Appendix 4.1: Oxfordshire Storyboard

Oxfordshire Healthcare Transformation Programme

Discussion Document

Our Vision for Oxfordshire –
Best Care, Best Outcomes, Best Value for all the people of Oxfordshire

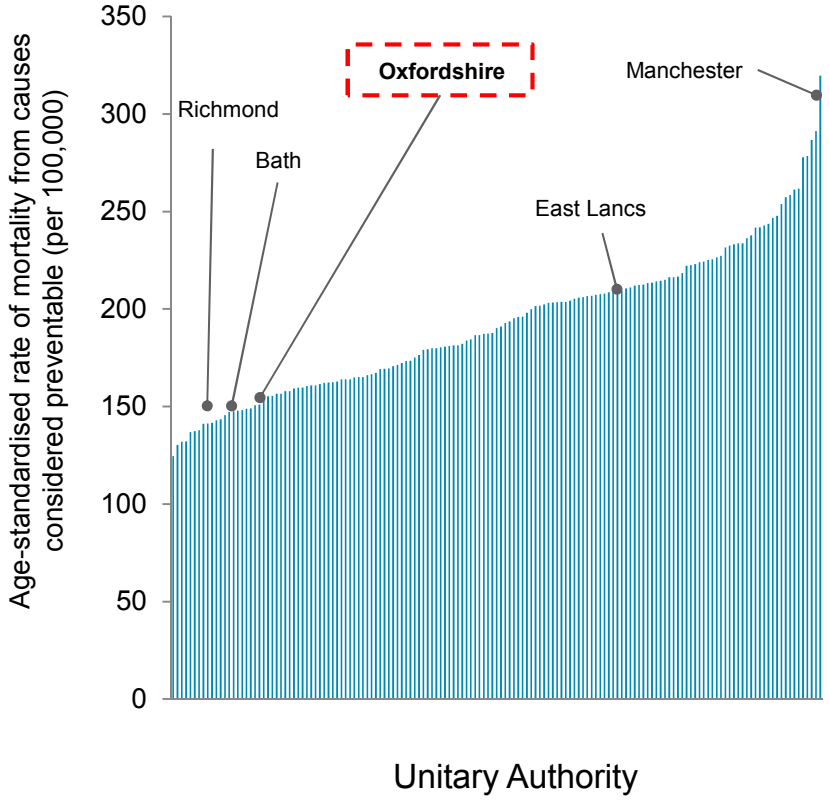
NHS Oxfordshire Clinical Commissioning Group | Oxfordshire County Council | Oxford University Hospitals NHS | Oxford Health NHS | South Central Ambulance Service NHS | PML | OxFed

Abingdon Federation

South East Federation

The 675k population of Oxfordshire currently enjoys good overall health outcomes….

Mortality rate from preventable causes
By Unitary Authority, 2011-13



Oxfordshire performance across many outcome metrics is top quartile nationally

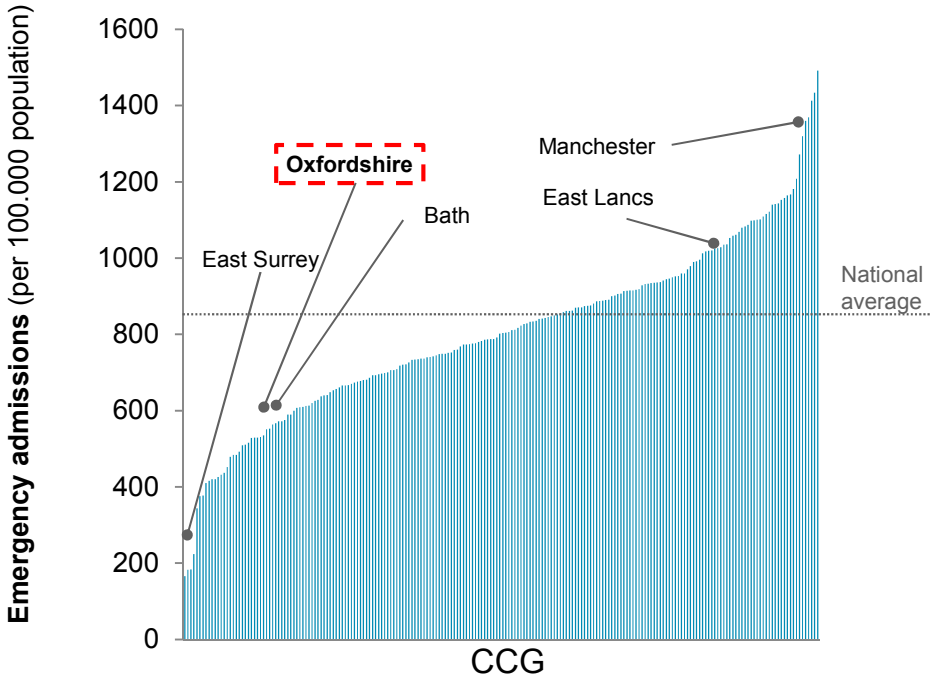
	Outcome measure	OCCG	Eng avg	Eng rank
Under 75 mortality rates	Respiratory	20	28	●
	CVD	52	65	●
	Cancer	103	122	●
One year survival from cancers	All	71%	68%	●
	Breast, Lung, Colorectal	71%	69%	●

