

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 Item

Lead Cabinet Member(s) or Responsible Person:

- Lily O' Connor- BOB ICB Programme Director, Urgent and Emergency Care
- Daniel Leveson- BOB ICB Oxfordshire Place lead
- Ben Riley- Executive Managing Director Primary, Community and Dental Care OHFT
- Lisa Glynn - Director of clinical services at OUHFT
- Karen Fuller- Director, Adult Social Care/Victoria Baran – Deputy Director Adult Social Care

The recommendations are made to the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board, Oxford Health NHS Foundation Trust, Oxford University Hospitals, and Adult Social Care. It is requested that a joint response is provided on behalf all the relevant bodies to each of these recommendations.

Deadline for response: Friday 24th November 2023

Response to report:

Enter text here.

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Response to recommendations:

| Recommendation | Accepted, rejected or partially accepted | Proposed action (including if different to that recommended) and indicative timescale. |
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| <p>1. To ensure that there are adequate support measures and processes in place to support staff throughout the winter months, given the anticipated increase in demand for healthcare services.</p> | <p>Accepted</p> | <p>All system partners have their own organisational support mechanisms for staff which does include, support helplines, operational huddles and if necessary more in depth support via HR.</p> |
| <p>2. To ensure that emergency departments are adequately resourced and staffed to cope with the prospects of increased attendances, as this could also have a knock-on effect on reducing waiting times as well as pressures on staff.</p> | <p>Accepted</p> | <p>Emergency department nurse staffing levels undergo bi-daily assessments, with adjustments made during heightened activity in our Emergency Departments. In such instances, nurses may be redeployed from other clinical areas, or NHSP/Trust pool staff may be utilised to ensure patient and staff safety, as well as the smooth functioning of the department.</p> <p>Daily reviews of medical staffing levels are conducted, and doctors are dynamically assigned to areas with the greatest need on an hourly basis.</p> <p>Additional resources are allocated as needed to facilitate ambulance off-loading, with fluctuations in deployment based on demand.</p> <p>Staffing considerations are deliberated during trust-wide safe staffing meetings and regularly communicated during operational flow meetings throughout both day and night periods. These measures aim to uphold a standard of safety for patients and staff while optimising departmental efficiency.</p> |

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| <p>3. To seek and dedicate adequate resources for Flu and COVID-19 vaccination programmes, and to also work towards tackling vaccine-hesitancy.</p> | <p>Accepted</p> | <p>BOB ICB will share national and locally produced materials, supporting tailored messaging that reach specific communities: i.e. cohorts identified by UKHSA and at high risk/ of low uptake in previous seasonal vaccine campaigns. We will use the most appropriate and proven communication channels at a system level. Place partners will also use their existing channels and contacts to reach target groups. Engagement and communications activities will take a flexible approach driven by regularly updated data, dealing with localised communication challenges as they arise, and sharing best practice across the region.</p> |
| <p>4. To develop robust structures and processes to support homeless individuals, particularly rough sleepers, who may be more susceptible to illness during the winter period.</p> | <p>Accepted</p> | <p>Oxfordshire has a robust approach to strategic planning and operational delivery in respect of Homelessness. The Homeless Alliance Directors Group is chaired by the Deputy Director for Housing in the County Council. This group has developed a strategic plan to address homelessness and ensuring oversight of developments and delivery at Director level. To support the Homeless pathway and to reduce the risks to those who are rough sleepers in Oxfordshire the Out of Hospital Team multi disciplinary team provide intensive support to a total of 34 step up and step down beds for those leaving hospital or who are at imminent risk of admission. The team has had additional staff assigned this year including a Dual Diagnosis worker. Staff works across acute sites, the community and mental health settings providing, intensive case management. Whilst the team work all year round, priority is given to those at highest risk of harm particularly during the winter months. During the winter periods where temperatures drop Oxford City Council initiate the Severe Weather Emergency Protocol (SWEP)</p> |

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| | | which offers additional beds to people who would otherwise be rough sleeping during the coldest nights of the year. |
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