

# **OX12 Project**

## **Key Areas for discussion at Solution Building Event**

18<sup>th</sup> September 2019

### **Background and Context**

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#### **Oxfordshire's Population Health Management Framework**

The partners in the Oxfordshire health and social care system have agreed a new approach to planning health, care and wellbeing services using a "population health management" (PHM) approach. This approach is described in Oxfordshire's Population Health and Care Needs Framework. The new PHM framework is being applied to a number of areas, including the transformation of services in localities. The first area where this is being applied around a locality is in the OX12 postcode area (Wantage and Grove and surrounding villages).

#### **Our work to date and the purpose of this document**

To date the project has focused on understanding the current and future health and care needs of the OX12 population (by bringing together data and community intelligence) and on building a picture of the services and assets available in the area. Alongside this, the Oxfordshire Clinical and Care Forum has been reviewing relevant innovation and best practice in order to identify potential opportunities to improve the way a population's health is managed.

The OX12 Project has now reached the 'Solution Building' stage. This document has been produced to provide essential background to all participants attending the 'Solution Building Event' on 18<sup>th</sup> September 2019.

#### **Four key areas of discussion in OX12**

The meeting on 18<sup>th</sup> September will focus on four key areas for discussion which have emerged from the information gathering stages of the OX12 Project. This paper summarises the data and intelligence that has been gathered on these areas and highlights any known factors that will need to be considered when thinking about developing solutions to meet the needs of residents in OX12. Participants are welcome to bring additional information with them to the meeting but are asked to ensure that this is evidence-based as well as experiential and to ensure that copies of relevant information is provided to a member of the project team for inclusion in our data and information pack.

While the focus on the meeting will be on these four discussion areas, there will be an opportunity for participants to flag any other issues of importance to the OX12 area that are not covered within these discussions. The project team will capture all issues on the day and will ensure they are considered outside of the event.

## About OX12

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The population of OX12 is **26,900**. This population is both **relatively healthy** and **relatively affluent** with 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.

**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 (OUH), Oxford Health NHS Foundation Trust (OH) and private providers.

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

Current provision at **Wantage Hospital** includes a Midwifery Led Unit, children's services, speech and language therapy services and more recently a musculoskeletal (MSK) service has been made available. Twelve inpatient rehabilitation beds at Wantage Hospital were temporarily closed in 2016 following an outbreak of legionella.

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

## The Areas for Discussion

Analysis of the information and data has identified four key areas for discussion, which provide opportunities for building solutions to that would have a positive impact on the health and wellbeing of local people.

## 1 – Promoting Health and Wellbeing across all Life Stages

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*How can we promote and develop health and wellbeing across all life stages to ensure residents; start well, live well, age well and end well thinking about:*

- *How we tackle issues such as rising rates of obesity, hypertension, diabetes, mental health, long term conditions, loneliness.*
- *How we develop and sustain existing social capital evident through the wide range of physical and social activities delivered in OX12*

### What do we know?

- 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%.
- Currently 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 hypertension (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.<sup>1</sup> 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.
- Our 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).

## 2 – Making Best use of Community Resources

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*How do we make best use of community resources – thinking about both the physical assets and the way statutory and voluntary services could be used to innovatively meet current and future needs?*

### **What do we know?**

- 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 (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. 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 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. Most of these patients returned to their place of residence following admission.

- 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.

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<sup>1</sup> 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.

- Other physical assets in the OX12 area include: Wantage Library; Wantage Fire Station; Wantage Leisure Centre; Museum; and The Beacon Community Centre. There are also eight village halls, one day centre and a Memorial Hall.
- 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, concerns include future proofing these activities in terms of volunteers coming forward and investment and funding.
- Respondents to our project survey wanted more local services in OX12. The survey suggested demand 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, MLU, X-ray and MIU. Survey respondents also said they wanted increased leisure facilities, support groups, services for older people and facilities for children.

### 3. – The Impact of a Changing Population on Demand and Need

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*How do we best manage current and future demand and pressure on services?*

#### **What do we know?**

- 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 may create 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 our 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)
- OCCG forecasting predicts a shortfall in Wantage GPs (excluding retirements) of 2.7 and 4.8 by 2022 and 2027 respectively. The CCG predicts that some of the additional forecast GP recruitment will be replaced by non-GP staff who can undertake a focused

range of 'traditional' GP activities and consultations (for example, physiotherapists, clinical pharmacists and nurse practitioners / nurses with enhanced training).

## 4 – Travel and Transport

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*How do we tackle the travel and transport issues both within and outside OX12?*

### **What do we know?**

- 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.
- Our 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 smaller number of outpatients 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 our 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 our 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.

## Things to Consider

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In discussing the areas above participants should consider opportunities for:

- 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 ensuring end of life supports 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.
- How developing models of care can benefit the changing population in OX12, and how the opportunities presented by new technologies and treatments can be applied; for example:
  - The two GP practices together form the **Wantage Primary Care Network** 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.
  - 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). This is consistent with the work Oxfordshire is developing to deliver a 'home first' pathway that focuses on keeping people out of hospital. This includes clear processes to quickly 'step up' patients into short stay treatment, assessment and care planning and rapid 'step down' into the community services. The aim is to provide proactive and responsive care to reduce time spent in a hospital bed, support people in their own homes where possible and improve people's recovery.
  - 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 it is feasible. This is consistent with the work of the Outpatient Transformation Programme which is seeking to identify a range of services that could be provided differently including digitally, outside the acute setting and closer to where people live. A successful example of this is being delivered in Townlands Hospital in Henley.
  - The Oxfordshire Clinical and Care Forum strongly supported an **increased focus on primary prevention** that informs and empowers people to manage their own health as well as supporting the benefits of **secondary prevention** for people who have long term conditions or who are frail to help them stay well longer.
  - There are a range of **online resources to promote health and wellbeing** that are available to people living in the OX12 community. However, more might need to be done to make people aware of these resources.