● Top quartile of CCGs nationally

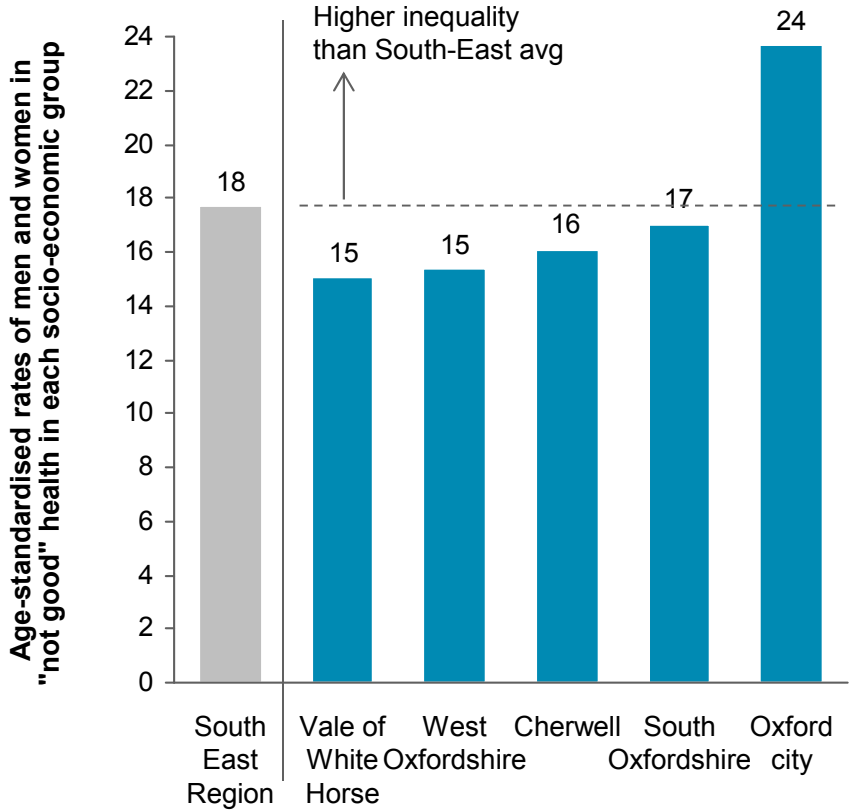
Source: CCG Outcomes Tool, Jan 2015; House of Care; Public Health England Outcomes Framework
NB: Mortality rates are per 100,000 population

…with low levels of hospitalisation, although these outcomes are not uniform across the county

Low levels of hospitalisation
Emergency hospital admissions (chronic ACS)



Gap in proportion of those 'not in good' health by district and socio-economic group



Source: Slope Index of Inequality Health Gap Oxfordshire Public Health Surveillance Dashboard, 2011 Census; CCG Outcomes Tool, Mar 2015; House of Care
Note: Manchester refers to Central, North and South Manchester CCGs

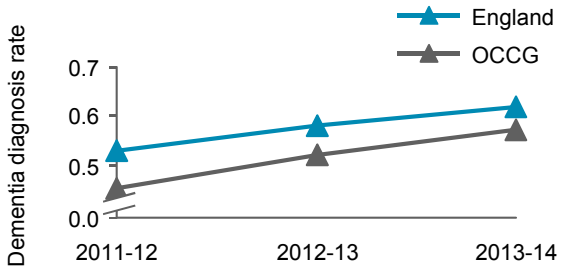
Oxfordshire's health needs are changing, driven by increasing chronic disease and ageing as well as births from the growing populations of Bicester and Didcot

Oxfordshire challenges as a microcosm of England

Ageing population

- Historic increases, to accelerate in future:
  - 65+: **18% increase →** forecasted to grow to 140k people by 2025
  - 85+: **30% increase →**forecasted to grow to 22k people by 2025

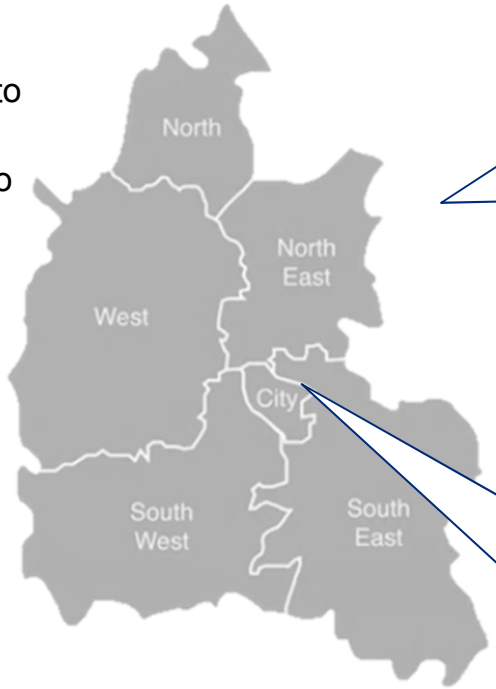
Dementia prevalence rising



Obesity and diabetes continue to increase

- *"61% of Oxfordshire's adult population were overweight or obese"*
- The number of people with diabetes is forecasted to jump 32% to 41,000 by 2030

