

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider[this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Winter Planning

Lead Cabinet Member(s) or Responsible Person:

- Dan Leveson (BOB ICB Place Director for Oxfordshire)
- Lily O'Connor (Programme Director Urgent and Emergency Care for Oxfordshire)
- Ed Capo-Bianco (Urgent Care, Palliative and End of Life Care, Cardiovascular Disease Clinical Lead for Oxfordshire Place)in BOB ICB)
- Ben Riley (Executive Managing Director for Community, Primary and Dental Care, Oxford Health NHS Foundation Trust)
- Sally Steele (Service Manager Hospitals, Adult Social Services)
- Tamsin Cater (Head of Transfer of Care Hub, OUH)
- Karen Fuller (Director of Adult Social Care OCC)
- Ansaf Azhar (Director of Public Health OCC)

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Friday 22nd November 2024

Response to report:

Enter text here.

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
<p>1. To continue to ensure that clear plans and processes are in place to help reduce time spent in emergency departments by patients during the winter months when pressures are likely to be higher.</p>	Accepted	<p>In Oxfordshire where appropriate, with the Hospital @ Home service we prioritise on assessing and providing hospital treatment for people in their own home. This cohort of people are normally those who spend a prolonged time in ED. The John Radcliffe and Horton General Hospital Emergency Departments focus on assessing and treating people within 4hrs. The OUHFT continuously monitor people approaching a prolonged LOS in ED, this is through safety huddles and regular Trust multi-site meetings where both the Emergency Departments are reviewed. People with a prolonged length of time in the Emergency Department are reviewed as to whether the person can have the remaining of their treatment at home with Hospital @ home or require admission to an inpatient ward. This monitoring is carried out 24/7.</p>
<p>2. To continue to ensure a careful balance between providing patient flow on the one hand (including through reducing lengths of stay across step down beds), whilst continuing to provide the personalised care that each patient needs.</p>	Accepted	<p>This is a quality priority across all inpatient beds across OUHFT and OHFT. The holistic management of each person remains paramount in discharge planning especially in relation to what is important to the individual person.</p> <p>In October 2024, 465 people were supported to return home, compared to 245 for October 2023. We have seen month on month</p>

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

		<p>increase of those being supported to return directly home with an increase in the number reaching independence.</p> <p>We monitor the length of stay for all of those delayed in hospital and have a more detailed review of those waiting over 7 days and how we can work with the person and family to resolve any concerns they have. Named Social Care and Health colleagues are assigned to work with the person and their family to ensure continuity of information.</p> <p>In certain circumstances, the clinical teams will hold a family meeting until there is agreement with everyone concerned. There are times when some issues cannot be resolved until the person has returned home, these people are followed up post discharge. This affects approximately two people each week.</p>
3. To maximise capacity within primary care (particularly with GP services) to cater for any increased pressure during the winter.	Accepted	<p>We are continuing to successfully roll out additional support, through integrated neighbourhood teams. The areas of significant deprivation within Banbury and Oxford city remain a priority, however, we have expanded Integrated Neighbourhood Teams to Wantage, Witney, Bicester and Faringdon. We are in early discussions with Primary Care in other areas of Oxfordshire.</p>
4. To ensure that adequate preparations are in place for a potential surge in infection rates, and to secure the availability of vaccinations. It is recommended that relevant system partners clearly communicate with the public in relation to both viral infection patterns as well as how residents can reduce the likelihood of spreading/contracting diseases.	Accepted	<p>All providers and Primary Care have robust arrangements in place to deal with the expected increase in infection rates across adults and children. In addition, we have a locally agreed communications plan to support people of all ages and the healthier together app for parents of young children.</p>

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma