovation and Good Practice

Work with the stakeholder group and staff to identify innovative approaches to the future delivery of services looking at the successes and impact that early adopter sites have achieved. As well as identifying initiatives and programmes that will address wellbeing and prevention.

E. Meeting Population Needs

Hold several small events with key stakeholders and staff delivering services to draw up suggestions and proposals directly informed by the preceding stages outlined above that will meet the identified population needs.

F. Development of Options

Work with the stakeholder reference group and staff to further refine options informed by local engagement and test the proposals looking at where they are deliverable, operational sustainable and affordable.

G. Consultation on options

This may or may not be required depending on the solutions gleaned in the pre-engagement co-production phases.

7. Other Communication and engagement:

It will be important to make appropriate arrangements for the community to connect with every stage of the process and to follow developments as the work progresses through the different phases.

The most appropriate arrangements will be discussed and agreed with stakeholders but could include (the list is not exhaustive as we would always strive to develop / use more channels where new methods were identified or the opportunity arose):

- Dedicated space on OCCG website where all documentation and information relating to the programme can be accessed and a frequently asked questions and answers section can help communicate progress.
- Dedicated notice board space in Wantage Town Hall, or other local facility, where information could be displayed and updated regularly.
- Newsletters: the use of all NHS and partner organisations newsletters and through voluntary and community newsletters where possible
- Public events: as outlined above
- Face to face meetings: we will attend, where possible, face to face meetings with voluntary and community sector meetings
- Focus groups: we will use focus groups to work with affected groups and seldom heard groups
- OCCG Equality & Access Team: the team will outreach as part of their community work to engage with seldom heard groups
- Surveys: we can use surveys in a number of ways throughout the programme as a source of feedback for a number of things including for review of services, review emerging models, options etc
- Leaflets / posters: a leaflet / poster can be developed to advertise the consultation and how to get involved. This will be available on request in different languages and easy read
- Media: deliver a pro-active media to publicise the programme and ways people can get involved as well as responding to media enquiries in a timely way
- Social media: deliver an active digital / online presence to promote the programme and opportunities to get involved with a diverse audience through Twitter and Facebook and other online platforms where appropriate
- Memberships & existing patient groups: use all existing memberships (e.g. Foundation Trust members), GP patient participation groups and public Locality Forums to raise awareness of the programme and opportunities to get involved

Health and care staff working in the NHS and partner organisations will be engaged and informed via events, staff briefings, team meetings, internal newsletters and their intranets.

Engagement Report

OCCG will draft an engagement report as a record of the work undertaken. This will be published and will be used by the project team to support the decision-making.

8. Timeframe

Include revised timeframe when available