Additional locality specific challenges



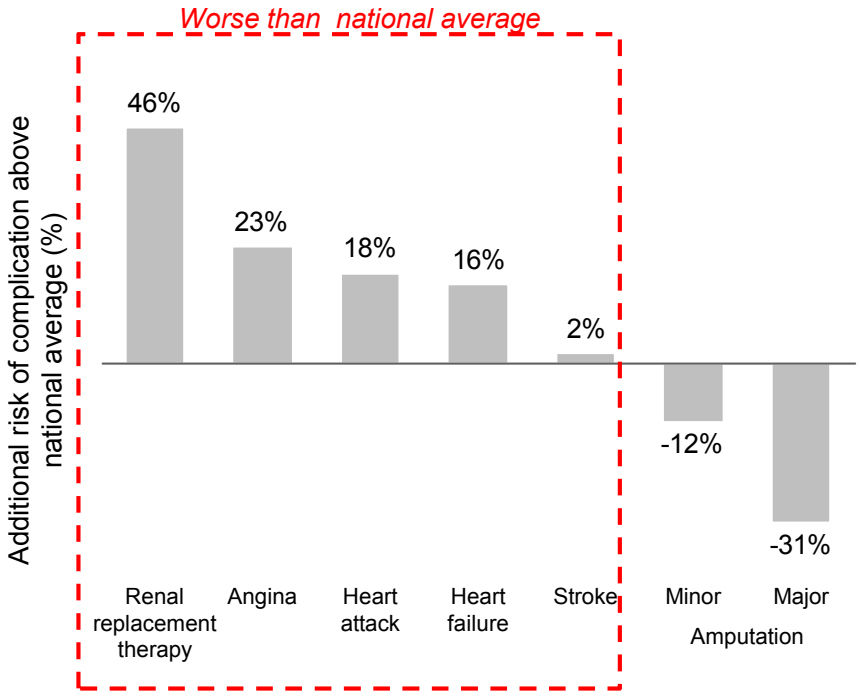
22,000 new homes are planned to be built in Bicester and Didcot

Black and minority ethnic communities numbered 60k (9% of Oxfordshire) in '11, almost double the '01 figure (largest increase in Oxford and Cherwell)

Source: Oxfordshire JSNA, March 2015; APHO Diabetes Prevalence Model for England, 2009; Most Capable Provider Assessment – Older People, June 2014

There are some outcome areas where we should be better, ie. diabetes, and there are pressing problems, eg. mental health in children which require scaled system wide solutions

Diabetes complication rates
National Diabetes Audit, 2012-13



"A small number of patients (10%) consumes a significant amount of diabetes budget (82%) …the diabetes services is disconnected and contributes to variation in care"

Child and Adolescent Mental Health service review
2015

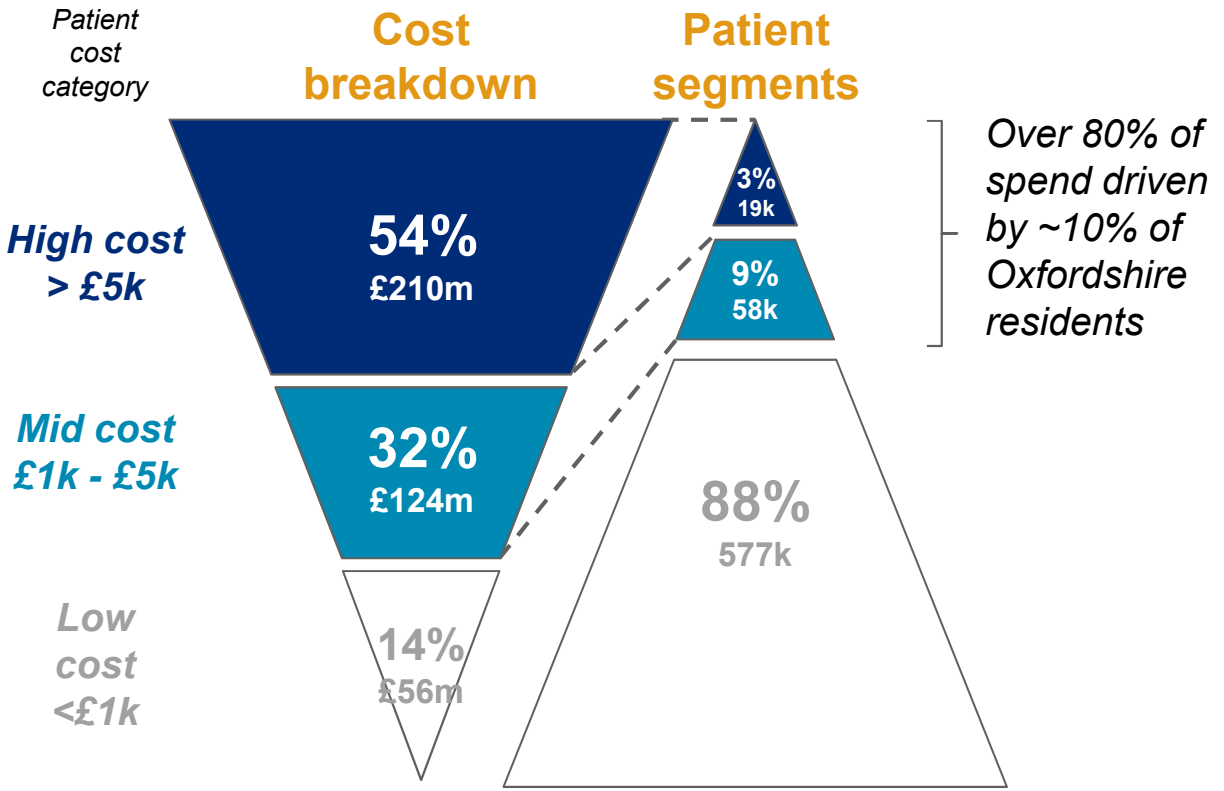
*"**the referral rate in Oxfordshire has increased by about 12% year on year**…The service is currently meeting the targets to see young people who are referred as an emergency. However, we have seen an increase in waiting times for the assessment of routine referrals into services … **more than one in four children wait more than 12 weeks and some much longer**"*

*"**there is insufficient capacity in Tier 4 [inpatient] beds** and work is underway…to increase integration of Tier 3 and Tier 4 services to support young people's discharge back to local services"*

Source: National Diabetes Audit 2012-13, Report 2; CAMHS review, 2015; The Future of Diabetes Services in Oxfordshire, Public Engagement Report

Over 80% of our hospital resources are used by around 10% of the population…

Patient segmentation by hospital spend



- For some people, care costs are appropriately high due to the nature of their diseases. Examples include patients receiving treatment for certain genetic conditions or cancers
- But for many others, costs can be greatly reduced if care is organised more effectively or in ways that help people prevent avoidable deteriorations in health

