Notice of Meeting

Oxfordshire Joint Health Overview & Scrutiny Committee

Friday, 2 August 2024 at 11.00 am

Council Chamber - County Hall, New Road, Oxford OX1 1ND

These proceedings are open to the public

If you wish to view proceedings online, please click on this Live Stream Link. However, that will not allow you to participate in the meeting.

Membership

Chairman - Councillor Jane Hanna OBE
Deputy Chairman – District Councillor Katharine Keats-Rohan

Councillors:	Nigel Champken-Woods	Nick Leverton	Freddie van Mierlo
	Jenny Hannaby	Michael O'Connor	Mark Lygo
District Councillors:	Paul Barrow	Dorothy Walker	
	Susanna Pressel	Joy Aitman	
Co-optees:	Barbara Shaw		

Date of next meeting: *12 September 2024*

Notes:

For more information about this Committee please contact:

Scrutiny Officer - *Email: scrutiny @oxfordshire.gov.uk*
Committee Officer - *Scrutiny Team*
Email: Email: scrutiny@oxfordshire.gov.uk

Martin Reeves
Chief Executive

July 2024

What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer no later than 9 am on the working day before the date of the meeting.**

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking 'outwards' and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 5 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

2. Declarations of Interest - see guidance note on the back page

3. Minutes (Pages 1 - 16)

To approve the minutes of the meeting held on 06 June 2024 and to receive information arising from them.

The Committee is recommended to **AGREE** the minutes as an accurate record having raised any necessary amendments.

4. Speaking to or Petitioning the Committee

Members of the public who wish to speak at this meeting can attend the meeting in person or 'virtually' through an online connection.

To facilitate 'hybrid' meetings we are asking that requests to speak or present a petition are submitted by no later than 9am four working days before the meeting i.e., 9am on Monday 29 July 2024. Requests to speak should be sent to scrutiny@oxfordshire.gov.uk and omid.nouri@oxfordshire.gov.uk

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that your views are taken into account. A written copy of your statement can be provided no later than 9am 2 working days before the meeting. Written submissions should be no longer than 1 A4 sheet.

5. Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board proposed new structure and operating model

Nick Broughton (Chief Executive BOB Integrated Care Board) and supporting ICB officers have been invited to attend this meeting to discuss the BOB Integrated Care Board proposed new structure and operating model.

It is recommended that the Committee **AGREES** on:

1.Whether or not the proposed restructure constitutes a substantial change.

2. How the Committee should proceed in light of the proposed restructure.

PLEASE NOTE: Reports relating to this item are to follow.

6. Response to HOSC Recommendations (Pages 17 - 28)

The Committee has received Acceptances and Responses to all the recommendations made to Oxford Health NHS Foundation Trust as part of the Trust's Quality Account item held during our 06 June 2024 meeting.

The Committee is recommended to **NOTE** the responses.

7. Chair's Update (Pages 29 - 36)

Cllr Hanna will provide a verbal update on relevant issues since the last meeting.

There is ONE document attached this item:

A HOSC report containing recommendations from the Committee on Integrated Neighbourhood Teams in Oxfordshire, which was discussed during the 06 June 2024 HOSC meeting.

8. Forward Work Programme (Pages 37 - 40)

To **AGREE** the Committee's proposed work programme for its upcoming meetings.

9. Actions and Recommendations Tracker (Pages 41 - 94)

The Committee is recommended to **NOTE** the progress made against agreed actions and recommendations having raised any questions.

Councillors declaring interests

General duty

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

a) Any unpaid directorships
b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.

c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 6 June 2024 commencing at 10.00 am and finishing at 3.30 pm

Present:

Voting Members:

Councillor Jane Hanna OBE – in the Chair

Councillor Jenny Hannaby
Councillor Mark Lygo
District Councillor Paul Barrow
District Councillor Susanna Pressel
District Councillor Katharine Keats-Rohan (Vice-Chair)
Councillor Joy Aitman
Cllr Dorothy Walker
Barbara Shaw
Councillor Roz Smith

Co-opted Members:

- Britta Klinck- Chief Nurse, Oxford Health NHSFT
- Rose Hombo - Deputy Director of Quality & Clinical Standards Oxford Health NHSFT
- Dr Victoria Bradley- Consultant in and Clinical Lead for Palliative Medicine at OUH.
- Kerri Packwood- Programme Manager for RIPEL at OUH.
- Karen Fuller- Director of Adult Social Care, OCC.
- Dan Leveson- BOB ICB Place Director, Oxfordshire.
- Victoria McDermott- Proactive Care Manager at The Manor Surgery, Oxford.
- Dr Bethan Willis- GP lead for inequalities, Banbury Cross Health centre and Frailty GP for Banbury.
- Dr Sarah Lourenco- Clinical Director of Banbury Alliance PCN.
- Deborah White- Team Manager West Adult Social Care Team.
- Dr Suzanne Summers- Bicester Health Centre, Integrated Neighbourhood Team Bicester GP
- Lily O' Connor- Programme Director Urgent and Emergency Care for Oxfordshire, BOB ICB.

Other Members in Attendance:

Councillor Damian Haywood

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

35/24 ELECTION OF CHAIR FOR THE 2024/2025 COUNCIL YEAR

(Agenda No. 1)

The Health Scrutiny Officer welcomed Members and Officers to the HOSC meeting, and proceeded to oversee the election of the Chair of the HOSC. Cllr Hanna was nominated by Cllr Lygo, and seconded by Cllr Hannaby for the role of Chair, with no other nominations.

It was **AGREED** that Cllr Hanna be elected Chair of the HOSC for the 2024/25 council year. Cllr Hanna assumed the position as Chair.

36/24 ELECTION OF VICE-CHAIR FOR THE 2024/2025 COUNCIL YEAR

(Agenda No. 2)

The Chair asked if there were any nominations for the position of vice-Chair of the HOSC for the remainder of the civic year. Cllr Katherine Keats-Rohan was nominated by Cllr Barrow and seconded by Cllr Lygo. No other nominations were proposed.

It was **AGREED** that Cllr Keats-Rohan be elected vice-Chair of the HOSC for the 2024/25 council year.

37/24 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 3)

The following members tendered their apologies:

Cllr Nigel Champken-Woods
Cllr Michael O'Connor
Cllr Nick Leverton
Cllr Freddie van Mierlo, with Cllr Roz Smith substituting.

38/24 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 4)

Cllr Haywood (who had attended the meeting upon being invited by the Chair to do so) declared his interest in working for the NHS.

Cllr Hanna declared her interest as working for the health charity SUDEP Action.

39/24 MINUTES

(Agenda No. 5)

The minutes of the Committee's meeting on 18 April 2024 were assessed for their accuracy.

The Committee **AGREED** the minutes as an accurate record of proceedings and that the Chair should sign them as such.

40/24 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 6)

The Chair invited the registered speakers to address the Committee.

1. Statement by Charlotte Bird:

Charlotte Bird, vice-chair of Keep the Horton General, expressed her disappointment over the Oxford University Hospitals NHS Foundation Trust's reduction of services at Horton Hospital. Until 2016, the hospital had a thriving obstetric-led maternity unit and Special Care Baby Unit (SCBU) in Banbury. A dossier that her organisation was compiling for distribution on June 17, highlighted stark differences in experiences pre and post-2016.

The Royal College of Obstetricians and Gynaecologists did not support the positioning of midwife-led units distant from the support of obstetricians, anaesthetists, and paediatricians. The Independent Review Panel (IRP) did not support the Trust's proposals to reconfigure services at Horton Hospital. Despite the IRP's judgment, the Trust removed Horton training accreditation and ended the clinical fellows system. The Trust also ignored applications from 50 Ugandan doctors for vacant obstetric roles. The IRP deemed it unsafe and inhumane for women in labour to be transported from Banbury to Oxford, yet this had been happening since Autumn 2016. She urged the Committee to use their power to remedy this situation.

2. Statement by Keith Strangwood

Keith Strangwood, Chair of Keep The Horton General, urged the committee to take action on the Horton Hospital to prevent mothers from having to make the difficult journey to the John Radcliffe. He mentioned national figures indicating that 41% of the claims to the NHS were related to maternity, amounting to £2.6 billion paid out between 2022 and 2023 due to NHS faults in maternity. He shared a story of a child who did not receive adequate care at the John Radcliffe and had been in palliative care at home since October 2016. The child was nearly eight years old, and the family's life was ruined.

The speaker suggested that maternity services in Oxfordshire should be included in the Committee forward work plan. He stressed that the issue was affecting everyone in Oxfordshire. He hoped that everyone would read the dossier being produced by Keep The Horton General and be moved by the stories it contained.

3. Statement by Kristi McDonald:

Kristi McDonald spoke about her experience with epilepsy. She was diagnosed with epilepsy at age 6 and relied on life-sustaining medication, sodium valproate. She was very concerned to learn that the Medicines and Healthcare products Regulatory Agency (MHRA) policy could mean she may be removed off sodium valproate for another medication if a second consultant disagreed that she should remain upon it. The MHRA policy process meant there was no patient involvement in the decision making, and there was no process for the patient to appeal against the consultant's decision. She was being treated as if she was permanently pre pregnant. That she, along with other girls and women, must be on birth control to access life sustaining medication for a neurological condition breached their human rights. She had raised these issues with the MHRA and the Parliamentary Health Ombudsman. Kristy appreciated the Oxford Epilepsy Service but recognised its limitations due to overstretched resources. She urged the Council to prioritise epilepsy on the agenda.

4. Statement by Roseanne Edwards:

Roseanne Edwards, a senior multimedia reporter at the Banbury Guardian, spoke about the distressing stories that the Banbury Guardian had published from the Horton General's dossier of 70 cases spanning 2016 to 2020. The dossier had indicated that the John Radcliffe (JR) was struggling to manage the number of births with its available facilities and staff. This had led to dangerous micro-management of deliveries. It had also highlighted that while some newly qualified midwives were still committed to providing good service, others seemed overworked and were overseeing inhumane treatment. Mothers were being forced into unnatural childbirth, neglected, and emotionally abused.

The personal accounts had included a litany of complaints about over-stretched midwives who were too busy to provide compassionate care. Systematic neglect on the wards was evident, with mothers being induced and then delayed until they became emergencies. The JR had been warned that taking on an additional 1800 births per year would prevent them from providing a safe service, especially with midwives leaving due to the pressures. Despite this, Oxford University Hospitals NHS Foundation Trust had refused to consider alternatives because the JR was short-staffed. She urged the Committee to begin discussions about this issue.

5. Statement by Dr Judy Shakespeare:

Due to a conflict of interest, the Chair vacated the room, and the vice Chair invited Dr Shakespeare to address the Committee.

Dr Shakespeare discussed the changes regarding the prescribing of sodium valproate for epilepsy and bipolar disorder. Having a long-standing interest in perinatal mental health, she emphasised the impact of these changes on epilepsy services in Oxford. She expressed concern that neurologists were forced to prioritise medication changes over patients with higher needs due to resource limitations. The situation represented a tragedy, and she called for increased resources to address health inequalities. She highlighted the lack of funding for necessary work and expressed concern about the MHRA's policies. She commended Oxfordshire for taking action and hoped it would set an example for the entire country.

41/24 CHAIR'S UPDATE

(Agenda No. 7)

The Chair outlined the following points to update the Committee on developments since the previous meeting:

- HOSC reports containing recommendations were published in the agenda for this meeting on; General Practice Provision in Oxfordshire, Dentistry Provision in Oxfordshire, and the Oxford University Hospitals NHS Foundation Trust People Plan.

- In May, the Wantage Working Group conducted a six-month review of the plan for the refurbishment of Wantage Community Hospital agreed upon in January. There was good progress on the plans so the bid could soon be submitted to obtain Community Infrastructure Levy (CIL) funding. A stakeholder group met to see the outline designs and to hear about progress on discussing which services would be coming out to Wantage. The Working Group was optimistic about the refurbishment timeline and successful delivery of the project.

- Due to NHS pre-election guidance, briefings and visits with the NHS had been postponed until after the election period.

The Committee **AGREED** To **DELEGATE** to the Health Scrutiny Officer the task of compiling the Committee's feedback following the briefing on 10 June on the Oxford University Hospitals NHSFT Quality Account in consultation with the Chair, and to submit the feedback to Oxford University Hospitals NHSFT prior to the publication date for the Quality Account on 30 June 2024.

The Committee **NOTED** the Chair's Update.

42/24 ANNUAL REPORT OF THE OXFORDSHIRE JOINT HEALTH OVERVIEW SCRUTINY COMMITTEE

(Agenda No. 8)

The Committee **AGREED** to delegate authority to the Principal Scrutiny Officer:

1. for the design of the final report,

2. to make minor updates or amendments as required, in consultation with the Chair and the Health Scrutiny Officer,

3. for publication of the final report

43/24 INTEGRATED NEIGHBOURHOOD TEAMS

(Agenda No. 9)

Lily O' Connor (Programme Director Urgent and Emergency Care for Oxfordshire, BOB ICB) and Daniel Leveson (Oxfordshire Place Director, BOB ICB) presented a report with an update on Integrated Neighbourhood Teams (INTs) in Oxfordshire. Also in attendance were Dr Bethan Willis (GP Lead for Inequalities, Banbury Cross Health Centre and Frailty GP For Banbury), Dr Sarah Lourenco (Clinical Director of Banbury Alliance PCN), Dr Suzanne Summers (Bicester Health Centre, Integrated Neighbourhood Team Bicester GP), and Dr Joe McManners (GP and OX3 Primary Care Network Clinical Director).

The Programme Director provided a comprehensive overview of the Integrated Neighbourhood Teams (INTs) initiative in Oxfordshire, which included GPs, social workers, community therapists, district nurses, and other healthcare professionals. These teams worked collaboratively to address unmet health needs, in areas of deprivation such as Banbury, Bicester, and OX3.

The Programme Director explained that while many aspects of the initiative might seem like they should already have been happening, the challenge in implementing them lay in the lack of additional workforce and funding necessary for providing the level of care required in these areas. The INTs aimed to provide that additional funding and staffing, particularly in areas of unmet health needs.
The Chair thanked the Programme Director for her summary and opened the floor to questions from the Committee.

Question on reducing health inequalities and continuity of care:
The Committee asked for elaboration on how the existence and functions of INTs would help to tackle and reduce inequalities in Oxfordshire and deliver continuity of care, and whether this would be delivered in rural areas. The Programme Director responded that continuity of care was a fundamental component of INTs. The initiative ensured oversight and coordination across multiple healthcare professionals, which was crucial for patients who preferred to interact with a single trusted individual. This approach not only benefited patients but also enhanced job satisfaction among healthcare professionals due to the continuous relationship with the same patient group.

Regarding rural areas, the Programme Director acknowledged the challenges and explained the phased approach to expanding INTs. Currently, the focus was on areas with the highest unmet health needs due to limited funding, but there were plans to extend the initiative to other areas, including rural areas, if more resources became available. The Oxfordshire Place Director emphasised that in Oxfordshire they had chosen to prioritise supporting the development of integrated neighbourhoods through the Better Care Fund and it was a central part of their primary care strategy.

Question on fragmentation of services and focus on specific conditions:
The Committee enquired about the focus on different conditions in different localities.
The Programme Director clarified that the INTs were designed to address the specific health needs of each local population, which was why the focus areas differed. The initiative was not limited to single conditions but took a holistic approach to managing

the overall health of the population. The emphasis on different conditions in various areas was based on thorough background work and population-health data, ensuring that the INTs addressed the most pressing health issues in each community. A GP from an OX3 INT provided a practical example to illustrate the concept of integrated care. He described a case involving a terminally ill patient with advanced cancer who preferred to stay at home. The coordinated effort between the hospital teams, care teams, and district nurses ensured the patient received comprehensive care at home. Dr McManners emphasised that this level of integration was essential for managing complex cases effectively and providing patients with the best possible care.

