Recommendation Tracker
Oxfordshire Joint Health Overview & Scrutiny Committee

Chair Cllr Jane Hanna OBE | Dr Omid Nouri, Health Scrutiny Officer, omid.nouri@Oxfordshire.gov.uk

The action and recommendation tracker enables the Committee to monitor progress against agreed actions and recommendations. The tracker is updated with the actions and recommendations agreed at each meeting. Once an action or recommendation has been completed or fully implemented, it will be shaded green and reported into the next meeting of the Committee, after which it will be removed from the tracker.

KEY	Report due	With Cabinet / NHS	Complete

Recommendations:

Meeting date	Item	Recommendation	Lead	Update/response
16 April 2026	Adult/Older Adult Mental Health	1. That system partners treat equity of access as a core performance objective, with explicit action taken where neighbourhood-level variation is identified, including: addressing gaps in crisis alternatives and Safe Haven coverage, and ensuring that any neighbourhood-based models benefit rural and more deprived communities as effectively as urban areas.	Dr Rob Bale	**Accepted** See agenda item 5
		2. That system partners treat co-production as a core performance objective for design, development and delivery neighbourhood mental health centres. It is recommended that there is an inclusion of local councils, local members and local voluntary sector working with lived experience families at any neighbourhood level included in the work programme.		**Partially Accepted** See agenda item 5

KEY	Report Due	With Cabinet / NHS	Complete

Meeting date	Item	Recommendation	Lead	Update/response
		3. That access standards for adult community mental health services are applied in a clinically meaningful way. It is recommended that there are clear safeguards to ensure that: early contact does not displace therapeutic continuity, that data definitions are consistent across teams, and that performance management reinforces quality and outcomes, not just speed of access.		**Accepted** See agenda item 5
		4. For collaboration amongst system partners to identify what is needed locally for the implementation of the new government guidance on key workers/named worker for personalised care and on implementation of the Patient and Carer Race Equality Framework. (PCREF).		**Partially Accepted** See agenda item 5
		5. For collaboration amongst system partners on reducing/preventing out of area placements to include independent clinical reviews, and family/patient input on sustainability of long-term institutionalisation for every patient. It is also recommended that there is a review that includes patients, families, and the voluntary sector to determine whether community placements are working well as a safe and conducive home setting protective against worst outcomes.		**Partially Accepted** See agenda item 5

KEY	Report Due	With Cabinet / NHS	Complete

Meeting date	Item	Recommendation	Lead	Update/response
		6. For any performance targets for access to physical health checks for mentally ill patients to be met. It is recommended that there are timely and regular physical health checks for those with comorbidities, and to also include a check-up of their long-term conditions.		**Accepted** See agenda item 5
		7. For collaboration amongst system partners to call for a clear national strategy to enable local systems to deliver a co-produced community mental health centre in every community; for mental health investment to be placed on a statutory footing; and for there to be support for expansion of s75 agreements for pooled budgets or other clear mechanisms and levers for the local integration and shared ownership needed. It is recommended that local system partners call for national support to move to multi-year funding for commissioning of the voluntary sector, and that there be clear timely arrangements for the delivery of the Modern Service Framework for mental health.		**Partially Accepted** See agenda item 5
		8. For collaboration among system partners to ensure that transitions from children's to adults mental health services are as smooth and supportive as possible, with a view to ensure that patient need is at the heart of any support provided in the context of transitions		**Accepted** See agenda item 5

KEY	Report Due	With Cabinet / NHS	Complete

Meeting date	Item	Recommendation	Lead	Update/response
16 April 2026	All-Age Autism Strategy	1. That the role, authority and escalation mechanisms of the Autism Improvement Board are clearly articulated in the final strategy and/or implementation plan, including: how partner organisations are held to account for delivery of agreed actions; how under performance or delay will be escalated; and how assurance will be reported to the Health and Wellbeing Board and shared with scrutiny.	Karen Fuller, Ian Bottomley, Bhavna Taank	**Accepted** See agenda item 5
		2. That co production principles are explicitly embedded in delivery, not only strategy development, including: a clear role for autistic people (of all ages) and experts by experience (from the entire community) in shaping priorities, sequencing actions and reviewing progress within the implementation plan; and clarity on how lived experience feedback will directly influence commissioning, service redesign and system decisions.		**Accepted** See agenda item 5
		3. That financial modelling for the All-Age Autism Strategy is developed as much as is possible, including: any budgets/funding pots and partner organisations in scope; the balance between new investment and reconfiguration of existing resources; and the affordability and sustainability of priority commitments.		**Partially Accepted** See agenda item 5
		4. For a clear outcomes and performance framework to be developed. It is recommended that any outcomes and performance frameworks include diagnostic waiting times and access to support while waiting; consistency and effectiveness of reasonable adjustments across services; experiences of transitions; and lived experience and qualitative outcomes, not solely access metrics.		**Accepted** See agenda item 5