Source: SUS data 2014-15, based on Oxfordshire CCG GP practice activity; Oliver Wyman analysis

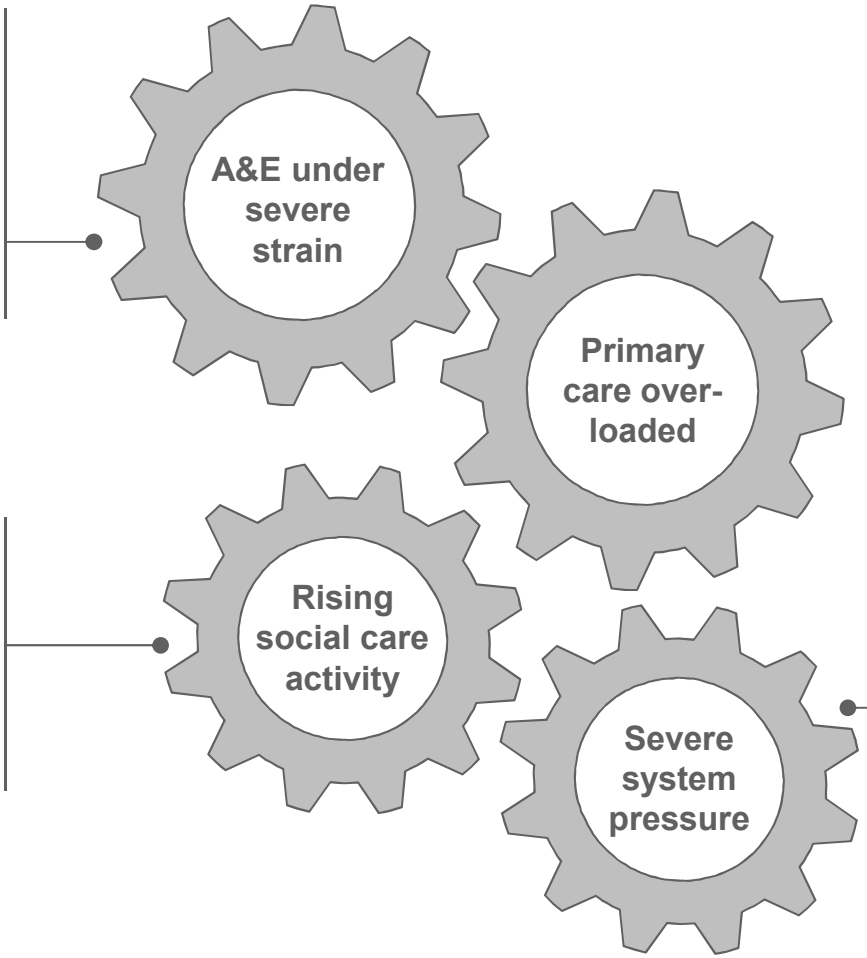
…and we are increasingly struggling across the system to deliver good access for the population when they require it

20% choose to visit A&E rather than GP

- A&E attendances rising by 1-3% yearly

Commissioning 53% more home care[1] than in 2011

- An average of 12 days between clients' being ready and receiving long-term home care[2]



Some patients are struggling to access their GPs:

- **29% reported the length of wait as unacceptable**

Management of long term conditions:

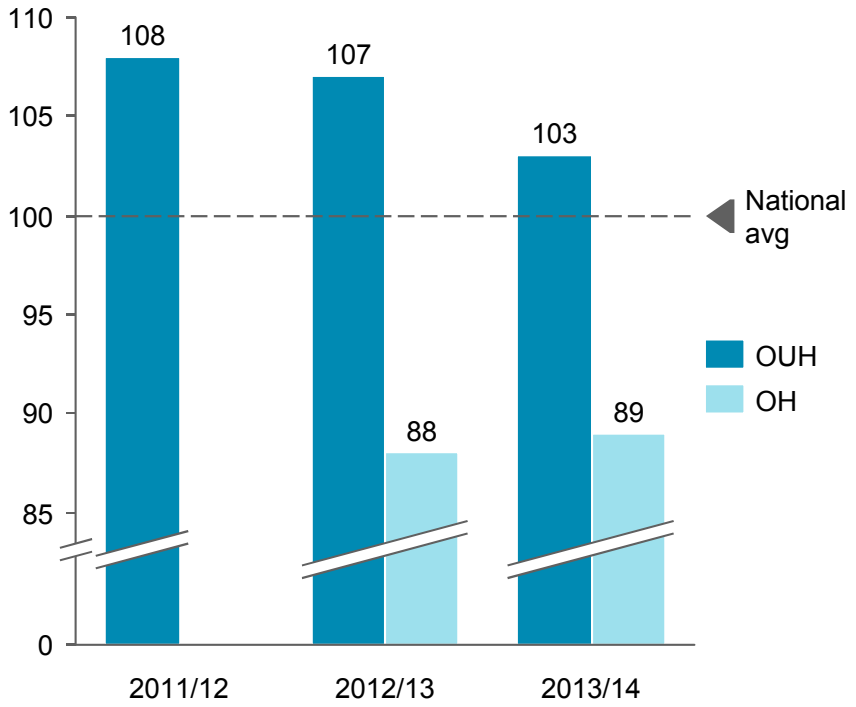
- **31% said they received good care managing their long term condition**

System unbalanced – struggling to create space and capacity for care delivery consistently in the right settings

1. Joint Commissioning Team, OCC: 30% increase in clients, but a 53% increase in home care purchased; 2. Median of 12 days in 2014/15
Source: Healthwatch Oxfordshire GP Survey, October 2014; Horsefair surgery survey; PMCF; SUS 2014/15; Oxfordshire County Council

While our Trusts are efficient and our GPs are beginning to work together at scale…

Reference costs for Oxfordshire's Trusts
2011/12 to 2013/14



Source: OUH IBP, October 2014; OH Strategic Plan 2014-2019; PMCF application.

Over 90% of GP practices in Oxfordshire are already organised in Federations, with a further 1 underway

Principal Medical Ltd (founded in 2004)

- Formed by 15 local GPs in 2004, growing rapidly to encompass 40 practices by 2007, and **60% of Oxfordshire's practices today**
- Coverage across:
  - NOxMed (North Oxfordshire)
  - OneMed (North East Oxfordshire)
  - ValeMed (South West Oxfordshire)
  - WestMed (West Oxfordshire)

OxFed (Oxford Federation for General Practice and Primary Care)

- Federation of 22 NHS GP Practices predominantly in and around Oxford

The Abingdon Federation

- Federation of 6 NHS GP Practices

South East Federation

- Federation of 7 NHS GP Practices being established

…rising activity and growing workforce gaps will challenge our sustainability

Activity is increasing in all areas across the system year-on-year

Workforce shortages are challenging organisations across the system

GP

- **GP practices increasingly over-burdened**
  - **79%** recorded 'one or more GPs experiencing burn out' due to increasing pressure of work

Social and Community

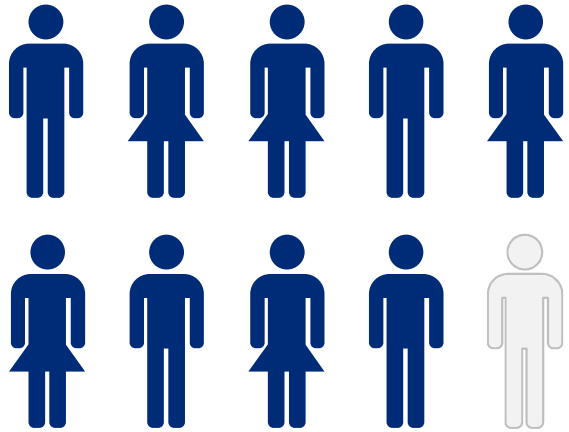
- **Increasing community care**:
  - **~6%** ↗ District nursing interactions
- **Increasing social care demand**:
  - **~10%** ↗ in demand for social care[1]

Mental Health

- **Increasing mental health demand:**
  - **~5%** ↗ mental health referrals

- **Increasing secondary care activity:**
  - **1-3%** ↗ A&E attendances
  - **~1%** ↗ Non-elective admissions

1 in 10 of our posts is not filled by a permanent employee[2]



64% of practices find it hard to recruit GP partners

48% of GPs are planning to retire or take a career break in the next five years

1. Joint Commissioning Team, OCC: While yearly demand has increased ~10%, in 2015 reduced supply / workforce issues constrained the purchase of e.g. care home/ long-term care for +65s;
2. Includes vacancies, bank and agency staff

Source: JSNA Annual Summary Report; Healthwatch Oxfordshire GP Survey, 2014; Adult Social Care Workforce Strategy 2015 to 2018; Adult Social Care Workforce, February 2014; SCAS Report; OH Workforce report; OUH Workforce analysis; Horsefair Surgery, Banbury, 2014 GP survey; SUS 2014/15; Oliver Wyman analysis

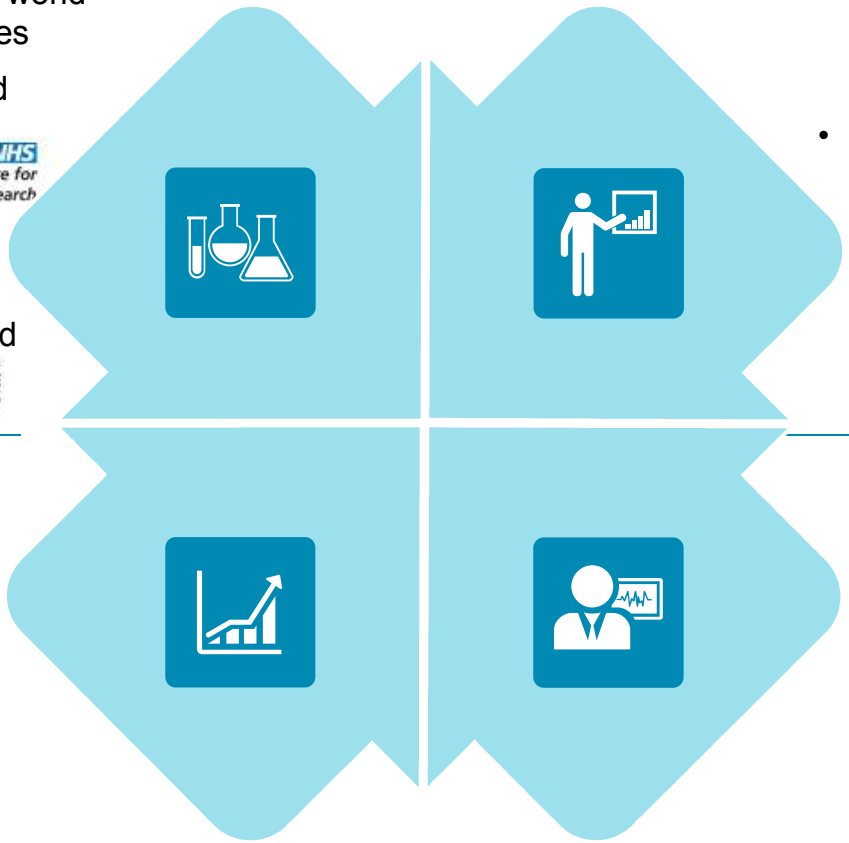
Our research base is one of the strongest in the UK, attracting global talent and helping generate considerable employment and wealth for the county

1 A powerful and deep research base

- Ranked #1 nationally for volume of world-leading research in medical sciences
- Largest number of patients enrolled in clinical trials of any AHSC Trust (3rd largest AHSC)
- Supported by significant public and private investment
- Nationally leading Primary Care and Psychiatry research

2 The world-leading medical school

- Ranked as the World's best medical school by Times Higher Education University Rankings
- 3rd consecutive year of first place
- Medical Sciences the largest Division at The University of Oxford



3 Employment

- *"Oxford is one of the largest biomedical research centres in Europe, with >2,500 people [directly] involved in research and >2,800 students"*
- High tech firms in Oxfordshire employ around 43,000 people

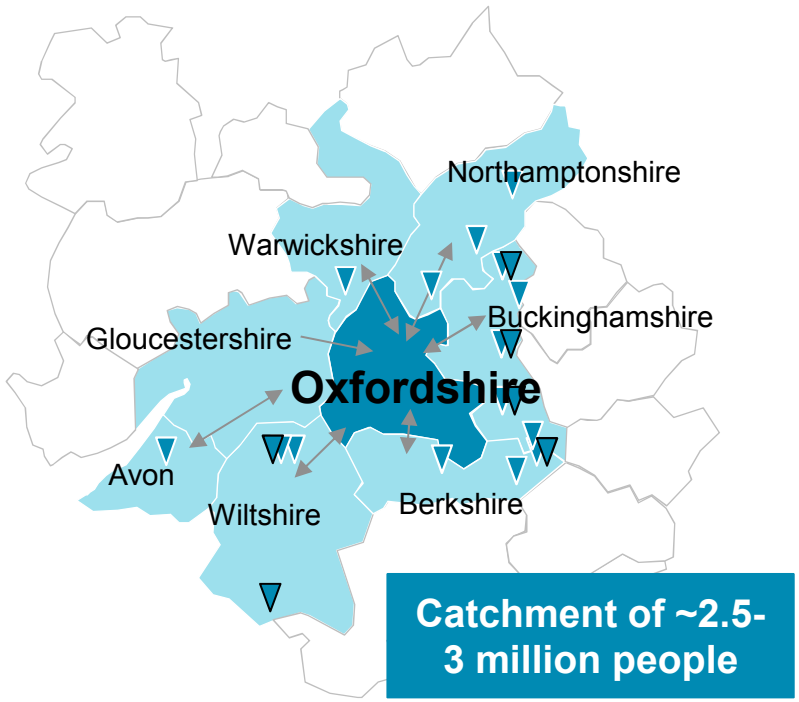
4 Wealth

- UK #1 for spin-outs in 2010-2012[1]
- *"We host arguably the largest life science cluster in Europe"*[2]
- 550 life sciences companies in the region, including some of the most successful biotech start-ups in the UK

1. PraxisUnico Spinouts UK Survey Annual Report 2013; 2. AHSN Annual Review 14/15
Source: Research Excellence Framework (REF), 2014; NIHR BRC; OUH IBP, Oct 2014; Times Higher Education; AHSC Application; The Oxfordshire Innovation Engine, SQW, 2014

Oxfordshire provides a wide range of specialised services to a catchment of 2.5-3 million people

Our reputation for specialised services has a footprint across Oxfordshire and beyond



Key: Illustrative sites at which OUH/ OH operate outside Oxfordshire

OUH operated
OH operated

OUH and OH are at the forefront of specialised services

> *"Oxford University Hospitals is one of largest suppliers of specialised commissioning services"*

Regional centre for e.g.

- Trauma
- Vascular Surgery
- Cancer
- Neonatal Intensive Care
- Primary Coronary Intervention
- Stroke

National centre for e.g.

- Diagnostic services (including rare congenital neuromuscular and mitochondrial disorders)
- Transplantation services (including abdominal wall and pancreatic islets)

OH offers a range of regional and national specialised services, e.g.:

- Medium secure mental health
- Tier 4 CAMHS
- Pathfinder service for those with personality disorders (for Oxfordshire, Buckinghamshire and Berkshire)
- Adult Eating Disorders

Source: OUH IBP, October 2014; OH Annual Report 2013-14
Note: OUH also provides services in Dorset, Greater London and Hampshire; OH in Swindon, North East Somerset, and Wiltshire

Local delivery of the NHS 5YFV will require a more transformational approach

Local NHS 5YFV target by 2020/21…

~£270m[1]

…which in the context of our spend today is a substantial figure…

= **>100%** of CCG spend on mental health, learning disability, community & primary care

or

= **>50%** of nurse and midwives' salaries at Oxford University Hospitals in a year

or

= **18 years**[2] of CCG admin. costs

… that will increasingly require us to work differently

Estimated sources of local 5YFV efficiency challenge[3]:

<25%[4] from traditional Acute operational productivity

>75% from other areas / approaches including transformational new models of care focused on better value

1. Oxfordshire's estimated share of £22bn efficiency challenge
2. Based on CCG net administration costs Oxfordshire CCG Annual Report 2013-14
3. Carter Operational Productivity Report, June 2015
4. 5FYV assumes 2% efficiencies for first two years, 3% thereafter thanks to New Models of Care contribution

Source: OH Annual Report 2013-14; OUH Annual Report 2013-14; OCC Annual Report 2013-14; OCCG Annual Report 2013-14; Review of Operational Productivity in NHS Providers, Interim Review, June 2015

Our newer services are increasingly tailored to support self care and person-centred care…