Question on Oxfordshire County Council's involvement in INTs:
The Committee enquired about the extent of Oxfordshire County Council's involvement in both the development as well as the services provided by INTs. A GP from a Bicester INT reported that they participated in pilot sites and collaborated closely with Oxfordshire County Council. Their work primarily focused on weekly multidisciplinary team meetings. These sessions involved the hospital's care team, responsible for discharge planning, and the County Council's social work team. The goal was to track patients' status and care needs, ensuring timely support.

The Director for Public Health added that Public Health had developed ten community profiles in Oxfordshire's most deprived areas, which highlighted some of the tailored needs in those communities and linked directly with the work done by INTs.

Question on the extent of coproduction and management of INTs:
The Committee asked whether coproduction was at the heart of the design and the development of INTs, and what definition of coproduction they were using. The Programme Director acknowledged that while there had been efforts to engage with public groups, the level of coproduction needed more depth. Going directly to the communities and understanding their specific needs was crucial as a granular level of detail was necessary for making impactful changes.

Regarding the management of these teams, the Programme Director explained that the integrated team setup required more than just additional sessions by GPs. It also required the involvement of care coordinators, voluntary sector social prescribers, and non-clinicians who focused on the person rather than the condition. This bottom-up approach ensured that the design of each INT was based on the experiences and needs of the local community.

Question on challenges related to information sharing, funding, and measuring outcomes:
The Programme Director detailed the complexities of information sharing and highlighted the need for agreements within GP surgeries and PCNs to ensure safe and effective data sharing. The challenges posed by different healthcare systems used by primary care, community services, and secondary care were noted. Efforts were ongoing to integrate these systems, though significant risks remained.

Regarding funding, the Programme Director explained that the true cost of INTs was still being assessed with the help of health economists from Oxford University. They

were measuring the impact of INTs by comparing data from INT patients with control groups to determine the cost-effectiveness and benefits of the initiative.

Question on public awareness and understanding of INTs:
The Committee enquired as to the extent to which the public were aware of and understood what INTs were and how they operated. The Programme Director recognised the complexity of the initiative and the need for public education. Plans were in place to engage with local community groups and educate the public about the benefits and operations of INTs. This ongoing engagement would help ensure that residents understand the new approach to coordinating health needs.

The Committee **AGREED** to issue the following recommendations to Oxford University Hospitals NHS Foundation Trust:

1. That there are clear governance and management processes around both the development as well as the activities of Integrated Neighbourhood Teams. It is recommended that there is clear transparency around this.

2. To ensure ongoing coproduction with neighbourhoods and key stakeholders around the formation as well as the activities of Integrated Neighbourhood Teams. It is also recommended that an agreed definition of coproduction is outlined by system partners in this regard.

3. To develop a clear understanding of the health needs and population patterns for each locality, and to allocate resources for Integrated Neighbourhood Teams accordingly.

44/24 PALLIATIVE/END OF LIFE CARE

(Agenda No. 10)

Dr Victoria Bradley (Clinical Lead for and Consultant in Palliative Medicine, Oxford University Hospitals NHS Foundation Trust) and Zo Woods (Program Lead, BOB ICB) presented a report with an update on Palliative/End of Life Care in Oxfordshire.

The Chair invited registered public speaker Cllr Stefan Gawrysiak to address the Committee.

Cllr Gawrysiak highlighted his personal positive experiences with the home and outreach palliative care services, emphasising their excellence. However, he identified a significant gap: the lack of residential palliative and respite care beds. Cllr Stefan argued that the Committee should address this shortfall, noting that the existing reports failed to mention residential palliative care. He urged the Committee to advocate for the inclusion of residential care details in the report to ensure comprehensive palliative care coverage across Oxfordshire.

The Clinical Lead for and Consultant in Palliative Medicine provided an update on the project's progress and achievements. She highlighted the significant improvements made in patient and family experiences due to the specialist services introduced over the past two years. These improvements were attributed to funding from Macmillan and the Sobell House Hospice charity, which had enabled much-needed

advancements in palliative care. Despite challenging financial circumstances, the service had managed to save more resources within the system than it spent. She emphasised the profound impact of enabling patients to die at home, in accordance with their wishes, rather than in less preferred environments.

Question on the involvement of the community and coproduction in the service design:
The Committee asked about the involvement of the community and stakeholders, and how deeply coproduction was embedded in the service design. The Clinical Lead acknowledged that while the service had always prided itself on being close to the community, there had been limited formal coproduction in the initial setup due to the speed required to implement changes. Moving forward, there was a strong emphasis on involving patients, families, and bereaved relatives in a more structured manner. This approach aimed to ensure that future service developments were closely aligned with the needs and preferences of those directly affected.

Question on ethnic minorities accessing palliative care:
The Committee raised a question about the underutilisation of palliative care services by ethnic minority groups. The Clinical Lead explained that an Equality Diversity Inclusion Officer, funded by charity partners, was actively working to identify key groups and engage with them to understand and address barriers to service access. This included outreach efforts to culturally specific communities, such as the mosque in Banbury, to discuss culturally competent end-of-life care.

Question on extending enhanced palliative care hub hours:
The Committee enquired about the justification for not extending the palliative care hub hours beyond the standard 9 AM to 5 PM. The Clinical Lead explained that while recognising that health crises occur outside regular working hours, pilot projects had shown minimal demand for extended hours. Embedding a specialist nurse within the Oxford Health single point of access from 5 PM to 8 PM resulted in very few additional calls, indicating that resources could be more effectively allocated elsewhere.

Question on transport:
The Committee asked whether there was any additional support to pilot dedicated palliative transport services, and how confident the Trust was that they could access the resources for this. The Clinical Lead highlighted the significant distress caused by long waits for ambulance services, particularly for patients needing urgent transfers to hospices or their homes. To alleviate this, a pilot scheme funded by Sobell House was proposed to provide dedicated transportation options, aiming to improve patient and family experiences and assess the feasibility of long-term implementation.

Question on relationships with care homes:
The Committee asked about the relationship between palliative care services and care homes, and how contact was initiated. The Clinical Lead explained that the service maintained close ties with care homes, offering support through various means, including direct referrals and training for care home staff. The goal was to ensure that both patients and their families were aware of the available palliative care options and how to access them.

Question on medicine shortages:
The Committee touched on the critical issue of medicine shortages, which had been identified as a high risk to hospice outreach standards. The Clinical Lead acknowledged the challenges in ensuring the availability of key injectable drugs, which were often in short supply at local pharmacies. Efforts were being made to work closely with the ICB to address these gaps and improve access to essential medications, recognising the profound impact on patient care and dignity.

Question on sustainable funding for the RIPEL project:
The Committee asked how confident the Trust were in securing ongoing and sustainable financial support for RIPEL from June 2025 onwards. It was responded that despite the project's demonstrated cost-effectiveness, securing continuous funding remained a challenge. Discussions with the ICB and other partners were ongoing to develop a sustainable business case for the project's continuation.

Question on links with key referrers:
The Committee asked how the service would ensure it had strong links with key referrers such as 111, Acute General Medicine and Emergency Departments. The Clinical Lead emphasised the importance of building and maintaining personal relationships. While communications efforts like email bulletins and posters were useful, direct engagement with healthcare professionals was crucial for fostering understanding and collaboration. Professionals involved in the service placed value on spending time talking to people to get the message across to others.

Question on support for carers:
The Committee enquired how the Trust would increase support for carers and whether any specific areas of improvement had been identified. The Clinical Lead outlined ongoing research to better understand the needs of unpaid carers and the various support tools available. The aim was to ensure that carers were aware of the professional and community resources at their disposal, acknowledging the invaluable role they play in patient care.

Question on palliative care in Wantage:
The Committee asked about the status of the HOSC recommendations for improving palliative care services in Wantage, particularly regarding the provision of crisis palliative care beds. The Program Lead explained that the focus was on ensuring that community beds were generalist-led but specialist-supported, as demonstrated by the model implemented at Wallingford. Discussions were ongoing to determine the best approach for meeting the needs of the Wantage community.

The Committee **AGREED** to issue the following recommendations to Oxford University Hospitals NHS Foundation Trust:

1. To ensure that carers receive the necessary guidance as well as support in being able to maximise the support they provide to palliative care patients.

2. To secure sustainable sources of funding and resources for the RIPEL project, as well as Palliative Care Services more broadly.

3. To secure additional and sufficient resourcing and support for palliative transport services. It is recommended that transport services for palliative care patients are organised in a manner that avoids delay and distress for patients.

4. To ensure that feedback by palliative care patients and their families/carers is not only received and acknowledged, but that such feedback is acted upon in as appropriate a manner as possible.

45/24 HEALTHWATCH OXFORDSHIRE UPDATE REPORT

(Agenda No. 11)

Sylvia Buckingham (Trustee for Healthwatch Oxfordshire) presented the Healthwatch Oxfordshire update report.

The Trustee listed some of Healthwatch's recent activities. Healthwatch had:

- spoken to residents in North Oxfordshire and identified that access to services and public transport was a significant concern raised by the community. These issues directly related to the challenges faced by residents in North Oxfordshire.
- collaborated with Oxford Community Action to address the ongoing issues related to the cost of living and food insecurity. Their efforts aimed to improve the situation for residents in the area.
- conducted research involving parents and carers of children with special educational needs and disabilities. The upcoming report, expected in July, would provide insights into the experiences and challenges faced by this group.

Healthwatch aimed to release its annual report by July 2nd, pending any election-related changes. They continued to actively engage with the public, receiving both positive and negative feedback on accessing services, including NHS pharmacies.

46/24 OXFORD HEALTH NHS FOUNDATION TRUST DRAFT QUALITY ACCOUNT

(Agenda No. 12)

Britta Klinck (Chief Nurse, Oxford Health NHS Foundation Trust) and Rose Hombo (Deputy Director of Quality & Clinical Standards Oxford Health NHS Foundation Trust) presented the draft Quality Account of Oxford Health NHS Foundation Trust. Dan Leveson, BOB ICB Oxfordshire Place Director was also in attendance.

Having introduced the Committee's involvement in the Oxford Health quality account process, the Chair opened the floor to questions from the Committee.

<u>Question on recruitment, levels of agency staff, and Oxford Weighting:</u>
The Committee enquired whether there had been an increased reliance on agency staff, how successful the Trust had been with nursing recruitment, and what further

steps the Trust would take to improve nursing recruitment. The Committee also asked about implementing an Oxford Weighting for salaries.

The Chief Nurse highlighted the Trust's efforts to reduce reliance on agency staff due to both financial constraints and the impact on care quality and patient relationships. She noted the importance of creating a positive work environment to attract and retain staff, mentioning partnerships with local universities and international recruitment efforts that had temporarily filled all vacancies in community hospitals. A notable success was the Trust's programme to train and retain local nursing associates, which had resulted in a substantial number of graduates from the local area, thereby mitigating some staffing issues.
The issue of an Oxford Weighting remained a national concern, but the boundary defining high-cost living areas would always be a point of contention. Oxford Health lacked the autonomy to address this matter themselves but were aware that the impact of this issue was significant, leading to staff attrition among those who wished to start families and own homes while working in the NHS. Any changes to salaries would need to be made in collaboration with other providers across BOB.

Question on support for staff wellbeing:
The Committee asked how the Trust had supported staff wellbeing overall and whether there was a means through which the Trust had measured the impact of support mechanisms for staff. The Chief Nurse outlined the various support mechanisms in place, such as supporting staff with cost-of-living pressures, clinical and managerial supervision and psychological support for traumatic events. They also focused on trauma-informed care for both staff and patients, along with initiatives like Swatch Rounds, which offered opportunities for reflection and processing. They assessed staff wellbeing through the annual NHS Staff Survey, and through participation in the People Polls survey (a monthly assessment administered by NHS England).

Question on patient feedback and experiences:
The Committee enquired how the Trust was utilising patient feedback and experiences to enhance the services it provided overall and whether there were any improvements in this area within the last year.
The Deputy Director of Quality & Clinical Standards explained the development of a more robust patient feedback system, including online portals and regular surveys. These tools were designed to gather comprehensive insights into patient experiences. Efforts were being made to ensure patient concerns were addressed promptly and effectively, including the introduction of patient liaison officers and regular town hall meetings with patients and their families. She also mentioned the creation of the 'Our Voices' pathway to ensure continuous feedback and response.

Question on patient safety:
The Committee asked whether the Trust had taken any steps to improve patient safety within the past year and whether there was there any room for improvement in this area.

Oxford Health NHS Foundation Trust joined the new Patient Safety Incident Response framework introduced by NHS England, which provided them with an alternative approach to investigating incidents. The framework allowed for a more thematic analysis, which enabled them to track changes over time and proactively identify emerging issues. Additionally, the Trust had implemented a suicide prevention strategy and established a dedicated group to address this critical issue. The group had several work streams, including efforts to tackle health inequalities related to male suicide. They had worked on making services more accessible to men, particularly young men, and intervening early to address underlying societal factors. While they maintained a reporting culture and discussed incidents with moderate harm weekly, they recognised that complete safety remained elusive. Transparency and vigilance were essential components of their safety system, and they continually strived for improvement.

Question on learning from patient deaths:
The Committee asked how effective the process of learning from patient deaths was. The Chief Nurse described the Trust's approach under the new patient safety incident response framework, which included family liaison services to facilitate engagement. This ensured that families' concerns and insights were integral to the investigation and learning process. She also highlighted the employment of patient safety partners and carer safety partners to embed the patient voice in safety initiatives.

Question on out-of-area placements for mental health patients:
The Committee asked how extensive the reliance on out of area placements was, and whether the Trust was taking any measures to reduce this reliance. The Chief Nurse acknowledged the challenges and high costs associated with these placements. In-area placements were operating at full capacity most of the time, making it at times impossible to provide beds locally. She explained the Trust's strategies to reduce such placements by improving in-area capacity and support systems, including crisis teams and enhanced discharge planning.

Question on information sharing and recovery from cyber attacks:
The Committee enquired about what measures the Trust had taken to address and to improve information sharing, and the degree to which the Trust had recovered from the previous cyber-attack which affected the Trust's patient record system. The Chief Nurse reported that the recovery from the outage was successful, with full restoration. However, there remained a historical data gap in functionality, which complicated matters. Although they abandoned the compromised system and implemented new ones, time constraints meant ongoing fine-tuning to meet all service needs. Fortunately, the major components were now operational, allowing necessary reports to be pulled.

Oxford Health NHS Foundation Trust had implemented information sharing systems, and enhancing information sharing remained a goal. The Chief Nurse acknowledged the challenge of diverse and complex services with varying electronic requirements. Digital innovation would play a crucial role in meeting future demands. Serious incidents had fostered better understanding and collaboration among partners, even though seamless communication between systems remained an ongoing endeavour.

The Chief Nurse acknowledged that the impact of poor information sharing on a patient's experience of care was serious. Sometimes, in serious incidents, information got lost between agencies or was not transferred effectively, resulting in potential gaps in patient knowledge. Initiatives in place focused on recording essential information in the system, ensuring timely and accurate documentation without burdening clinicians unnecessarily. Additionally, efforts were directed toward building relationships between agencies and collaborative training and role changes facilitated smoother interactions within the system.

Question on complaints regarding staff attitude and behaviour:
The Committee asked about complaints regarding staff attitude, and the steps the Trust would take to improve staff attitude or conduct toward patients. The Chief Nurse acknowledged that incidents did occur, but instead of blaming or disciplining, she advocated for facilitating reflection on why such incidents happened. She recognised the intense pressure staff faced and their commitment to doing a good job. While they aimed to remove those few staff who did not meet expectations, she also highlighted the context of increased racial abuse and the ongoing challenges related to the COVID-19 recovery.

The Committee **AGREED** to issue the following recommendations to Oxford Health NHS Foundation Trust:

1. For the Trust to take measures to tackle workforce shortages and to reduce reliance on agency staff, and for the Trust to seek support, alongside the wider system, for an Oxfordshire Weighting.

2. To ensure that there is a clear process for learning from deaths, to include bereaved families, and to improve services accordingly.