KEY	Report Due	With Cabinet / NHS	Complete

Meeting date	Item	Recommendation	Lead	Update/response
		5. For system partners to work toward the development a children's version of the Autism Strategy.		**Accepted** See agenda item 5
29th January 2026	Director of Public Health Annual Report	1. To embed CIPs into routine commissioning and service design, ensuring decisions explicitly reference CIP findings and community led priorities.	Ansaf Azhar	**Accepted** See agenda item 5
		2. To ensure that neighbourhood working includes public health leadership and community voice structures. It is recommended that there is a systemwide roadmap for neighbourhood maturity, resourcing, and integration with the existing voluntary and community sector and council assets.		**Accepted** See agenda item 5
		3. For the Prevention and Health Inequalities Forum to publish annual system wide progress on prevention programmes, including Well Together and physical activity pathways.		**Partially Accepted** See agenda item 5
		4. To move Community Health Development Officer, Well Together roles and community led programmes onto multi-year funding cycles, given that short funding cycles undermine sustainability. It is recommended that there is a best value review and prioritisation of funding continuity to avoid regression of gains in areas with improving Index of Multiple Deprivation deciles.		**Partially Accepted** See agenda item 5

KEY	Report Due	With Cabinet / NHS	Complete

Meeting date	Item	Recommendation	Lead	Update/response
		5. To prioritise Oxfordshire-wide rural areas that are experiencing a regression on the Multiple Deprivation deciles of inequalities. It is recommended that the capability of rural communities is explored by the development of the Neighbourhood offer to Towns and parishes; and to give consideration for a contextualised offer to support an independent voice, local members, and to enhance community capabilities.		**Accepted** See agenda item 5

Action Tracker
Oxfordshire Joint Health Overview & Scrutiny Committee

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KEY	Delayed	In Progress	Complete

Actions:

Meeting date	Item	Action	Lead	Update/response
No outstanding action items				

Recommendation Update Tracker
Oxfordshire Joint Health Overview & Scrutiny Committee

Chair Cllr Jane Hanna OBE | Omid Nouri, Health Scrutiny Officer, omid.nouri@ocfordshire.gov.uk

The recommendation update tracker enables the Committee to monitor progress accepted recommendations. The tracker is updated with recommendations accepted by Cabinet or NHS. Once a recommendation has been updated, it will be shaded green and reported into the next meeting of the Committee, after which it will be removed from the tracker. If the recommendation will be update in the form of a separate item, it will be shaded yellow.

KEY	Update Pending	Update in Item	Updated

Response Date	Item	Lead	Update
06-Jul-24	GP Provision	Julie Dandridge; Dan Leveson	Progress updates to be provided
12-Sep-24	Dentistry Provision	Hugh O'Keefe; Dan Leveson	Progress update to be provided
04-Oct-24	Palliative/ End of Life Care in Oxfordshire	Dr Victoria Bradley; Kerri Packwood; Karen Fuller; Dan Leveson	Progress update to be provided
26-Nov-24	Medicine Shortages	Julie Dandridge; Claire Critchley; David Dean; Nhulesh Vadher	Progress update to be provided
16-Dec-24	Epilepsy Services Update	Sarah Fishburn; Dan Leveson; Olivia Clymer	Progress update to be provided
06-Mar-25	OUHFT Maternity Services in Oxfordshire	Olivia Clymer, Yvonne Christley; Andrew Brent	Progress update to be provided

KEY	Update Pending	Update in Item	Updated

Response Date	Item	Lead	Update
05-Jun-25	Oxfordshire Healthy Weight	Derys Pragnell	Progress update to be provided
05-Jun-25	Health and Wellbeing Strategy Outcomes Framework	Ansaf Azhar; Kate Holburn; Karen Fuller; Dan Leveson; Matthew Tait	Progress update to be provided
05-Jun-25	Support for People Leaving Hospital	Ansaf Azhar; Claire Gray; Angela Jessop; Alicia Siraj	Progress update to be provided
11-Sept-25	Musculoskeletal Services in Oxfordshire	Matthew Tait; Neil Flint; Tony Collett; Mike Carpenter; Suraj Bafna	Progress update to be provided
11-Sept-25	Cancer Services in Oxfordshire	Matthew Tait; Felicity Taylor; Andy Peniket	Progress update to be provided
11-Sept-25	Audiology Services in Oxfordshire	Matthew Tait; Neil Flint; Phil Gomersall	Progress update to be provided