Personal responsibility

- People **engage in their health** and wellbeing
- Shift to prevention / wellness
- Intent to improve **accessibility** and **wellness,** supported by more **self-care** and **care in the home**

Person-centred care

- Delivery models designed **around the patient**
- **Integrated**, team-based delivery supported by **interoperable systems** and **flexible infrastructure**
- Transformed outcomes focused on **sustained better health and value**

Newer service examples

Enhanced access

e.g. single point of access, patient navigator support, telephone or e-consultations

Emergency Multidisciplinary Units

Local emergency facilities for rapid response

Rapid Access Teams

Dedicated local urgent care

True Colours

Self-management Mental Health app to prevent deterioration

Supported by a widely used interoperable I.T. platform supporting transformation and patient interaction [1]

1. Building on the Oxfordshire Care Summary

…and by 2020 we will have made significant changes that aligned our staff and infrastructure…

Accountability to patients will be clear and consistent – a designated clinician will be responsible for the patient 24/7

Staff **make full use of their skillsets**, cutting across organisational boundaries, supported by agile, interoperable IT

Patient-centred care

Resources and infrastructure will be **reallocated to match need and enhance convenience,** e.g. on-line monitoring, longer appointments available through various channels, diagnostic centres in the community etc

Significant changes to buildings and beds so that people are only admitted to a bed when and where it's absolutely appropriate to their needs

'The best bed is your own bed'

… in this way patients will be more effectively supported

Illustrative example: Avoiding a crisis in a patient with heart failure

Today's system

Day 0
Fluid build up

Our ambition for 2020

A steady deterioration in Mrs Smith's heart condition causes a build up of fluid in her body – because this is a gradual process, she does not notice it happening.

Day 5
Mrs Smith notices her ankles are more puffy.

Day 8
Mrs Smith feels more breathless walking up stairs.

Day 10
Mrs Smith feels very breathless and calls 999.
An ambulance takes her to A&E.

Day 11 – 17
Mrs Smith is admitted to a medical ward.
She needs aggressive drug treatment
and water restriction to remove the excess fluid.
She develops hospital-acquired pneumonia.

In hospital

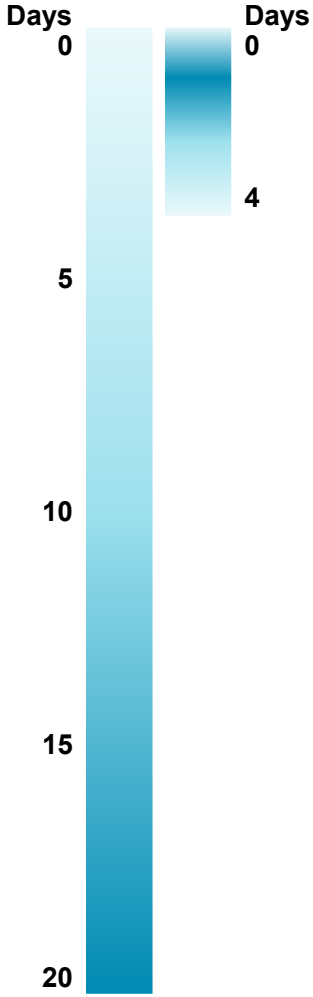
Day 18+

Permanent lung damage

Discharged on home oxygen (potentially forever)

Quality of life impaired

Cost: **£4000** + £80/month for oxygen



Day 1-3

- Each morning, Mrs Smith steps on wireless bathroom scales – information is transmitted to a central hub
- A dedicated nurse calls and sends a car to bring her for same-day assessment

Automatic algorithm alerts team to the build-up in weight caused by fluid retention

- Mrs Smith's medication is changed and a plan agreed for gentle fluid restriction

Dedicated clinic in a primary care or community setting

- Mrs Smith returns home

Day 4-5

Crisis passes

Quality of life maintained

Cost: **£200**

To deliver our joint ambition for health and social care in Oxfordshire, we have a number of programmes of work under way

Programme	This includes…
Place-based primary and community care	New/improved services, e.g. email/Skype consultations; early home visiting; appointments at other than 'own' GP practices; diagnostics and specialist care 'on the doorstep'; changing role of community hospitals
Urgent and emergency care system	Timely urgent/emergency care services provided at the right time in the right place including community care hubs; ambulatory care - prompt, multi-disciplinary assessment and treatment e.g. EMU
Older people integrated care	Urgent healthcare services for older people and adults with complex health problems (e.g. community care hubs; ambulatory care: prompt, co-ordinated assessment and treatment)
Mental health partnership	NHS and voluntary sector partnership providing mental health services 24 hours/day, 7 days/week
Elective (planned) care	Improving 'planned' services (e.g. musculoskeletal, Bladder & Bowel, Ophthalmology) to offer better access, waiting times and patient experience
Maternity services	Changes to existing services to meet the needs of Oxfordshire's growing population (e.g. new services for Didcot and Bicester)
Children services	Multi-agency working, focus on prevention and intervention (e.g. public health, safeguarding, 'problem families')
Prevention and population health	Investing in prevention to address problems arising later on; targeted services for different patient cohorts (e.g. complex needs/long-term conditions)
Learning disabilities	Integrating mental and physical health care for people with learning disabilities with health mainstream services so that everyone in Oxfordshire gets their physical and mental health support from the same health services – whether or not they have a learning disability

One of the biggest challenges for primary care in Oxfordshire is providing better continuity for people who need it, whilst simultaneously improving access within limited resources...

Access > Continuity

For some people, prompt and timely access to primary care is the priority; this includes acutely ill adults and children, people with unstable health conditions and workers.

Continuity > Access

For many people, continuity of care is especially important to improve their health; this includes people with long-term health conditions, multiple health conditions, people with mental health needs and those with complex social circumstances.