3. For the Trust to develop clear mechanisms for providing support to staff wellbeing.

4. In light of this being a key area of complaints received, it is recommended that the Trust provides training and guidance to staff for the purposes of ensuring good staff attitude, conduct, empathy, and understanding toward patients.

5. To work to reduce inappropriate and extensive reliance on out of area placements. It is recommended that a review of those in out of area placements is undertaken to determine if their needs could be better addressed through bringing them closer to their locality.

47/24 EPILEPSY SERVICES IN OXFORDSHIRE

(Agenda No. 13)

The Chair informed the Committee that OUH had requested more time to produce a joint paper with the ICB in relation to epilepsy, so this item had been deferred to the HOSC meeting on 12th September 2024.

48/24 RESPONSE TO HOSC RECOMMENDATIONS
(Agenda No. 14)

The Committee received responses as well as acceptances for the recommendations made as part of the following items:

1. The South Central Ambulance CQC Improvement Journey Update, which was held during the 08 February 2024 HOSC meeting.

2. The John Radcliffe Hospital CQC Improvement Journey, which was held during the 08 February 2024 HOSC meeting.

3. The Director of Public Health Annual Report, which was held during the 08 February 2024 HOSC meeting.

The Committee also received two progress update responses to recommendations made as part of the following items:

1. Health and Wellbeing Strategy Update.

2. Oxfordshire Healthy Weight.

The Committee **NOTED** the responses and updates.

49/24 FORWARD WORK PROGRAMME
(Agenda No. 15)

The Committee **AGREED** the proposed forward work plan, and **AGREED** to hold a public meeting item in the near future on Maternity Services in Oxfordshire

50/24 ACTIONS AND RECOMMENDATIONS TRACKER
(Agenda No. 16)

The Committee **NOTED** the progress made against agreed actions and recommendations.

..... in the Chair

Date of signing .....

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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: Oxford Health NHS Foundation Trust Quality Account 2023/2024

Lead Cabinet Member(s) or Responsible Person:

- Britta Klinck- Chief Nurse, Oxford Health NHSFT
- Rose Hombo - Deputy Director of Quality & Clinical Standards Oxford Health NHSFT

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

Deadline for response: Monday 15th July 2024

Response to report:

Oxford Health NHS Foundation Trust welcomed the opportunity to share the Trusts Annual Quality Account at the June 2024 HOSC meeting and valued the interest, discussion, and input from attending members. Alongside the meeting minutes the report provides a useful summary of areas of discussion those in attendance that may benefit from further information and explanation. The report focuses on five elements of trust activity that involve patients, carers and staff, our response below provides additional information regarding the areas raised that were not included in granular detail due to the purpose and constraints of the annual Quality Account.

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Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. *For the Trust to take measures to tackle workforce shortages and to reduce reliance on agency staff, and for the Trust to seek support, alongside the wider system, for an Oxfordshire Weighting.*	Yes	Workforce shortages are recognised as one of the Trust's key risks within the Board Assurance Framework (BAF) and is acknowledged as a current, live risk that could increase in the future, further to national challenges outside of the Trust's immediate control around cost of living, national pay scales, industrial action, education and training, and nationally available supply of key professions. We accept, and plan for a tolerance of temporary staffing usage to enable flexibility in our workforce to respond to ebbs and flows in demand. Oversight of workforce planning and associated risks is provided by the trust People Leadership & Culture Committee chaired by a trust Non-Executive Director, ultimately reporting to the Trust Board. Our Chief People Officer continues to work with national groups and initiatives as well as in partnership with BOB colleagues to consider additional ways and alternatives to address shortages of staff and future planning, considerations of changes to pay and/ or additional geographical weightings are undertaken at national government level in line with the national Agenda for Change contracts through the NHS Pay Review Body. The South East Regional Staff Partnership Forum is currently considering a piece of research undertaken considering the potential impact of an additional allowance for staff in high cost of living areas across the region. Our strategic plan for the medium and longer term incorporates measures to reduce temporary staffing usage, such as development of more sustainable workforce models, working with universities on clinical training, better demand and capacity modelling, career, and organisational development interventions to link to retention and linking with national and regional teams to maximise learning from other Trusts and national exemplars.

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		We are also aligning more closely, through the Annual Planning processes, the OHFT People Plan with the NHS Long Term Workforce Plan, with actions focused on key themes: **Train:** This relates to how we grow the workforce in the Trust and strengthen our pipelines for the professions where we are carrying the highest vacancies. There is a focus in the NHS Workforce Plan on increasing the supply of domestic education and training and therefore reducing our reliance on internationally educated staff. Enhanced Education and Training initiatives, including Apprenticeship programmes, and career development pathways from HCA to Advanced Practice. **Retain:** This relates to embedding the right culture and improving retention and in particular reducing the leaver rate which is the numbers of staff who leave the NHS (as opposed to moving internally within the NHS sector). With a continued focus on making the NHS People Promise a reality for staff utilising tools such as the NHS EDI Improvement Plan and High Impact Actions; publicising pension reform changes and continuing investment in wellbeing. Ongoing and consistent work to ensure that our people recognise OHFT as a good place to work and choose to stay working with us **Reform**: Working and training differently. New approach to recruitment and onboarding to better attract and secure talent to the Trust. Together with planning for future technologies and a focus on data quality and systems that enable and empower staff to make better decisions. Continued focus on embedding a culture reflects a restorative, just and learning culture. **Temporary Staffing:** The trust is building on its established Improving Quality and Reducing Agency Programme to drive greater responsibility and ownership to directorates to deliver reductions in temporary staffing spend, whilst improving quality. The temporary staffing team provide oversight of the interventions to support the recruitment and retention of staff and the commercial contracts and delivery of temporary staffing Managed Service Providers. Additional workstreams relate to better workforce planning and the efficiencies that can be maximised through the E-Rostering.

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2. *To ensure that there is a clear process for learning from deaths, to include bereaved families, and to improve services accordingly.*	Yes	In addition to the information in the learning from deaths section in the 2023-24 trust Quality Account we can confirm there is a clear process for how we engage/involve/support families in our morality reviews to answer questions and identify/share learning. As part of embedding the Patient Safety Incident Response Framework (PSIRF) the outcome of our reviews and any areas for improvement are shared with families and the clinical staff involved. This is an important part of our duty of candour obligations and supporting a culture of openness and continual learning. PSIRF is part of our commitment to developing a just and learning culture, building openness and transparency, ensuring everyone is treated fairly and that we learn from mistakes, incidents and errors. The Trust has two patient safety partners with lived experiences of using our services, working within the patient safety team. The partners work alongside clinical staff and patients/families to co-design and implement patient safety initiatives, training, resources, support activities around governance and other opportunities to improve the safety of care. We have a series of internal support mechanisms to help people involved and affected by a death including a bereaved family liaison service, staff psychological support service and trauma informed support conversations. These mechanisms support people to share their experiences and be open and compassionate to learning. Senior clinicians sign off actions to address areas identified for improvement. When we have significant learning from a case the actions to make a change are captured and progress to implement and embed actions by the teams and services involved are monitored centrally by the patient safety team. Evidence of completion is robustly scrutinised objectively by the Patient Safety Team as part of the action plan completion and closure process. Learning from individual cases and themes arising across incidents that we have reviewed and investigate are disseminated in a range of ways supported by our quality governance framework, these include but this is not an exhaustive list – • Monthly team/ward business meetings • Regular incident learning events/webinars

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		• Clinical directorate monthly quality meetings • Weekly patient safety meetings in each clinical directorate • Trust wide Quality Improvement & Learning Group • Trust quarterly mortality review group, • Quality Committee. We also feed learning into newsletters, staff training and to steer our QI programmes of work for example the work on end-of-life care, suicide prevention and early recognition of the soft signs of sepsis. Externally to OHFT learning and actions are shared through multi-agency forums/processes including the BOB Learning from Deaths Network, Child Death Overview Panels, Learning from lives and deaths – People with a learning disability and autistic people (LeDeR), Child Safeguarding Practice Review Panels, Safeguarding Adult Reviews, Mental Health Homicide Reviews and Domestic Abuse Related Death Reviews and Local Authority suicide prevention groups. There is further detail about our approach to engaging bereaved families, reviewing deaths, and taking learning/actions forward in OHFTs Patient Safety Incident Response Approach which was signed off by the BOB system partners and ICB before being published in December 2023 at Patient Safety Incident Response Framework (PSIRF) - Oxford Health NHS Foundation Trust.
3. *For the Trust to develop clear and demonstrably effective mechanisms for providing support to*	Yes	**Staff Health & Wellbeing** The Trust has continued to offer a preventative, proactive and evidence-based approach to wellbeing for teams and individuals. This was achieved through collaborative working with many specialist teams across the Trust as well as colleagues across our BOB footprint and nationally. The Employee Assistance Programme (EAP) aims to help staff address personal problems that might adversely impact their work, health and happiness. It offers a freephone, confidential helpline available 24/7, 365 days a year, staffed by specialist independent BACP counsellors who can give face-to-face, online and telephone support for people working at the trust as well

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staff wellbeing.		as for family members. Commissioning of the EAP by the trust has been extended for an additional year as it continues to be an invaluable support, with positive feedback being received. The Trust continues to be supportive and collaborative with all health and wellbeing leads within the integrated care system. The Trust continues to offer the following to its employees: ▪ Financial Wellbeing advice and guidance coupled with the new introduction of a financial Salary Sacrifice scheme. ▪ TRIM (Trauma Risk Management) - for those who have experienced a distressing event, having secured a one-year post to pilot this in key areas. ▪ Mental Health First Aid. ▪ REACT (Recognise, Engage, actively listen, Check risk and Talk about specific actions) - training for managers to have wellbeing conversations with staff – a yearlong role has been secured to enable this to continue within the Trust; ▪ Health and Wellbeing Champions are being roll out over 230 in place. ▪ Staff Networks – have grown in popularity with staff reporting great benefits to the workforce. ▪ Freedom to Speak Up Guardians are in the Trust, to enable staff to raise issues in confidence. ▪ Schwartz Rounds - a proactive and preventative approach to support staff in managing the traumatic nature of some of the situations they face through structured reflective practice and learning. ▪ The Trust holds staff retreats with an emphasis on recovery and renewal. These continue to show positive results (e.g. helping staff come to terms with difficult situations and return to work more quickly than otherwise possible). The focus is on staff with long-term sickness, usually stress (work related or not), who would benefit from the opportunity to reflect and plan their recovery in a supportive environment. ▪ The Trust has introduced many awards to recognise and value our workforce. Our recognition awards, including Bee, Daisy, Exceptional People, and the Annual Staff Awards.

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		▪ The Occupational Health Team continues to build upon their dedicated psychological support offer for those staff members that have had the misfortune to be involved or affected by a traumatic event. This rapid support has been very well received by staff and their managers as a way of ensuring staff are looked after following a serious incident. ▪ We have introduced and roll out the Professional Nurse Advocates (PNA) within the Trust. These are nurses who have been trained in providing restorative clinical supervision (RCS) - the model supports staff emotional resilience, connecting the lived experience of the nurses with quality improvement and education and feedback into the local clinical governance agenda. The Trust signed the NHS England organisational Sexual Safety Charter in October 2023 committing to enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. The charter sets the expectation that those who work, train, and learn within the healthcare system have the right to be safe and feel supported at work. Working alongside safeguarding colleagues, the wider BOB network, and national working groups we have undertaken a self-assessment exercise to inform our position and develop actions for improvement to ensure our colleagues receive the best support and guidance.
4. *That the Trust provides training and guidance to staff for the purposes of ensuring good staff attitude, conduct,*	Yes	As part of our OHFT People Plan 2022-24, we have committed to developing and continuing to build our compassionate culture - a culture, focused on the key principles of kindness, civility, and respect. Civility and Respect is the foundation for a Restorative, Just & Learning Culture. The 'Kindness into Action' culture change programme - run in collaboration with BOB ICS - is open to all colleagues right across the Trust. and is now a cornerstone of the corporate induction for all new starters. We have actively encouraged our leaders and managers to make it a priority, as this will really support us to maximise the effectiveness of the programme, staff and managers utilising the tools and approach are reporting a positive experience.

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empathy, and understanding toward patients.		This approach will enhance our new leadership development project, which is in development for 2024/25. The importance of Civility, Respect and Kindness continues to progress as a proactive and preventative element of our Trust's cultural work, with the Restorative, Just and Learning Cultural (RJLC) element supporting fairness and learning from when things do not go to plan. The Trust takes a collaborative approach to implementation, including specific Quality Improvement (QI) projects as part of Race Equality Work Programme contributing to the trust wider Equality Diversity and Inclusion priority. Th trust also offers staff a number of Equality Staff Networks and support groups staff that create a 'community of support' that will actively influence and advance a culture of inclusive equality in all aspects of the workings of the organisation which will contribute to enhancing the way we communicate, understand and how we work alongside patients and carers.
5. *To work to reduce inappropriate and extensive reliance on out of area placements. It is recommended that a review of those in out of area placements is undertaken to*	Yes	The Trust recognises that being treated away from home can have a significant impact on the patient and their family, having access to support from their own care team, local agencies and loved ones is a crucial factor in recovery. We are committed to treating patients as close to home as possible. There are occasions when an Out of Area Placement (OAP) may be intentional and appropriate, this would be considered on an individual basis considering individual needs; robust review plans would be established by OHFT at the onset of admission to the OAP. OHFT has made considerable progress to manage the use of OAP's and has developed robust review processes to support people to receive care within their home health provider. At present (12/07/2024) the trust has only one use of an OAP that is considered as inappropriate, and work is ongoing to resolve this. The below processes and actions demonstrate the meaningful focus we have developed for use when considering the use of an OAP as well as the significant effort and energy to reduce use and ensure that standards of care received within services outside of our provision are of highly quality, safety and experience for our patients.

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determine if their needs could be better addressed with partners through bringing them closer to their locality.		**Acute OAP's (acute inpatient care in private hospitals out of area)** **<u>Meeting and reporting structure to support flow and coordinate escalations:</u>** • Twice daily patient flow calls Monday to Friday; Once daily patient flow calls weekends and Bank Holidays. Status of inpatient and community services (adults and older adults); all requests for inpatient care; allocation of beds. • Once daily Oxfordshire (Oxon) & Buckinghamshire (Bucks) patient flow teams 'huddle' – information sharing and agreement on admissions cross-county (e.g. admission of Oxon patient to a Bucks bed) • Twice weekly 'bronze calls' – senior leaders from inpatient and community services managing barriers to admission and discharge. • The inpatient teams in Buckinghamshire have good throughput but sometimes demand exceeds capacity • Twice weekly 'gold calls' – Heads of Service and Directors managing escalations; oversight of OAPs position. • Weekly Rapid Reviews in-line with Red 2 Green approach on all wards – focus on discharge planning and barriers to discharge. • Weekly Rapid Review for all OAPs and weekly OAPs review jointly with Bucks and Business Services • Weekly meeting between Inpatient Social Work team and OMHP partners plus Housing partners to address housing and homelessness needs for inpatients. • Weekly attendance by the Directorate at the Oxfordshire System Tactical call where delays are scrutinised and problem-solved with wider system partners. • Daily reporting to the Oxfordshire system of Mental Health Opel status • Daily reporting internally within the Directorate regarding the 'bed state' and Opel status • 4 weekly escalation meetings are in place within the directorates to identify demand and pressures which are both focussed and useful to create local capacity and prevent OAP usage. • Any requests for OAPS are authorised at director level only when all options for local admission have been fully exhausted.

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		Safe and effective management of patients in OAP's: • Patient Flow team case manage all OAPs for the duration of their admission. • Clinical prioritisation of retuning patients to local provision where capacity allows. • Patient Flow team attend all Ward Rounds and involve Adult Mental Health Teams (AMHT) and Social Work colleagues as required. • Buckinghamshire flow team attend Weekly Elysium (block purchase 2 beds for Bucks) ward rounds and review jointly each patient with the Elysium team. • Approval for new OAPs is via Service / Clinical Directors • Quality and safety procedure for use when OAPs of less than 'Good' CQC rating are used, including visits to the patient. • 6-monthly visits to block-purchased provision (Elysium) and regular contract meetings with the provider supported by Business Services • Safeguarding procedure for addressing any safeguarding concerns with patients and providers. There are 3 Places of Safety in Oxon and 3 in bucks, these are intermittently used as admission beds where there is urgent need (including under the Trust's S140 MHA duties). **Actions to improve flow (reduce length of stay and delayed discharges) and reduce OAPs**: • Inpatient Improvement program (in accordance with national guidance July 2023 and March 2024) – BOB-wide approach. • Full fidelity to model CRHT in phased development – full coverage of Oxford City and North East Oxon, and expanding in FY24/25 into the North & West of the county. • Patient Flow Team fully established and performing well. • Patient Flow Delivery Group, delivering on a varied program of service improvements which support flow through acute services, including nationally mandated 10-point 'Discharge Challenge'. • BOB-wide focus on OAPs reduction to commence later in 2024.

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		• Service Improvements and redesign regarding accommodation, care, and support in the community as part of the new Mental Health contract work in Oxon.
		• Strong connectivity to housing and homelessness landscape and strategic leaders in Oxon
		• Utilisation of Better Care Fund (BCF) & Additional Discharge Funding on initiatives and schemes to reduce length of stay, tackle delayed discharges and add in capacity to better manage homelessness within inpatient care:
		  ○ Mental health capability additions to the Care Home Support Service – Phase 1 and 2 – targeted at supporting older adults requiring discharge to residential / nursing care settings by improving placement finding, liaison, discharge planning, transfers of care.
		  ○ Improving discharge pathways for people with Personality Disorder.
		  ○ Out of Hospital care team focused on accommodation and support needs of inpatients who are homeless (step-down housing, embedded housing workers, local authority housing officers and Multi – Disciplinary Team(MDT)
		  ○ Support worker additions to the adult Inpatient Social Work team and Older Adult Community Mental Health Team (CMHT) 'step-up' out of hours function.
		  ○ One-off Flexible Use Fund for purchasing single items for patients which would otherwise present as barrier to discharge.
		  ○ Connections 'integrated' workers embedded within the adult inpatient service meeting practical needs of patients to remove barriers to discharge and provide additional support during the transition home.
		  ○ Children & Adolescence Mental Health Services (CAMHS) Liaison and Transition clinicians working to facilitate timely flow through acute settings (MH and Acute Trust)
		
		Long term OAP's (specialist inpatient care in private hospitals out of area)
		In Oxon there are 4 patients who are in highly specialist inpatient services where these services do not exist locally. The AMHT's, Social Workers and Patient Flow team remain actively involved with their patients in ward reviews and planning options for their onward care needs. Three of the patients currently in specialist inpatient care out of area are due for

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		discharge by the end of September 2024. Long term OAPs are rarely used, i.e. 1 a year or less, and are tightly managed. **Long term OAP's** In Bucks we have 2 patients who are in specialist placements as we do not have those services locally. The CMHT's remain actively involved in ward reviews and planning options for repatriating or finding appropriate placements.

OXFORDSHIRE COUNTY COUNCIL

REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):

Integrated Neighbourhood Teams in Oxfordshire:

REPORT BY: HEALTH SCRUTINY OFFICER, OXFORDSHIRE COUNTY COUNCIL, DR OMID NOURI

INTRODUCTION AND OVERVIEW

1. At its meeting on 06 June 2024, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) received a report providing an update on Integrated Neighbourhood Teams in Oxfordshire.

2. The Committee felt it crucial to receive an update on the development as well as the activities of Integrated Neighbourhood Teams, particularly in light of the increased demand for health services throughout the county, including at the local level. The Committee also sought to assess the degree to which the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (ICB) was taking adequate steps to ensure sufficient resourcing for these teams and for their geographical spread to be in line with patterns of demand throughout the county.

3. This item was scrutinised by HOSC given that it has a constitutional remit over all aspects of health as a whole; and this includes the nature of healthcare services being provided at the local neighbourhood level. When commissioning this report on Integrated Neighbourhood Teams, some of the insights that the Committee sought to receive were as follows:

   - The geographical spread of Integrated Neighbourhood Teams and how they operate throughout the county.
   - The levels of staffing currently dedicated to these teams, and whether there is an adequacy of staffing levels.
   - The extent to which there is good partnership working within the Oxfordshire system around the design and the delivery of this service.
   - How extensive/important the role of Primary Care Networks and Individual GP practices are in the context of Integrated Neighbourhood Teams.
   - How Oxfordshire compares to other areas in the effectiveness and the resourcing for Integrated Neighbourhood Teams (including relative to the other areas under the BOB footprint).

- The competencies around the staff involved in such teams, and whether such competencies are standardised/measured?

- How effectively Integrated Neighbourhood Teams are operating in Oxfordshire, and whether there is room for improvement.

SUMMARY

4. The Committee would like to express thanks to Lily O' Connor (Programme Director Urgent and Emergency Care for Oxfordshire, BOB ICB); Dan Leveson (BOB ICB Director of Place for Oxfordshire); Karen Fuller (Director for Adult Social Care, Oxfordshire County Council); Victoria McDermott (Proactive Care Manager at The Manor Surgery); Dr Bethan Willis (GP lead for inequalities, Banbury Cross Health centre and Frailty GP); Dr Sarah Lourenco (Clinical Director of Banbury Alliance PCN); Deborah White (Team Manager West Adult Social Care Team); Dr Suzanne Summers (Bicester Health Centre, Integrated Neighbourhood Team Bicester GP); for attending this meeting item on 06 June 2024 and for answering questions from the Committee.

5. The Programme Director provided a comprehensive overview of the Integrated Neighbourhood Teams (INTs) initiative in Oxfordshire, which included GPs, social workers, community therapists, district nurses, and other healthcare professionals. These teams worked collaboratively to address unmet health needs, in areas of deprivation such as Banbury, Bicester, and the OX3 area.

6. The Programme Director explained that while many aspects of the initiative might seem like they should already have been happening, the challenge in implementing them lay in the lack of additional workforce and funding necessary for providing the level of care required in these areas. The INTs aimed to provide that additional funding and staffing, particularly in areas of unmet health needs.

7. The Committee asked for elaboration on how the existence and functions of INTs would help to tackle and reduce inequalities in Oxfordshire and deliver continuity of care, and whether this would be delivered in rural areas. The Programme Director responded that continuity of care was a fundamental component of INTs. The initiative ensured oversight and coordination across multiple healthcare professionals, which was crucial for patients who preferred to interact with a single trusted individual. This approach not only benefited patients but also enhanced job satisfaction among healthcare professionals due to the continuous relationship with the same patient group.

8. Regarding rural areas, the Programme Director acknowledged the challenges and explained the phased approach to expanding INTs. Currently, the focus was on areas with the highest unmet health needs owing to limited funding, but there were plans to extend the initiative to other areas, including rural areas, if more resources became available. The Oxfordshire Place Director emphasised that in Oxfordshire they had chosen to prioritise supporting the development of integrated neighbourhoods through the Better Care Fund and it was a central part of their primary care strategy.

9. The Committee enquired about the focus on different conditions in different localities. The Programme Director clarified that the INTs were designed to address the specific health needs of each local population, which was why the focus areas differed. The initiative was not limited to single conditions but took a holistic approach to managing the overall health of the population. The emphasis on different conditions in various areas was based on thorough background work and population-health data, ensuring that the INTs addressed the most pressing health issues in each community. A GP from an OX3 INT provided a practical example to illustrate the concept of integrated care. He described a case involving a terminally ill patient with advanced cancer who preferred to stay at home. The coordinated effort between the hospital teams, care teams, and district nurses ensured the patient received comprehensive care at home. Dr McManners emphasised that this level of integration was essential for managing complex cases effectively and providing patients with the best possible care.

10. The Committee enquired about the extent of Oxfordshire County Council's involvement in both the development as well as the services provided by INTs. A GP from a Bicester INT reported that they participated in pilot sites and collaborated closely with Oxfordshire County Council. Their work primarily focused on weekly multidisciplinary team meetings. These sessions involved the hospital's care team, responsible for discharge planning, and the County Council's social work team. The goal was to track patients' status and care needs, ensuring timely support. The OCC Director for Public Health added that Public Health had developed ten community profiles in Oxfordshire's most deprived areas, which highlighted some of the tailored needs in those communities and linked directly with the work done by INTs.

11. The Committee asked whether coproduction was at the heart of the design and the development of INTs, and what definition of coproduction they were using. The Programme Director acknowledged that while there had been efforts to engage with public groups, the level of coproduction needed more depth. Going directly to the communities and understanding their specific needs was crucial as a granular level of detail was necessary for making impactful changes.

12. Regarding the management of these teams, the Programme Director explained that the integrated team setup required more than just additional sessions by GPs. It also required the involvement of care coordinators, voluntary sector social prescribers, and non-clinicians who focused on the person rather than the condition. This bottom-up approach ensured that the design of each INT was based on the experiences and needs of the local community.

13. The Programme Director detailed the complexities of information sharing and highlighted the need for agreements within GP surgeries and Primary Care Networks to ensure safe and effective data sharing. The challenges posed by different healthcare systems used by primary care, community services, and secondary care were noted. Efforts were ongoing to integrate these systems, though significant risks remained.

14. Regarding funding, the Programme Director explained that the true cost of INTs was still being assessed with the help of health economists from Oxford University. They were measuring the impact of INTs by comparing data from INT patients with control groups to determine the cost-effectiveness and benefits of the initiative.

15. The Committee enquired as to the extent to which the public were aware of and understood what INTs were and how they operated. The Programme Director recognised the complexity of the initiative and the need for public education. Plans were in place to engage with local community groups and educate the public about the benefits and operations of INTs. This ongoing engagement would help ensure that residents understand the new approach to coordinating health needs.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS

16. Below are three key points/themes of observation that the Committee has in relation to Integrated Neighbourhood Teams (INTs) in Oxfordshire. These three key points of observation relate to some of the themes of discussion during the meeting on 06 June, and have also been used to shape the recommendations made by the Committee. Beneath each observation point is a specific recommendation being made by the Committee.

Governance and Management of INTs: The Committee is pleased to see that the system's commitment to INTs would involve more than just the provision of additional sessions by GPs. The focus should therefore be on individuals as opposed to the medical condition(s) that they are presenting with. The Committee understands that the operations of these teams would have to involve care coordinators, voluntary sector social prescribers, and non-clinicians. This should, in effect, help focus on the unique needs of each individual patient as opposed to relying on a generalisable model of care that would be based on the presumed patterns of specific medical conditions.

It is therefore crucial that a bottom-up approach is explicitly adopted. Each INT should continue to be developed and shaped in accordance to the health patterns, needs, and experiences of each local community.

Related to the above, the complexity of INTs would mean that clear processes are required to effectively manage the operations of these teams and the services they provide at the local level. Part of this involves an imperative for good partnership working and collaborative efforts amongst the various teams and system partners who are contributing to the activities of these teams. Nonetheless, it is crucial that the governance and management of these teams goes a step further in having coherent and somewhat centralised structures in place for the purposes of managing and governing the setup and activities of INTs. This is vital for two reasons:

1. Having a clear structure of governance would allow for clear guidance and management of the overall coordination, collaboration, and activities of INTs.

2. The existence of such structures can contribute to the development of performance indicators to help determine the degree to which INTs are performing effectively. There may also be a case for developing performance indicators that are unique to each INTs based on local population health trends.

Furthermore, it is also paramount that there is clear transparency around the process of both the creation as well as the governance/management of INTs. Given the increased strains and demand faced by the healthcare system, the public need to be in a position to understand how the system is operating to reassuringly provide services to residents in their localities as and when they need it. If locals are to be reassured with the introduction of coordinated teams at the local level, then they should ideally be in a position to understand how their local INT is structured and how it will operate.

Recommendation 1: *That there are clear governance and management processes around both the development and ongoing activity of Integrated Neighbourhood Teams. It is recommended that there is clear transparency around this.*

Importance of coproduction: The Committee is pleased to see that Integrated Neighbourhood Teams are in the process of being rolled out, and again perceives this to be a key development that should mean better health outcomes for local neighbourhoods. Nonetheless, it is also crucial that coproduction remains at the heart of how these teams are designed as well as how they go about undertaking their activities. The Committee is pleased to hear that the ICB acknowledges that a more in-depth level of coproduction was required, and the JHOSC would not only strongly recommend that more extensive coproduction is pursued around INTs but would also be willing to support this. It is vital for system partners to directly approach communities and neighbourhoods in Oxfordshire. This would help INTs to understand the specific needs of each community and to shape the nature of these teams and their activities accordingly.

Related to this is how coproduction is defined. Coproduction, as a term and principle, has been conceptualised in a plethora of ways and can often be interpreted differently. The Committee would like to emphasise that coproduction should not be conflated with codelivery. Coproduction should revolve around working with the local communities and patients who would be on the receiving end of services. The Committee therefore is strongly recommending that there is an agreed definition of coproduction, as this would help to support the ever-crucial endeavour to work with local communities around the development of INTs. Coproduction is important here in two respects:

1. It can help improve the communication with communities to help them to understand what INTs are and how they may help to improve health outcomes at the local level.

2. It can provide opportunities for local communities and stakeholders to have a say in how their local INTs should be designed and operated. In this regard, the system can be better placed to understand any concerns local residents may have, and to either reassure these residents or shape services accordingly.

Recommendation 2: *To ensure ongoing coproduction with neighbourhoods and key stakeholders around the formation as well as the activities of Integrated Neighbourhood Teams. It is also recommended that an agreed definition of coproduction is outlined by system partners in this regard.*

Determining local health needs and resources for INTs: The Committee is pleased to see that efforts have been made to shape INTs in accordance to the health patterns of their localities. This is a positive development; there is a point about having a stronger understanding of the health needs of each locality. This will be conducive toward effectively determining which areas would require more resourcing. The type and level of resourcing that each INT/locality would require could vary, and this should be taken into account when determining which resources/personnel to allocate where. In line with what has previously been emphasised in the context of other items of its scrutiny, the Committee recommends that every effort is made by system partners to secure adequate levels of funding for the purposes of supporting the development and operations of INTs.

Indeed, the importance of determining local health needs and resourcing accordingly would contribute to tackling and reducing health inequalities in Oxfordshire. If the system is able to identify where health and broader socioeconomic vulnerabilities lie, then it is able to take concrete action in designing and coordinating neighbourhood teams in a manner that targets the most vulnerable sections of the County's population and geographies. Additionally, this could help to ensure the delivery of continuity of care for patients with long-term conditions who would require further and consistent support at home in their communities upon leaving hospital. The Committee understands and appreciates the need to prioritise care in people's homes when it is appropriate to do so. However, INTs should be at the forefront of helping to support the system's ability to discharge patients safely and to ensure that they continue to receive the care and support that they need. Again, there is also a point about having clear communication with patients regarding the type of support and care they could expect to receive, particularly if they're suffering from a long-term condition.

Recommendation 3: *To develop a clear understanding of the health needs and population patterns for each locality, and to allocate resources for Integrated Neighbourhood Teams accordingly.*

Legal Implications

17. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
    - Power to scrutinise health bodies and authorities in the local area
    - Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
    - Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.

18. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.

19. 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.

Annex 1 – Scrutiny Response Pro Forma

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July 2024

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OXFORDSHIRE COUNTY COUNCIL

Work Programme 2024/25
Joint Health Overview and Scrutiny Committee

Cllr J Hanna OBE Chair | Dr Omid Nouri Omid.Nouri@Oxfordshire.gov.uk

COMMITTEE BUSINESS

12 SEPTEMBER 2024				
Adult and Older Adult Mental Health	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report from the Oxfordshire system with an update on Adult and Older Adult Mental Health.	Overview and Scrutiny	
Winter Planning	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report on the systemwide preparations and plans to manage the pressures of the ensuing winter months.	Overview and Scrutiny	
Epilepsy Services	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report with an outline on the nature of Epilepsy Services delivered throughout the County.	Overview and Scrutiny	

Medicines Shortages	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report with an update on medicines shortages, and how these are affecting patients and residents in Oxfordshire.	Overview and Scrutiny	
21 NOVEMBER 2024				
Oxfordshire Healthy Weight	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report with an update on Oxfordshire Healthy Weight 12 months since this item previously came to HOSC.	Overview and Scrutiny	Ansaf Azhar David Munday Derys Pragnell
Health and Wellbeing Strategy Delivery Plan	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report with an outline as to a delivery plan for the updated Health and Wellbeing Strategy for Oxfordshire.	Overview and Scrutiny	
Maternity Services in Oxfordshire	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To receive a report with an update on the state of maternity services within Oxfordshire.	Overview and Scrutiny	
Local Area Partnership SEND Improvement Journey	Tackle Inequalities in Oxfordshire	To receive a report with an update on the Local Area Partnership's SEND improvement	Overview and Scrutiny	

	Prioritise the Health and Wellbeing of Residents.	journey, with a view to examine the impacts of the improvement journey on the physical and mental health of Children with SEND.		
3 JANUARY 2025				
Emotional Wellbeing of Children	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report with an update on the Emotional Wellbeing and Mental Health Strategy for Children.	Overview and Scrutiny	
Oxford Health NHS Foundation Trust People Plan	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report from OHFT on the Trust's People Plan, with a view to examine the Trust's support for workforce.	Overview and Scrutiny	
Director of Public Health Annual Report	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To review the Oxfordshire County Council's Director of Public Health Annual Report, which has a specific focus on climate action and health.	Overview and Scrutiny	Ansaf Azhar, Director of Public Health.

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Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 6 June 2024.

	Item	Action/Recommendation	Lead	Progress update
1	Minutes of 23 September 2022	Health partners to be invited to the next OCC scrutiny training	Tom Hudson / Omid Nouri	To be actioned in the new municipal year for 23/24. In progress *Update – OCC scrutiny are working up a training proposal with CfGS.*
	24 November 2022 Meeting			
2	Primary Care	Recommendation: Specified roles are filled within the ICB with the primary responsibility to work with District Councils at Place Level to coordinate use of CIL funds held by the ICB and from executed Section 106 funds for Primary Care.	Julie Dandridge/ Daniel Leveson	Progress/update response: The ICB have managed to recruit a Primary Care estates manager who will have a key role in working with Districts in terms of planning for new housing developments. The successful candidate starts in December 2023. Unfortunately, recruitment was delayed due to lack of suitable candidates.

	Item	Action/Recommendation	Lead	Progress update
3	Cllr Barrow's infection control report	OCC carries out a regular review of current infection control procedures in care homes and the support provided.	Karen Fuller, OCC	This is built into our routine procedures in relation to infection control and monitoring outbreaks. OCC works in partnership with Oxford Health care home support service, CQC and UKHSA. *UPDATE – Subsequent Care Home Visits to be arranged in conjunction with the Director for Adult Social Care.*
	10 March 2022 **Meeting**			
4	Access and Waiting Times	Information is supplied on the new elective care access offer across the BOB footprint (the provider collaborative)	Omid Nouri/Titus Burwell	BOB ICS Elective Recovery plan & provider collaborative would need to be presented by BOB ICS colleagues - In progress *Update – A scope is being drawn up for Titus Burwell, Chair of BOB Elective Recovery Backlog Group, to brief the Covid-19 Elective Recovery Backlog group on the subject with a particular focus on Symptomatic breast cancer 2WW and in respect of Urological Cancer referrals.*

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 6 June 2024.

	Item	Action/Recommendation	Lead	Progress update
5	Access and Waiting Times	That Members meet separately with James Scott to explore workforce challenges across Oxfordshire/the NHS	BOB HOSC, BOB ICS	*Eddie and OCC BOB HOSC Members to ask for the item to be placed on the BOB HOSC Work Programme.* In progress *Update – To be considered as part of future discussions amongst the BOB HOSC*
6	Chairs Update	That Members of the Committee come forward in which to develop a glossary of NHS acronyms.	Omid Nouri/ Cllr Nigel Champken-Woods	*Cllr Champken – Woods came forward at the last meeting to start an early draft. It was identified that Wokingham's HOSC glossary as a good model to follow.* In progress *This is currently being collated with Cllr Champken-Woods and will be appended at the back of HOSC agendas once finished.*
	14 July Meeting 2022			
7	Integrated Improvement Programme	Establish a sub group on the Integrated Improvement Programme to provide NHS / OCC colleagues the opportunity to engage with HOSC outside of formal Committee meetings (as well as in addition to). It should cover all aspects of comms and engagement and any issues relating to services at Wantage.	Cllrs Hanna, Edosomwan, Barrow and Barbara Shaw Omid Nouri	In progress – *UPDATE- The Integrated Improvement Programme met as a Member-only forum on 20 September 2022 and agreed to meet with a ICB representative in respect of the ICB's involvement in the IIP. The Group also agreed that a group would engage with representatives at OH in respect of the maternity closures and maternity closures across Oxfordshire.* *Terms of Reference for the Group will be drawn up for engagement in respect of the consultation and delivery plan relating to the IIP.*

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 6 June 2024.

	Item	Action/Recommendation	Lead	Progress update
	22 September 2022 Meeting			
8	Action and Recommendation Tracker	NHS England Health and Justice to fill out the Committee's substantial change toolkit in relation to the SARC in Bicester; this is to then be reviewed by Members via email, with a view to meeting the Commissioner in person.	Lisa Briggs	In Progress - The Substantial Change Toolkit form has been received and was considered by Cllrs Champken-Woods, Hanna and Heywood. It was considered that there was no substantial change. However further information in respect of the service has been requested and waiting a response.
	24 November 2022 Meeting			
9	**Primary Care**	The Committee is informed as to how much Community Infrastructure Levy funding has been received by the Oxfordshire CCG and subsequently the BOB ICB (from Oxfordshire), the amounts received from the 5 individual District Councils, how much of those CIL funds have been spent, which health related CIL funded projects have been commissioned; and what projects have been completed or are in progress using executed Section 106 funds.	Julie Dandridge	In progress – The ICB has been reminded of these questions and will feedback to the Committee outside the formal Committee process. *UPDATE – Julie Dandridge to provide an update on a list in respect of where the funds currently sat, time restrictions and other obligations.*
10	**Serious Adult Mental Health**	A workshop on serious adult mental health is co-produced to allow further Committee exploration of the area.	Omid Nouri, OH, Karen Stephen Chandler	In progress – To be scoped after the 9th of February 2023 HOSC Meeting.
	9 February 2023 Meeting			
11	**SCAS Improvement Programme Update**	SCAS' performance data be regularly reviewed by the Committee's Covid-19 Elective Recovery Sub-Group.	Omid Nouri/SCAS	In progress- The Committee is to be advised when the wait-time performance data can be broken

	Item	Action/Recommendation	Lead	Progress update
				down into (Middle Layer Super Output Areas) MSOA level. Likely to be Autumn 2023
12	**Committee Work Programming**	A Work Programming Meeting be arranged with all Committee Members	Omid Nouri/ Tom Hudson	In progress – a partial work plan has been suggested, but in light of the appointment of a new Scrutiny Officer the completion of the new work plan is to take place once they are in post and are better placed to help the committee deliver it.
	11 May 2023 Meeting			
13	**Dentistry Provision in Oxfordshire**	To collaborate with the Place Based Partnership, Public Health, and providers with a view to creating a base line dentistry data set that will mean local improvements to poor dental health of residents can be achieved and clearly communicated.	Hugh O' Keefe NHSE/Daniel Leveson BOB ICB	Response: The Oxfordshire Joint Strategic Needs Assessment (2023) contains information about the oral health of 5 year olds in the county. This information is derived from national epidemiological surveys. The ICB will work with Public Health colleagues to review and update this information. The ICB is developing a Primary Care strategy including dental services. This will include a review current data and the development of datasets to inform future commissioning plans. There is a strong link between socio-economic factors and health. The aim is to develop a strategy outlining how primary care via service delivery and partnership working with other agencies will improve the health of the

	Item	Action/Recommendation	Lead	Progress update
				population with oral health to be a key element of the strategy.
14	**Dentistry Provision in Oxfordshire**	To resolve any remaining uncertainty regarding the local flexibilities available to the ICB, and to consider investment of the underspend in Oxfordshire in targeted action to improve access to health and better serve Oxfordshire's children and residents with the greatest need.	Hugh O' Keefe NHSE/Daniel Leveson BOB ICB	Response: The BOB ICB Flexible Commissioning pilot commenced on 1st June 2023. The pilot scheme will run to 31st March 2024 and is designed to support access to NHS dental care for patients who have struggled to access NHS dental care. The scheme supports access for patients who have not attended a local dental practice for 2 years; who have relocated to the area; Looked After Children, families of armed forces personnel, asylum seekers and Refugees. Practices can also see 'other' patients of they believe it to be clinically appropriate. It allows practices to convert up to 10% of their contractual capacity from the delivery of activity targets to access sessions, where more time can be set aside for patients likely to have higher treatment needs. 30 practices in BOB are taking part in the scheme (18 from Oxfordshire) with plans to provide nearly 3,000 Flexible Commissioning access sessions in the period July 2023 to March 2024. In the first 4 months about 900 sessions were provided with 3,000 patients attending (3,500 attendances). About 70% of patients attending to date have not attended a dental practice for 2 years; 14% have relocated to the area; 12% 'other' (includes patients who have

	Item	Action/Recommendation	Lead	Progress update
				been unable to access care, urgent patients, maternity, patients with an on-going clinical need that requires dental intervention, vulnerable patients, children's emergency trauma and cancer patients needing dental treatment as part of their care). 4% of attendances have been from Looked After Children, families of armed forces personnel and asylum seekers and refugees. The service is subject to on-going review and development. National guidance in respect of Flexible Commissioning was issued in October 2023. Whilst access to NHS dental services is continuing to improve, some capacity has been lost following decisions by some practices to leave the NHS or reduce their NHS commitment. The ICB is working with local practices on a re-commissioning plan to replace this capacity from 2023-24 onwards.
	21 September 2023 Meeting			
15	**Oxfordshire Healthy Weight**	Recommendation: To ensure adequate and consistent support as part of secondary prevention for those living with excess weight; and to improve access to, as well as awareness of, support services that are available for residents living with excess weight.	Derys Pragnell	Recommendation Accepted: Initial Response (additional progress update response to be provided in April 2024):

	Item	Action/Recommendation	Lead	Progress update
				We currently commission two healthy weight services at Local Authority level, one that works with adults and another working with children. We also link closely with partners (NHS) who offer services at tiers above and below our own with a view to offering a seamless pathway. We identified some gaps in service as part of the recent Health Needs Assessment (HNA) on Healthy Weight. The current contract is coming to an end and we are planning to commission an 'all age service' with some additional elements to meet the gaps identified in the HNA. We are also planning a review and refresh of opportunities to raise awareness of support that is available. Update April 2023: We are in the process of recommissioning an all age, Tier 1 & 2 service,and will know the outcome by late Spring 2024. The service will commence on 1st September 2023. The new Tier 1 and 2 service will include a range of programmes for residents to chose from, as well as developing innovation pilots with specific populations as identified by the HNA, to test and learn what works with these residents to support achieving a healthy weight. Communications and campaigns will be part of this contract to increase awareness of the service for residents and professionals.

	Item	Action/Recommendation	Lead	Progress update
16	**Oxfordshire Healthy Weight**	Recommendation: To ensure effective support for ethnic groups that are more likely to develop excess weight, and to raise awareness amongst these groups of the support available to them.	Derys Pragnell	Recommendation Accepted: Initial Response (additional progress update response to be provided in April 2024): The current healthy weight service has specific programmes for ethnic groups who are more likely to develop excess weight. This includes innovation pilots working in mosques, women only sessions, and tailoring content to be specific (e.g. on food types) The new service will build on this learning/modelling and is likely to have community development as a delivery component within key priority areas and populations, including ethnically diverse. Update April 2023: This detail remains the same. We can provide specific numbers and details of groups if HOSC require
17	**Oxfordshire Healthy Weight**	Recommendation: To work on providing support to the parents, carers, or families of children living with excess weight, and to help provide them with the tools to help manage children's weight.	Derys Pragnell	Recommendation Accepted, HOSC will receive future progress update in April 2024. Update April 2023: Current Tier 1 and 2 services commissioned by public health have bespoke services for children. From September 2024 the new service will have innovation pilots to test and learn what works with cohorts aged 0-3 and teenagers. In addition, a range of digital

	Item	Action/Recommendation	Lead	Progress update
				and print resources for adults and families will be available from the provider to support a healthy weight. The provider will also be part of wider systems working, linking up a range of partners, for example NCMP and 0-19 providers. A children's healthy weight toolkit for health, social and voluntary/community professionals is in redevelopment. A 'You Said, We Did' response has been developed for Early Years professionals following a survey and interviews to support knowledge and skills in healthy eating. This includes Lunchbox Planners, Child Feeding Guide Training and a range of other resources. Finally, Public Health have led a working group to develop a suite of resources and assets to support uptake of Healthy Start across the County, including in ethnic minority groups. This has recently gone live.
18	**Oxfordshire Healthy Weight**	Recommendation: To explore avenues of support for residents who may struggle to afford healthy diets in the context of the cost-of-living crisis.	Derys Pragnell	Comment on Recommendation: This should be an action/link for Food Strategy work across Oxfordshire, which is led by Laura, Rushen, Senior Policy Officer at OCC– each District Council has been commissioned to undertake work for their District. Update April 2023:

	Item	Action/Recommendation	Lead	Progress update
				Action plans have been developed and adopted by the following councils: Cherwell – 4 March Oxford – 13 March West Oxfordshire – 9 March South Oxfordshire and Vale of White Horses' action plans are being finalised.
20	**Oxfordshire Healthy Weight**	Recommendation: In light of recent findings relating to the risks of excess weight medication (GLP-1 receptor agonists), it is recommended that the BOB Integrated Care Board review the availability of these medications and any associated risks; and to update the Committee on this.		A separate response to this recommendation will be sought from BOB ICB.
21	**Oxfordshire Healthy Weight**	Recommendation: To orchestrate a meeting with HOSC, to include senior Planning/Licensing officers, Chairs of Planning Committees of the District Councils and lead officer responsible for advertising/sponsorship policy as well as the relevant Cabinet Member to discuss the planning and licensing around the presence of fast-food outlets in certain areas around the County and the advertising of HFSS products.	Derys Pragnell/ Omid Nouri	Health Scrutiny Officer (Omid Nouri) to liaise with relevant officers to facilitate this meeting in the near future. Update April 2023: We believe this meeting was being co-ordinated by HOSC. We have met several times with planning leads and provided detailed backing information and evidence to support each District/City Council to put in place a policy to restrict Hot Food Takeaways if they choose. Public Health have commissioned Bite Back to develop a youth manifesto on food environments for Oxfordshire, including focusing on vending and HFSS advertising in different locations across the County.