Contribution of Primary Care to Health Systems and Health. National and international evidence demonstrates that the health of populations is strongly linked to the accessibility and continuity of their primary care services.[11]Starfield B *et al.* (2005).

Releasing the power of primary to develop new models of care in collaboration with acute, community and social care will deliver key improvements in health and service sustainability for Oxfordshire

Funding and system-wide support will enable us to

Stratify local population's health needs and the care they require

Bring the bulk of care closer to home

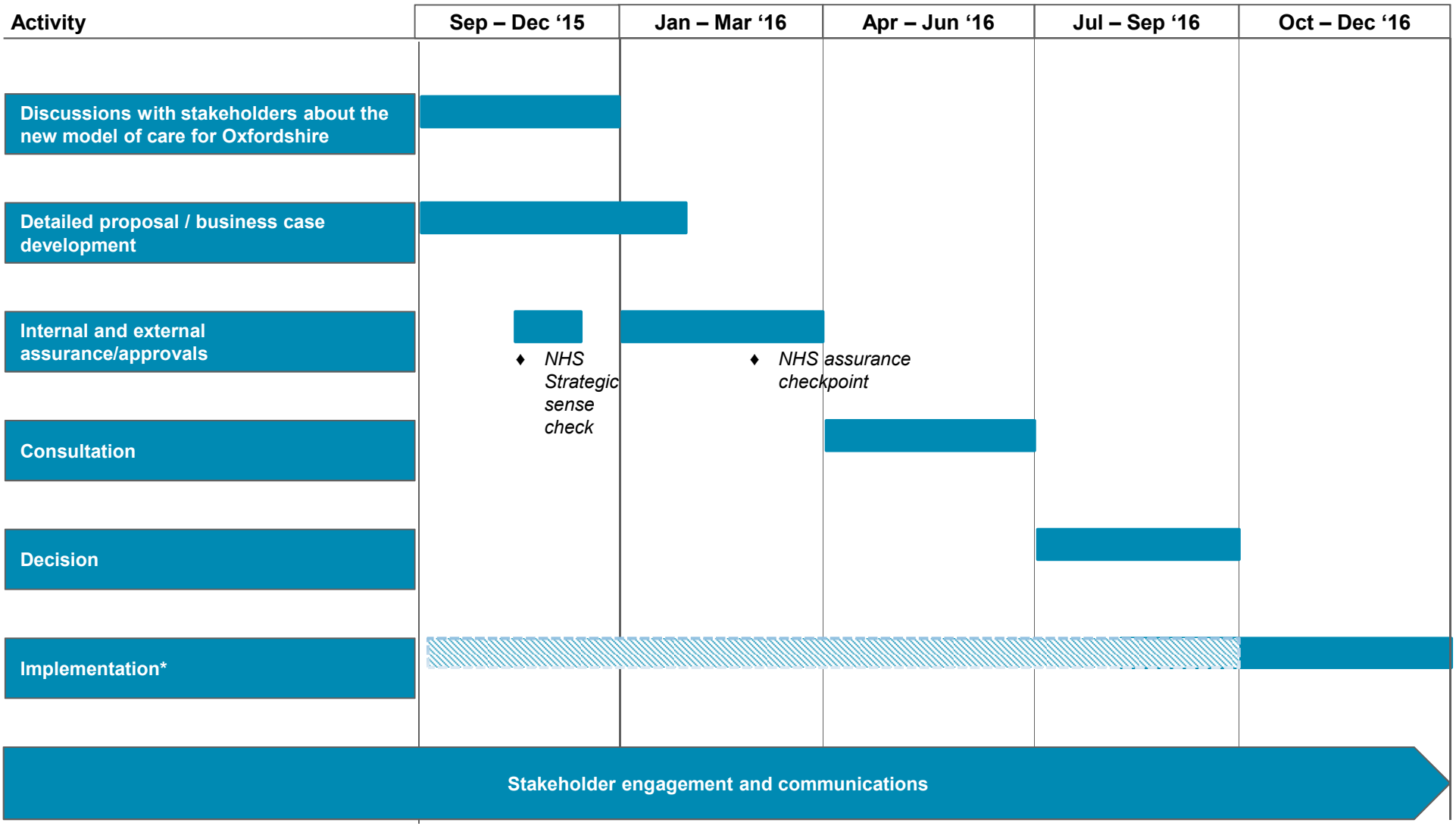
Shift from reactive to proactive healthcare approaches

Focus care more effectively around patients, families and local communities

We will invest in primary care now to secure:

- Improved health and wellbeing outcomes, reducing health inequalities
- More accessible, localised care for individual patients and families
- Improved skil-mix in the community setting
- Greater efficiency with the primary care workforce enabled to work to the 'top of its grade'
- Reduced expenditure on avoidable hospital care and Delayed Transfers of Care
- Improved staff morale, recruitment and retention
- Rebalancing funds to shift of care closer to home

Delivering our vision for Oxfordshire will require extensive engagement and careful planning. Here are indicative timescales for taking this forward…



**NB Some transformation initiatives, e.g. Prime Minister's Challenge Fund projects, do not require formal consultation. Their implementation is under way*

We would welcome your views

What do you think? How do you want to be involved and kept informed of developments

- Sign up to Talking Health: the CCG online consultation tool and we will send you notifications of the work and updates: https://consult.oxfordshireccg.nhs.uk

- Send us a letter: Communications & Engagement Team Oxfordshire Clinical Commissioning Group, FREEPOST RRRKBZBTASXU, Jubilee House, 5510 John Smith Drive, Oxford Business Park South, OXFORD, OX4 2LH

- Phone: 01865 334638

- Email: cscsu.talkinghealth@nhs.net