	Item	Action/Recommendation	Lead	Progress update
22	**Health and Wellbeing Strategy**	Recommendation: To ensure careful, effective, and coordinated efforts amongst system partners to develop an explicit criteria for monitoring the deliverability of the strategy; and to explore the prospect of enabling input/feedback from disadvantaged groups as part of this process.	David Munday	Recommendation Accepted: Initial Response (additional progress update response to be provided in April 2024): The Health and Wellbeing board has committed to the development of a delivery plan and outcomes framework for this new HWB strategy. This is to ensure the strategy is delivered by the partnership. We expect that an initial version of this will be presented to the HWB in March 24 and it will build on the strong public engagement that has already occurred in the strategy formation to date. Update April 2023: The Health and Wellbeing Strategy Outcomes Framework was agreed at the Health and Wellbeing Board in March 2024. The Outcomes Framework has broken each of the 10 priorities down into more tangible Shared Outcomes- between 3 and 5 of these per priority. It also maps existing programmes of work against each of the 10 priorities. The Framework also lists suggested metrics to monitor delivery- these are Key Outcomes (a measure of the strategic impact we want to see) and Supporting Indicators (the process measures that support achievement of the strategic change). Finally, the Outcomes Framework lists the governance forums within the Oxfordshire

	Item	Action/Recommendation	Lead	Progress update
				System that is the primary partnership responsible for delivery against each of the priorities. It is these forums and work programmes they have oversight of that ensure relevant engagement with residents over the monitoring of progress in their work areas. It has been agreed by the board that it will review progress, data against the metrics and received narrative update on only one part of the strategy at each of its quarterly meetings, so that over the course of a 12 month work programme it will have reviewed once delivery against all parts of the strategy. Full papers on the Outcomes Framework are available on HWB March agenda.
	Local Area Partnership SEND	Recommendation: For Leadership over the Partnership and of Children and Young People's SEND provision to be explicitly set out and communicated clearly to families and all stakeholders; as well as clear measures of how leadership will be developed and demonstrated at all levels, and to demonstrate how new ways of working with stakeholders will put families at the heart of transformation.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): Partnership leadership, assurance, and oversight of SEND provision is by the Oxfordshire SEND Improvement Board (SIB). The Board provides transparent visibility of progress, constructive and robust challenge, as well as celebrating what is working well and improving. The progress of improvements will be routinely scrutinsed by appropriate scrutiny arrangements (People Scrutiny, HOSC and ICB Quality Group).

	Item	Action/Recommendation	Lead	Progress update
				Operational delivery of the Priority Action Plan (PAP) is via the Partnership Delivery Group (PDG), supported by time-limited Task and Finish groups. SIB, PDG, and Task and Finish groups all include Parent/ Carer representation. Continued improved communication with families and stakeholders is a key focus of our SEND action planning. It underpins our governance arrangements, is a key priority within the PAP, and is a focus area of our Working Together Task and Finish group.
Page 54	**Local Area Partnership SEND**	Recommendation: To ensure good transparency around any action planning and the improvement journey for SEND provision for Children and Young People, and to develop explicit Key Performance Indicators for measuring the effectiveness of improvements that are open to scrutiny. The Committee also recommends for more comprehensive action planning after the publication of the initial action plan requested by Ofsted, and for this action planning to be made fully transparent. The SIB will consider at its inaugural meeting how best to ensure information easily and publicly available.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): The Priority Action Plan includes development of an Integrated Local Area Partnership SEND dashboard, based on partnership KPIs, with performance overseen by the SIB. As above, ongoing PAP action planning is operationally overseen by PDG and Task and Finish Groups. PDG reports monthly to the SIB.
	Local Area Partnership SEND	Recommendation: For the Leadership to adopt restorative thinking and practices with utmost urgency to reassure affected families, and for this thinking to be placed at the heart of any co-production exercises	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): Restorative Approaches are well-established within Children's Services. Co-production with children and families is at

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		to help families feel their voices are being heard as well as for the purposes of transparency.		the heart of PAP and wider action planning. As noted, they are represented within all leadership & delivery bodies for SEND improvement.
Page 55	**Local Area Partnership SEND**	Recommendation: To ensure adequate and timely co-production of action planning to improve SEND provision, and for the voices of Children and their families to be considered in tackling the systemic failings highlighted in the report. The Committee also recommends that the Partnership considers timely allocation of seed funding for the development of co-production involving people with lived experience; and for joint commissioning of training and alternative provision across Oxfordshire, involving multi-agency stakeholders, the voluntary sector, and families.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): SIB responsibilities include ensuring that co-production is embedded in the culture of SEND services. Our Multi Agency Quality Assurance (MAQA) forum has the purpose of setting out consistent, service specific processes for the quality assurance of Education, Health, and Care Plans, ensuring that good practice and learning is shared, informs training and professional development for all professionals involved in the process, underpinning our vision for shared responsibility for improving outcomes, on the improvements achieved and next steps. Partnership training, and impact measures, are included in the PAP. All PAP actions are time-specified, ranging from December 2023 to post-July 2025, dependent on prioritisation and practicability.

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	Local Area Partnership SEND	Recommendation: To continue to improve working collaboration amongst the Local Area Partnership to integrate support mechanisms and services as effectively as possible, and for rapid improvements to be demonstrated on clear and efficient information and patient-data sharing on children with SEND.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): There are existing arrangements to enable the sharing of information across partners. The effectiveness of these will be considered as part of the improvement journey.
	Local Area Partnership SEND	Recommendation: For every effort to be made for children and young people with SEND to receive the support that is specifically tailored toward and appropriate to their own needs and experiences; and for those involved in providing support services to be aware of the additional/ alternative services available which a child may also need a referral to. It is also recommended that improvements in one-to-one communications with families should be prioritised by Oxfordshire County Council, using the budget agreed by cabinet immediately following the Ofsted report.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): Priority actions within the PAP include co-production of both refreshed Local Offer and development of local area partnership early help and early intervention strategy. Together with improved EHCP assessment process, and Team Around the Family, this will enable the delivery of needs-led provision and the progression of outcome led plans with families. As noted above (Paragraph 8), continued improved communication with stakeholders and families is a key priority.
	Local Area Partnership SEND	Recommendation: To consider the use of digital resources for enablement, including at an individual level; and to ensure EHCPs are up to date and that they constitute living documents for families.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): Timeliness and quality of EHPCs, along with improved parental access to the digital portal, are addressed within PAP item 3. Actions include ensuring accurate, timely, and effective assessment, and effectively meeting needs, particularly at

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				points of transition. Assessment timeliness is improving, despite increasing demand. Timeliness of completion within 20 weeks has improved from 40% in June 2023 to 50% in the last month.
Page 57	**Local Area Partnership SEND**	Recommendation: For SEND commissioning to be developed using the Ofsted report as a baseline, and to place person-centred mental and physical health of children and their families with SEND at the centre of decisions on how funding is spent to maximise social value. The Committee also recommends for the Local Area Partnership to map all funding sources available for, and to explore joint commissioning of services and training that could improve the overall health and wellbeing for children with SEND.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): PAP priority actions include a focus on improved commissioning and strong relationships with commissioned providers, to improve capacity, meet demand, and meet the needs of children, young people, and their families. The PAP is also focused on ensuring commissioning arrangements support timely decision making and transition arrangements, and that there is a multi-agency approach to meeting the needs of children with emotional and mental health difficulties. The Leadership and Partnership Task and Finish group has responsibility for integrated commissioning of SEND services. The Oxfordshire Joint Commissioning Executive, which plays a key role in the delivery of many Priority Action Plan actions, reports into the Partnership Delivery Group.
	Local Area Partnership SEND	Recommendation:	Stephen Chandler/An	Initial Response (additional progress update response to be provided in April 2024):

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		To ensure that there is clarity of information on any physical or mental health services for children with SEND, to reduce the risk of confusion and lack of awareness of such services amongst parents, carers or families of children who require support for their mental or physical health.	ne Coyle/Rachel Corser	A local area pathway is being developed for children and young people with emotional wellbeing and mental health concerns. The i-THRIVE framework (an integrated, person-centred, and needs-led approach to delivering mental health services for children, young people, and their parents/carers) will be linked to the Early Help Strategy and Team Around the Family.
	Local Area Partnership SEND	Recommendation: To exercise learning from how other Counties and Systems have provided well-coordinated and effective SEND provision; particularly where measures have been adopted to specifically reduce the tendency for poor mental or physical health amongst affected Children and Young People.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): Our response to the SEND inspection, including development of PAP and KPI dashboard, has been informed by learning from other local authorities. Children's Services senior leadership bring a wealth of experience in delivering transformation and service improvement within other local authorities. This includes both the recently appointed independent chair of the SIB, Steve Crocker (Former President of Association of Director of Children's Services) and new SEND/ Children's Services Improvement. We have invested in an additional Assistant Director for Early Help & Prevention, and Strategic Lead for Specialist Projects. Deputy Directors for Children's Social Care/ Education are likewise experienced.

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	Local Area Partnership SEND	Recommendation: To ensure that staff involved in Health, Care, Education, and any relevant Voluntary Sector organisations are sufficiently trained and aware of children that may be neuro-divergent, have a learning difficulty or a disability (SEND); and for such staff to be adequately aware of the support and resources available, and the processes for referring such children for any relevant mental or physical health services that they might require.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): As noted above, partnership training is embedded within the PAP. The Working Together Task & Finish group leads on Workforce Development.
	Local Area Partnership	Recommendation: For HOSC to continue to follow this item and to evaluate the impact of any changes or improvements made, with specific insights into the following; the Partnership's Action Plan as requested by HMCI; the overall measures taken to address the concerns raised by the Ofsted/CQC inspection; the progress made by CAMHS in reducing waiting times for treatment of children with SEND who require mental health support; and on how the NHS is working to increase the overall acquisition and availability of data on SEND children's mental health from key mental health providers.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): There are clear governance and reporting structures, as outlined above. We can provide updates as required.
	23 November 2023 Meeting			
	Children's Emotional Wellbeing & Mental Health Strategy	Recommendation: To work on developing explicit and comprehensive navigation tools for improving communication and referral for services at the neighbourhood level and within communities. It is		Recommendation Partially Accepted: Initial Response (additional progress update response to be provided in June 2024):

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		recommended that piloting such navigation tools in specific communities may be a point of consideration.		We work closely with partners across Oxfordshire who offer advice, support and interventions for children, young people and their families and are currently tendering for a peer support app for CYP to support their mental health and well-being with a directory of local services to meet their needs. We recognise the importance of ensuring that local communities and neighbourhoods are connected to service provision in their areas. This is also important to the workforce so that they know who their local link is for support and services. This recommendation applies to all system partners to ensure that information is made available. HOSC can also support this approach with members of the scrutiny committee sharing information through their networks. The new SEND Local offer also provides details how to apply for help and includes a directory of local provision that both CYP and their families as well as professionals can access. This has been co-produced with Oxfordshire Parent Carer Forum and is key action in the priority action plan the link for the new website: Oxfordshire SEND local offer | Oxfordshire County Council As part of the early help strategy refresh this year OCC Children's Services will be ensuring the offer of early help is

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Page 61				accessible to all families to find information to support them along with resources available within the local offer and linked with FIS. Co-production is a critical part of the strategy development and the commissioning cycle. This approach was adopted for the development of the emotional health and wellbeing strategy and in the commissioning of the digital offer. The Council recognises that improvements can be made and in future tenders we would like CYP to be able to be part of the evaluation process. We are working with procurement and legal colleagues to enable this to happen without being at risk of breaching contract procurement regulations and legal challenge. We have built reviews and service improvement into the digital offer and will be able to provide updates in due course.
	Children's Emotional Wellbeing & Mental Health Strategy	Recommendation: To ensure adequate co-production with children and their families as part of continuing efforts to deliver the strategy, including considerations of how children and families can be placed at the heart of commissioning. It is also recommended for an early review with the users of the digital offer once this becomes available; to include		Recommendation Accepted: Initial Response (additional progress update response to be provided in June 2024): Co-production is a critical part of the strategy development and the commissioning cycle. This approach was

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		testing with neurodivergent children and other children known to be at higher risk of mental ill health.		adopted for the development of the emotional health and wellbeing strategy and in the commissioning of the digital offer. The Council recognises that improvements can be made and in future tenders we would like CYP to be able to be part of the evaluation process. We are working with procurement and legal colleagues to enable this to happen without being at risk of breaching contract procurement regulations and legal challenge. We have built reviews and service improvement into the digital offer and will be able to provide updates in due course.
	Children's Emotional Wellbeing & Mental Health Strategy	Recommendation: To continue to explore and secure specific and sustainable sources of funding for the Strategy to be effectively delivered in the long-run.		Recommendation Accepted: Initial Response (additional progress update response to be provided in June 2024): Funding for supporting emotional health and wellbeing comes from a number of government departments and organisations. This includes Department for Education and NHS England as well as funding provided to the voluntary and community sector and for research and evaluation to grow the evidence base on what works. As a system we will strive to identify sustainable sources of funding for Oxfordshire. Local funding streams will be

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				determined by the financial envelope provided to us nationally for this work. Any proposals to increase resources to better meet the needs of CYP in Oxfordshire are being managed by the SEND Priority Action Plan to address priorities identified during the Local Area SEND inspection by OFSTED and CQC.
	Children's Emotional Wellbeing & Mental Health Strategy	Recommendation: To ensure that children and young people and their families continue to receive support that is specifically tailored toward their needs. It is recommended that a Needs-Based Approach is explicitly adopted, as opposed to a purely Diagnosis-Based Approach. This could allow for early intervention to be initiated as soon as possible.		Recommendation Accepted: Initial Response (additional progress update response to be provided in June 2024): System partners recognise the recommendation to be needs led and provide support to children, young people and families at the earliest opportunity utilising the Think Family Approach and as endorsed within the Early Help Strategy to offer the right support at the right time. Oxford Health are already taking this needs-led approach through Universal Public Health Services for CYP. Oxford Health CAMHS service also commission Autism Oxfordshire to give CYP and their families pre-diagnoses support for those waiting for a Neuro-development Conditions assessment. We are exploring different ways of commissioning and delivering Neuro-development Conditions assessment services across the BOB ICB as long waits are a national issue. Addressing waits for

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				Neuro-development Conditions assessments is also an action in the SEND Priority Action Plan.
Page 64	**Children's Emotional Wellbeing & Mental Health Strategy**	Recommendation: That consideration is given to the use of a simple and evidence-based standardised evaluation measure, that is suitable across all services that are working on Children's mental health in community settings.		Recommendation Partially Accepted: Initial Response (additional progress update response to be provided in June 2024): Evaluations tell us what works and what does not. An evaluation should be a rigorous and structured assessment of a completed or ongoing activity, intervention, programme or policy that will determine the extent to which it is achieving its objectives and contributing to decision-making. Collecting feedback, data and local intelligence from children and young people, communities and services is essential to inform a needs-led approach. We will explore what guidance and evidence-based practice is available to address this recommendation. We would also like to recommend that this is broader than 'children's mental health in community settings' to recognise the impact of wider determinants on emotional health and wellbeing for children, young people and their families.

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				Children's Services already utilise SDQ's to measure and evaluate children's Mental Health for Children We Care For and we could look to expand this practice to a wider cohort of children to further explore their needs.
	8 February 2024			
	Director of Public Health Annual Report	For the fully published DPH Annual report to come to a future HOSC meeting, with a view to further scrutinise the report and the deliverability of the commitments around climate action and health.	Ansaf Azhar	Recommendation Accepted: We have agreed to bring the 2023/24 DPH Annual Report to a future HOSC meeting to enable members to consider the deliverability of its recommendations.
	Director of Public Health Annual Report	For the full DPH report to incorporate a section with insights into Population Health, and to include an update on progress on recommendations from the previous DPH Annual report.	Ansaf Azhar	Recommendation Accepted: The DPH report now includes a summary profile of Oxfordshire's Health and Wellbeing with signposting to the Joint Strategic Needs Assessment which provides more detailed and live data.
	Director of Public Health Annual Report	For there to be clear and thorough engagement and co-production with key stakeholders around the commitments to climate action and health after the publication of the report. It is recommended that the local contexts and sensitivities are taken into account, with a view to balance these with national directives around climate action and health.	Ansaf Azhar	Recommendation Accepted: This recommendation is reflected in the engagement plan for the report.
	Director of Public Health Annual Report	For there to be clear transparency and indications as to the barriers and enablers surrounding commitments to climate action and health. It is recommended that sufficient avenues of funding and resources are secured	Ansaf Azhar	Recommendation Accepted: All relevant avenues of funding and resources will be pursued to support delivery of the Report's recommendations.

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		for the purposes of delivering these ambitions, and for collaboration with key system partners for the purposes of this.		
	Director of Public Health Annual Report	For there to be clarity around any governance structures or processes around climate action and health. It is recommended that there is transparency around any key leads responsible for relevant policy areas around climate and health to understand individual/organisational commitments, as well as to understand any associated regulatory or legislative barriers to these commitments.	Ansaf Azhar	Recommendation Accepted: The report has already been submitted to the Future Oxfordshire Partnership Environment Advisory Group, which provides governance of system wide action to address climate change; it was welcomed and endorsed by this group. Within OCC the Climate Action Programme Board provides internal governance mechanisms for monitoring progress.
	Director of Public Health Annual Report	To ensure that clear processes are in place for monitoring and evaluating the measures taken as part of climate action, with specific attention to the implications that such measures may have on residents' health and wellbeing.	Ansaf Azhar	Recommendation Accepted: The report's recommendations are aligned with metrics that are reported against as part of OCC's Unity performance monitoring system. In addition, impact on health outcomes will be reported through the Joint Strategic Needs Assessment.
	Director of Public Health Annual Report	To raise educational awareness and understanding of the importance of climate action and its implications on health.	Ansaf Azhar	Recommendation Accepted: As part of the engagement plan, schools will be engaged as part of a coordinated approach to secure the support of schools' strategic leadership teams for action on climate and health.
	Director of Public Health Annual Report	For next year's DPH Annual report to be brought as a full draft to the Committee's spring meeting, with a view to scrutinise the	Ansaf Azhar	Recommendation Accepted: Next year's DPH Annual report will be brought to the Committee's spring meeting

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		draft and provide feedback in a public meeting ahead of its official publication.		with a view to scrutinise the deliverability of its recommendations.
Page 67	**John Radcliffe Hospital CQC Improvement Journey**	For the Trust to continue to take improved measures to improve patient safety at the John Radcliffe. It is recommended that staff are sufficiently supported and trained in being able to maximise patient safety.	Eileen Walsh, Andrew Brent, Lisa Glynn	Recommendation Accepted: As a Trust, we take patient safety and quality improvement very seriously and so this work has been at both strategic and operational levels. As noted in our report to HOSC in February 2024, numerous developments across the Trust have taken place since the last inspections at the JR; all of which support and deliver improvements across each of the key questions: Safe, Responsive and Well Led. We continue to review all patient safety incidents with moderate or above impact at our daily Patient Safety Response (PSR) meeting which is chaired by senior clinical leaders with medical, nursing and governance representation from across the Divisions. In line with national requirements, we introduced Patient Safety Incident Response Framework (PSIRF) in 2023. This is an approach to developing and maintaining effective systems and processes for responding to patient safety incidents focussed on learning and improving patient safety. We have a new policy with associated training, and it is supported by a detailed Incident reporting and learning procedure. This has included the appointment of patient safety partners. We continue to monitor key patient safety metrics both internally and against national

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Page 68				benchmarks. The latest Summary Hospital-level Mortality Indicator (SHMI) for October 2022 to September 2023 is 0.92 (0.89-1.12). This is banded 'as expected'. From May 2024, the Trust level SHMI will exclude deaths that occur in the two Trust hospices (Katherine House Hospice and Sobell House Hospice) in line with benchmarked Trusts. Provisional NHSE data shared with the Trust shows a SHMI excluding the hospices of 0.86 for January to December 2023, which is banded as 'lower than expected'. The Trust's Hospital Standardised Mortality Ratio (HSMR) is 88.8 (95% CL 85.1 – 92.6) for September 2022 to August 2023. The HSMR remains banded as 'lower than expected'. The HSMR excluding both Hospices is 80 (71.5 -97.6). All deaths undergo a mortality review to identify and implement any potential learning. Huge emphasis has been placed on core skill compliance. This includes statutory and mandatory training across a range of clinical and non-clinical domains; patient safety training; and role specific training. Compliance is monitored via our MyLearning Hub electronic learning platform and through appraisal. Similar emphasis is placed on appraisal completion and monitoring to support staff in their personal development and delivery of the Trust objectives. Compliance is now recorded on a central system, with rates published in the monthly 'Integrated

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Page 69				Performance Report' monitored by our Trust Board (papers are published on our website). We introduced a values-based appraisal (VBA) window for the first time in 2022 which has had a positive impact. 94.2% of Trust wide staff completed an appraisal in the last financial year compared to 65% in 2021-22. The OUH CEO launched our new 'Kindness into Action' programme in October 2022 with a Leading with Kindness training programme for our leaders and managers, something that has been integral to the improvement and development of core services across all sites. By the end of March 2024, 519 leaders in the organisation had completed this comprehensive training package and a further 969 leaders were in the process of completing the training. In addition, 1060 other members of staff had completed the complementary 'Kindness into Action' training for all staff. Underpinning all that we do is a strong focus on Quality Improvement (QI), with ~1,500 staff now trained in Quality Improvement. Reflecting this is our positive feedback from the NHS Staff Survey, which highlights a significant cultural shift within ourorganisation towards greater staff autonomy and involvement in decision-making processes related to their work areas. These survey results reflect our staff's increasing ability to contribute to improvements and compare favourably

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				with many other NHS Trusts. The staff survey includes 3 questions on quality improvement. In all three questions OUH has seen improvement over the last few years and the scores remain above the average for staff survey results in England.
Page 70	**John Radcliffe Hospital CQC Improvement Journey**	For ongoing stakeholder engagement and coproduction to be at the heart of the John Radcliffe Hospital's efforts to address the concerns identified by the CQC, and for there to be clear transparency and further evidence of this to be provided.	Eileen Walsh, Andrew Brent, Lisa Glynn	Recommendation Accepted: HOSC are thanked for their recognition of the importance of stakeholder engagement and co-production in NHS services. Stakeholder engagement is a vital part of both our strategic and operational efforts. The views of patients, families, carers, staff and partners help shape our services across the JR and the wider trust. By way of an example of our commitment to this, since the last CQC inspections we have published "Your Voice: Patient Experience and Engagement Plan 2023 – 26" which sets the vision and direction for improving how the Trust learns from lived experience and then puts this into practice with experts by experience working alongside us to implement change. We hold an annual patient safety engagement event which is geared to engage patients the public and our governors in helping set our annual quality priorities. In addition, as flagged in our report to HOSC, patient experience stories are presented to the Trust Board and our Integrated Assurance Committee, providing an insight into an individual's experience of our services. They often provide opportunities for learning.

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Page 71				Supporting and involving staff and patients after a patient safety event is one of the four key elements of the Patient Safety Incident Response Framework and the integral work of our Patient Safety Partners. For our staff, we have worked to ensure everyone in the organisation feels they can have a say and that their voice is heard and listened to. Their views are taken into account when decisions are being discussed that affect them. Where we have improvement programmes across the Trust, we ensure there is a 'Development Programme' structure where staff can input, shape and influence those improvement programmes. We have also put mechanisms in place to enable an ongoing conversation with our staff, in different ways, to ensure every voice is heard and actively listened to and the feedback used to guide action plans to address issues raised and celebrate when things are going well.
	John Radcliffe Hospital CQC Improvement Journey	For clear transparency around the Trust's efforts to address the CQCs concerns around the John Radcliffe. It is recommended that there are clear indicators that could help determine how improvements in the John Radcliffe are being driven overall as well as in the specific service areas of Gynaecology, Maternity, Surgery, and Urgent & Emergency Care.	Eileen Walsh, Andrew Brent, Lisa Glynn	Recommendation Accepted: We acknowledge the importance of transparency around the quality and improvement in our services. We have therefore ensured that the key reports for us, that play a central a role in monitoring, compliance and improvements, are routinely taken through the Trust's governance structures up to the Trust Board. This includes the publication of

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				associated papers on our website. For example, our Integrated Performance Report (IPR) is reported to the Board and it contains performance indicators, assurance reports and development indicators. The IPR identifies actions to address risks, issues and emerging concerns. This help assist us understand the progress and impact of improvements. The outcomes and overview of our progress in response to CQC Inspections have been reported in the Trust's Annual Reports and Quality Accounts. These are also published on the Trust's website.
Page 72	**John Radcliffe Hospital CQC Improvement Journey**	For sufficient resources to be secured for the purposes of delivering and potentially expanding the Hospital at Home Service.	Eileen Walsh, Andrew Brent, Lisa Glynn	Recommendation Partially Accepted: The Hospital at Home service (H@H) is a successful initiative that has been introduced, providing an alternative to acute hospital admission, for the treatment and monitoring of patients, enabling them to stay at home during an acute illness. We are committed to having a continuous focus on improving our urgent and emergency services; of which the H@H initiative is an important part. We look to deploy our limited NHS financial resources and workforce according to the needs of patients. As models of care evolve, the range of healthcare roles develop and technology advances evolve, we will continually innovate to ensure the care we provide meets the needs of patients within the financial envelope we have available.

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	John Radcliffe Hospital CQC Improvement Journey	For a site visit to be orchestrated for the purposes of providing the Committee with insights into the measures taken by the Trust to improve patient safety at the John Radcliffe.	Eileen Walsh, Andrew Brent, Lisa Glynn	Recommendation Accepted: OUH would be happy to host a delegation from HOSC to visit the JR to provide first hand illustration of some of the measures taken to improve patient safety.
	18 April 2024			
	GP Provision	To ensure continuous stakeholder engagement around the Primary Care Strategy and its implementation; and for the ICB to provide evidence and clarity around any engagements adopted, to include evidence on key feedback themes and from which groups within Oxfordshire such themes were received from. It is also recommended that there is a clear implementation plan to be developed as part of the Primary Care Strategy, and for this to be shared with HOSC and key stakeholders.	Julie Dandridge, Daniel Leveson	Recommendation Partially Accepted: The ICB has publish a summary of feedback received. This feedback has not been collected on an Oxfordshire footprint. The summary feedback can be found 20240521-bob-icb-board-item-11-bob-icb-primary-care-strategy.pdf More details on the implementation of the strategy is now included in the Primary care strategy. This will be further developed over time.
	GP Provision	To continue to work on Prevention of medical and long-term conditions besides cardiovascular disease.	Julie Dandridge, Daniel Leveson	Recommendation Accepted: The ICS has a number of clinical networks including stroke, diabetes and respiratory that focus on prevention and improved pathways for these long term conditions. More details can be found in the BOB ICB Joint Forward Plan.
	GP Provision	To review ICB capacity with a view to increasing this to ensure adequacy, with a view that the ICB can work in a timely way with all District/City Councils across Oxfordshire on the securement and spending of health-infrastructure funding.	Julie Dandridge, Daniel Leveson	Recommendation Rejected: The ICB is not in a position to increase its workforce capacity but welcomes the opportunity to work closely with all District/City Councils across Oxfordshire

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				on the securement and spending of health infrastructure funding
	GP Provision	That the ICB checks which practices are closing e-connect and telephone requests for urgent appointments and for what reasons, and that it is also checked as to whether/how the public have been communicated with around such closures. It is recommended that there is improved clarity and communication about the statistics concerning access to appointments.	Julie Dandridge, Daniel Leveson	Recommendation Partially Accepted: Practices that are temporarily unable to receive telephone requests for urgent appointments should inform the ICB. The main reason for this request is staff sickness. When informed the ICB advises practices to update their answer machine message and their website so informing patients. We do not currently have a method of monitoring when practices close of online consultations but are exploring what might be possible.
	GP Provision	For there to be clarity and transparency around the use of any competency frameworks as well as impact and risk assessments around the role of non-GP qualified medical staff who are involved in triaging or providing medical treatment to patients. The Committee urges that the advocacy needs of patients are considered/provided for, and that patients are clearly informed about the role of the person who is treating them and the reasons as to why this is a good alternative to seeing their GP.	Julie Dandridge, Daniel Leveson	Recommendation Accepted: There are some national sources of information for patients about the different roles in general practice. We will look to making these available on the ICB website.
	GP Provision	That an expected date for the signing of the legal agreement on Didcot Western Park is provided to the JHOSC, so there can be reassurance about the likely timescale for the tendering process.	Julie Dandridge, Daniel Leveson	Recommendation Accepted: There are many legal agreements that need to be in place to progress the Great Western Park project. The ICB will update JHOSC when progress is made.

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Page 75	**Dentistry Provision**	It is reiterated that underspends should be spent in Oxfordshire, and that priority is given to areas within Oxfordshire that have experienced the worst shortfall in capacity. It is recommended that the ICB prioritises areas within Oxfordshire in light of the increased need within the County relative to other areas under the BOB footprint.	Hugh O'Keeffe, Daniel Leveson	Recommendation Rejected: BOB ICB is the delegated commissioner for dental services across the footprint. With this comes a BOB level budget for provision of services The ICB does not receive separate budgets for each county. However, the first principle being pursued is that the levels of activity should be re-commissioned, at the very least to the levels that have been lost as a result of contract handbacks and reductions. There has been a loss of 91,049 UDAs in Oxfordshire since April 2021 and BOB ICB is actively looking to replace these. The ICB will prioritise areas of greatest need across the whole footprint.
	Dentistry Provision	To support the creation of new practices within Oxfordshire with urgency, and to explore avenues of funding to support the ICB in developing solutions in this regard.	Hugh O'Keeffe, Daniel Leveson	Recommendation Accepted: The ICB has agreed to commission 5 new NHS practices (in Abingdon, Bicester, Carterton, Faringdon and Witney). The re-commissioning of services in these areas is being carried out as part of an NHS South-East programme. Significant levels of activity have been handed back in all SE ICBs. The Commissioning Hub for Dental services (hosted by the Frimley ICB) is working with each of the ICBs to understand proposed levels of activity to be commissioned with the aim of commencing the process in late 2024. The BOB ICB is investigating how it may move

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				the programme forward more quickly if necessary.
Page 76	**Dentistry Provision**	That urgent progress is made in improving the accuracy and the accessibility of information on dentistry services available to people; and that where groups are targeted for help, they can benefit from an effective outreach.	Hugh O'Keeffe, Daniel Leveson	Recommendation Accepted: The ICB has carried out a review of practices' reporting new patient acceptance on https://www.nhs.uk/service-search/find-a-dentist in June 2024. This information is available to all patients. In Oxfordshire: • 25 practices are advising they open to all new patients (when availability allows). • 4 practices are open children only • 28 practices are not open to new practices. The ICB has written to these practices who have not recently updated their profile to seek confirmation of their plans to update their information.
	Dentistry Provision	For the Oxfordshire system to seek to influence a timely consultation in Oxfordshire on the fluoridation of the County's water supply.	Hugh O'Keeffe, Daniel Leveson	Recommendation Partially Accepted: 1. Whether the ICB or other relevant system partners have any ability to play a role in supporting a local public consultation/engagement around fluoridating Oxfordshire's Water Supply.

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				The ICB would not have a role as the responsibility for consultation on water fluoridation lies with the Secretary of State and central government. 2. Whether the ICB/partners are even supportive of fluoridation in the very first instance. The ICB has not considered water fluoridation, but officers are aware of the benefits for the oral health of the local population and the potential to reduce oral health inequalities.
	6th June 2024			
	Oxford Health NHS Foundation Trust Quality Account 2023/2024	For the Trust to take measures to tackle workforce shortages and to reduce reliance on agency staff, and for the Trust to seek support, alongside the wider system, for an Oxfordshire Weighting.	Britta Klinck, Rose Hombo	Recommendation Accepted: Workforce shortages are recognised as one of the Trust's key risks within the Board Assurance Framework (BAF) and is acknowledged as a current, live risk that could increase in the future, further to national challenges outside of the Trust's immediate control around cost of living, national pay scales, industrial action, education and training, and nationally available supply of key professions. We accept, and plan for a tolerance of temporary staffing usage to enable flexibility in our workforce to respond to ebbs and flows in demand. Oversight of workforce planning and associated risks is provided by the trust

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				People Leadership & Culture Committee chaired by a trust Non-Executive Director, ultimately reporting to the Trust Board. Our Chief People Officer continues to work with national groups and initiatives as well as in partnership with BOB colleagues to consider additional ways and alternatives to address shortages of staff and future planning, considerations of changes to pay and/ or additional geographical weightings are undertaken at national government level in line with the national Agenda for Change contracts through the NHS Pay Review Body. The South East Regional Staff Partnership Forum is currently considering a piece of research undertaken considering the potential impact of an additional allowance for staff in high cost of living areas across the region. Our strategic plan for the medium and longer term incorporates measures to reduce temporary staffing usage, such as development of more sustainable workforce models, working with universities on clinical training, better demand and capacity modelling, career, and organisational development interventions to link to retention and linking with national and regional teams to maximise learning from other Trusts and national exemplars. We are also aligning more closely, through the Annual Planning processes, the OHFT People Plan with the NHS Long Term

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				Workforce Plan, with actions focused on key themes: Train: This relates to how we grow the workforce in the Trust and strengthen our pipelines for the professions where we are carrying the highest vacancies. There is a focus in the NHS Workforce Plan on increasing the supply of domestic education and training and therefore reducing our reliance on internationally educated staff. Enhanced Education and Training initiatives, including Apprenticeship programmes, and career development pathways from HCA to Advanced Practice. Retain: This relates to embedding the right culture and improving retention and in particular reducing the leaver rate which is the numbers of staff who leave the NHS (as opposed to moving internally within the NHS sector). With a continued focus on making the NHS People Promise a reality for staff utilising tools such as the NHS EDI Improvement Plan and High Impact Actions; publicising pension reform changes and continuing investment in wellbeing. Ongoing and consistent work to ensure that our people recognise OHFT as a good place to work and choose to stay working with us Reform: Working and training differently. New approach to recruitment and onboarding to better attract and secure talent to the Trust. Together with planning for future technologies and a focus on data quality and systems that enable and

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				empower staff to make better decisions. Continued focus on embedding a culture reflects a restorative, just and learning culture. Temporary Staffing: The trust is building on its established Improving Quality and Reducing Agency Programme to drive greater responsibility and ownership to directorates to deliver reductions in temporary staffing spend, whilst improving quality. The temporary staffing team provide oversight of the interventions to support the recruitment and retention of staff and the commercial contracts and delivery of temporary staffing Managed Service Providers. Additional workstreams relate to better workforce planning and the efficiencies that can be maximised through the E-Rostering.
	Oxford Health NHS Foundation Trust Quality Account 2023/2024	To ensure that there is a clear process for learning from deaths, to include bereaved families, and to improve services accordingly.		Recommendation Accepted: In addition to the information in the learning from deaths section in the 2023-24 trust Quality Account we can confirm there is a clear process for how we engage/involve/support families in our morality reviews to answer questions and identify/share learning. As part of embedding the Patient Safety Incident Response Framework (PSIRF) the outcome of our reviews and any areas for improvement are shared with families and the clinical staff involved. This is an important part of our duty of candour obligations and supporting a culture of openness and continual learning. PSIRF is

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				part of our commitment to developing a just and learning culture, building openness and transparency, ensuring everyone is treated fairly and that we learn from mistakes, incidents and errors. The Trust has two patient safety partners with lived experiences of using our services, working within the patient safety team. The partners work alongside clinical staff and patients/families to co-design and implement patient safety initiatives, training, resources, support activities around governance and other opportunities to improve the safety of care. We have a series of internal support mechanisms to help people involved and affected by a death including a bereaved family liaison service, staff psychological support service and trauma informed support conversations. These mechanisms support people to share their experiences and be open and compassionate to learning. Senior clinicians sign off actions to address areas identified for improvement. When we have significant learning from a case the actions to make a change are captured and progress to implement and embed actions by the teams and services involved are monitored centrally by the patient safety team. Evidence of completion is robustly scrutinised objectively by the Patient Safety Team as part of the action plan completion and closure process.

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Page 82				Learning from individual cases and themes arising across incidents that we have reviewed and investigate are disseminated in a range of ways supported by our quality governance framework, these include but this is not an exhaustive list – • Monthly team/ward business meetings • Regular incident learning events/webinars • Clinical directorate monthly quality meetings • Weekly patient safety meetings in each clinical directorate • Trust wide Quality Improvement & Learning Group • Trust quarterly mortality review group, • Quality Committee. We also feed learning into newsletters, staff training and to steer our QI programmes of work for example the work on end-of-life care, suicide prevention and early recognition of the soft signs of sepsis. Externally to OHFT learning and actions are shared through multi-agency forums/processes including the BOB Learning from Deaths Network, Child Death Overview Panels, Learning from lives and deaths – People with a learning disability and autistic people (LeDeR), Child Safeguarding Practice Review Panels, Safeguarding Adult Reviews, Mental Health Homicide Reviews and Domestic Abuse Related Death Reviews

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				and Local Authority suicide prevention groups. There is further detail about our approach to engaging bereaved families, reviewing deaths, and taking learning/actions forward in OHFTs Patient Safety Incident Response Approach which was signed off by the BOB system partners and ICB before being published in December 2023 at Patient Safety Incident Response Framework (PSIRF) - Oxford Health NHS Foundation Trust.
Page 83	**Oxford Health NHS Foundation Trust Quality Account 2023/2024**	For the Trust to develop clear and demonstrably effective mechanisms for providing support to staff wellbeing.		Recommendation Accepted: Staff Health & Wellbeing The Trust has continued to offer a preventative, proactive and evidence-based approach to wellbeing for teams and individuals. This was achieved through collaborative working with many specialist teams across the Trust as well as colleagues across our BOB footprint and nationally. The Employee Assistance Programme (EAP) aims to help staff address personal problems that might adversely impact their work, health and happiness. It offers a freephone, confidential helpline available 24/7, 365 days a year, staffed by specialist independent BACP counsellors who can give face-to-face, online and telephone support for people working at the trust as well as for family members. Commissioning of the EAP by the trust has been extended for an additional year as it

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				continues to be an invaluable support, with positive feedback being received. The Trust continues to be supportive and collaborative with all health and wellbeing leads within the integrated care system. The Trust continues to offer the following to its employees: • Financial Wellbeing advice and guidance coupled with the new introduction of a financial Salary Sacrifice scheme. • TRIM (Trauma Risk Management) - for those who have experienced a distressing event, having secured a one-year post to pilot this in key areas. • Mental Health First Aid. • REACT (Recognise, Engage, actively listen, Check risk and Talk about specific actions) o training for managers to have wellbeing conversations with staff – a yearlong role has been secured to enable this to continue within the Trust; • Health and Wellbeing Champions are being roll out over 230 in place. • Staff Networks – have grown in popularity with staff reporting great benefits to the workforce. • Freedom to Speak Up Guardians are in the Trust, to enable staff to raise issues in confidence. • Schwartz Rounds - a proactive and preventative approach to support staff in managing the traumatic

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Page 85				nature of some of the situations they face through structured reflective practice and learning. • The Trust holds staff retreats with an emphasis on recovery and renewal. These continue to show positive results (e.g. helping staff come to terms with difficult situations and return to work more quickly than otherwise possible). The focus is on staff with long-term sickness, usually stress (work related or not), who would benefit from the opportunity to reflect and plan their recovery in a supportive environment. • The Trust has introduced many awards to recognise and value our workforce. Our recognition awards, including Bee, Daisy, Exceptional People, and the Annual Staff Awards. • The Occupational Health Team continues to build upon their dedicated psychological support offer for those staff members that have had the misfortune to be involved or affected by a traumatic event. This rapid support has been very well received by staff and their managers as a way of ensuring staff are looked after following a serious incident. • We have introduced and roll out the Professional Nurse Advocates (PNA) within the Trust. These are nurses who have been trained in

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				providing restorative clinical supervision (RCS) - the model supports staff emotional resilience, connecting the lived experience of the nurses with quality improvement and education and feedback into the local clinical governance agenda. The Trust signed the NHS England organisational Sexual Safety Charter in October 2023 committing to enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. The charter sets the expectation that those who work, train, and learn within the healthcare system have the right to be safe and feel supported at work. Working alongside safeguarding colleagues, the wider BOB network, and national working groups we have undertaken a self-assessment exercise to inform our position and develop actions for improvement to ensure our colleagues receive the best support and guidance.
	Oxford Health NHS Foundation Trust Quality Account 2023/2024	That the Trust provides training and guidance to staff for the purposes of ensuring good staff attitude, conduct, empathy, and understanding toward patients.		Recommendation Accepted: As part of our OHFT People Plan 2022-24, we have committed to developing and continuing to build our compassionate culture - a culture, focused on the key principles of kindness, civility, and respect. Civility and Respect is the foundation for a Restorative, Just & Learning Culture. The 'Kindness into Action' culture change programme - run in collaboration with BOB ICS - is open to all colleagues right across

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				the Trust. and is now a cornerstone of the corporate induction for all new starters. We have actively encouraged our leaders and managers to make it a priority, as this will really support us to maximise the effectiveness of the programme, staff and managers utilising the tools and approach are reporting a positive experience. This approach will enhance our new leadership development project, which is in development for 2024/25. The importance of Civility, Respect and Kindness continues to progress as a proactive and preventative element of our Trust's cultural work, with the Restorative, Just and Learning Cultural (RJLC) element supporting fairness and learning from when things do not go to plan. The Trust takes a collaborative approach to implementation, including specific Quality Improvement (QI) projects as part of Race Equality Work Programme contributing to the trust wider Equality Diversity and Inclusion priority. Th trust also offers staff a number of Equality Staff Networks and support groups staff that create a 'community of support' that will actively influence and advance a culture of inclusive equality in all aspects of the workings of the organisation which will contribute to enhancing the way we communicate, understand and how we work alongside patients and carers.

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Page 88	**Oxford Health NHS Foundation Trust Quality Account 2023/2024**	To work to reduce inappropriate and extensive reliance on out of area placements. It is recommended that a review of those in out of area placements is undertaken to determine if their needs could be better addressed with partners through bringing them closer to their locality.		Recommendation Accepted: The Trust recognises that being treated away from home can have a significant impact on the patient and their family, having access to support from their own care team, local agencies and loved ones is a crucial factor in recovery. We are committed to treating patients as close to home as possible. There are occasions when an Out of Area Placement (OAP) may be intentional and appropriate, this would be considered on an individual basis considering individual needs; robust review plans would be established by OHFT at the onset of admission to the OAP. OHFT has made considerable progress to manage the use of OAP's and has developed robust review processes to support people to receive care within their home health provider. At present (12/07/2024) the trust has only one use of an OAP that is considered as inappropriate, and work is ongoing to resolve this. The below processes and actions demonstrate the meaningful focus we have developed for use when considering the use of an OAP as well as the significant effort and energy to reduce use and ensure that standards of care received within services outside of our provision are of highly quality, safety and experience for our patients.

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				Acute OAP's (acute inpatient care in private hospitals out of area) Meeting and reporting structure to support flow and coordinate escalations: • Twice daily patient flow calls Monday to Friday; Once daily patient flow calls weekends and Bank Holidays. Status of inpatient and community services (adults and older adults); all requests for inpatient care; allocation of beds. • Once daily Oxfordshire (Oxon) & Buckinghamshire (Bucks) patient flow teams 'huddle' – information sharing and agreement on admissions cross-county (e.g. admission of Oxon patient to a Bucks bed) • Twice weekly 'bronze calls' – senior leaders from inpatient and community services managing barriers to admission and discharge. • The inpatient teams in Buckinghamshire have good throughput but sometimes demand exceeds capacity • Twice weekly 'gold calls' – Heads of Service and Directors managing escalations; oversight of OAPs position. • Weekly Rapid Reviews in-line with Red 2 Green approach on all wards – focus on discharge planning and barriers to discharge.

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				• Weekly Rapid Review for all OAPs and weekly OAPs review jointly with Bucks and Business Services • Weekly meeting between Inpatient Social Work team and OMHP partners plus Housing partners to address housing and homelessness needs for inpatients. • Weekly attendance by the Directorate at the Oxfordshire System Tactical call where delays are scrutinised and problem-solved with wider system partners. • Daily reporting to the Oxfordshire system of Mental Health Opel status • Daily reporting internally within the Directorate regarding the 'bed state' and Opel status • 4 weekly escalation meetings are in place within the directorates to identify demand and pressures which are both focussed and useful to create local capacity and prevent OAP usage. • Any requests for OAPS are authorised at director level only when all options for local admission have been fully exhausted. Safe and effective management of patients in OAP's: • Patient Flow team case manage all OAPs for the duration of their admission.

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				• Clinical prioritisation of retuning patients to local provision where capacity allows. • Patient Flow team attend all Ward Rounds and involve Adult Mental Health Teams (AMHT) and Social Work colleagues as required. • Buckinghamshire flow team attend Weekly Elysium (block purchase 2 beds for Bucks) ward rounds and review jointly each patient with the Elysium team. • Approval for new OAPs is via Service / Clinical Directors • Quality and safety procedure for use when OAPs of less than 'Good' CQC rating are used, including visits to the patient. • 6-monthly visits to block-purchased provision (Elysium) and regular contract meetings with the provider supported by Business Services • Safeguarding procedure for addressing any safeguarding concerns with patients and providers. There are 3 Places of Safety in Oxon and 3 in bucks, these are intermittently used as admission beds where there is urgent need (including under the Trust's S140 MHA duties). Actions to improve flow (reduce length of stay and delayed discharges) and reduce OAPs:

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				• Inpatient Improvement program (in accordance with national guidance July 2023 and March 2024) – BOB-wide approach. • Full fidelity to model CRHT in phased development – full coverage of Oxford City and North East Oxon, and expanding in FY24/25 into the North & West of the county. • Patient Flow Team fully established and performing well. • Patient Flow Delivery Group, delivering on a varied program of service improvements which support flow through acute services, including nationally mandated 10-point • 'Discharge Challenge'. • BOB-wide focus on OAPs reduction to commence later in 2024. • Service Improvements and redesign regarding accommodation, care, and support in the community as part of the new Mental Health contract work in Oxon. • Strong connectivity to housing and homelessness landscape and strategic leaders in Oxon • Utilisation of Better Care Fund (BCF) & Additional Discharge Funding on initiatives and schemes to reduce length of stay, tackle delayed discharges and add in capacity to better manage homelessness within inpatient care:

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				○ Mental health capability additions to the Care Home Support Service – Phase 1 and 2 – targeted at supporting older adults requiring discharge to residential /nursing care settings by improving placement finding, liaison, discharge planning, transfers of care. ○ Improving discharge pathways for people with Personality Disorder. ○ Out of Hospital care team focused on accommodation and support needs of inpatients who are homeless (step-down housing, embedded housing workers, local authority housing officers and Multi – Disciplinary Team(MDT) ○ Support worker additions to the adult Inpatient Social Work team and Older Adult Community Mental Health Team (CMHT) 'step-up' out of hours function. ○ One-off Flexible Use Fund for purchasing single items for patients which would otherwise present as barrier to discharge. ○ Connections 'integrated' workers embedded within the adult inpatient service meeting practical needs of patients to remove barriers to discharge and provide additional support during the transition home.

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				○ Children & Adolescence Mental Health Services (CAMHS) Liaison and Transition clinicians working to facilitate timely flow through acute settings (MH and Acute Trust) Long term OAP's (specialist inpatient care in private hospitals out of area) In Oxon there are 4 patients who are in highly specialist inpatient services where these services do not exist locally. The AMHT's, Social Workers and Patient Flow team remain actively involved with their patients in ward reviews and planning options for their onward care needs. Three of the patients currently in specialist inpatient care out of area are due for discharge by the end of September 2024. Long term OAPs are rarely used, i.e. 1 a year or less, and are tightly managed. Long term OAP's In Bucks we have 2 patients who are in specialist placements as we do not have those services locally. The CMHT's remain actively involved in ward reviews and planning options for repatriating or finding appropriate placements.