



Oxford University Hospitals  
NHS Foundation Trust



OXFORDSHIRE  
COUNTY COUNCIL

**CARE QUALITY COMMISSION  
OXFORDSHIRE LOCAL SYSTEM REVIEW  
(November 2017)**

**ACTION PLAN**



*Oxfordshire  
Clinical Commissioning Group*



**Oxford Health**  
NHS Foundation Trust

## **Background**

Following the announcement in the Spring Budget 2017 that councils would receive an additional £2 billion to support adult social care needs, reduce pressure on the NHS and stabilise the care provider market, the CQC were asked by the Secretaries of State for Health and for Communities and Local Government to undertake a programme of local system reviews of health and social care in 20 local authority areas. The onsite review of the Oxfordshire Health and Social Care system took place between 27 November and 1 December 2017 with inspectors interviewing senior system leaders, holding focus groups with frontline staff and making visits to several health and social care services.

On 29 January 2018 system leaders from across Oxfordshire County Council (OCC), Oxford University Hospital Foundation Trust (OUHFT), Oxford Health Foundation Trust (OHFT), South Central Ambulance Service (SCAS) and GP Federations, and major local stakeholders came together with CQC inspectors and representatives from the Department for Health, Social Care Institute for Excellence and NHS England to discuss the findings of the report and agree actions that would be taken in response. This action plan was developed following those initial discussions and describes the actions that will be taken by the system in response to the areas for improvement identified in the CQC report.

Oxfordshire System Leaders have approached this System review and the development of the action plan as a real opportunity to galvanise, improve and enhance system working. The review has reflected back to the system the challenges which are well understood locally, such as workforce, it has provided the catalyst for finalising the single vision for health and social care in Oxfordshire and challenged the system to progress further and faster with an integrated offer to our population. System Leaders were supported in developing the plan by Deborah Rozansky from the Social Care Institute for Excellence.

## **Action Plan**

This action plan contains high-level actions and should be read in conjunction with the Accident and Emergency Delivery Board (AEDB) Improvement Plan (see embedded document below). The AEDB Plan describes the tactical and operational priorities for a specific area of the system (A&E performance and hospital flow).



AEDB Improvement  
Plan.pdf

The Action Plan will be approved by the Oxfordshire Health and Wellbeing Board, which will be responsible for assuring its delivery.

Key to initials used in the action plan:

Initials	Name	Role	Organisation
BH	Bruno Holthof	Chief Executive Officer Chair of Accident and Emergency Delivery Board	Oxford University Hospitals NHS Foundation Trust (OUHFT)
BL	Benedict Leigh	Deputy Director Joint Commissioning	Oxfordshire County Council (OCC)
DHa	Dominic Hardisty	Chief Operating Officer	Oxford Health NHS Foundation Trust (OHFT)
DHe	Diane Hedges	Deputy Chief Executive Officer	Oxfordshire Clinical Commissioning Group (OCCG)
JMW	Dr Jonathan McWilliam	Strategic Director for People	Oxfordshire County Council (OCC)
IH	Cllr Ian Hudspeth	Leader of the Council Chair of Health & Wellbeing Board (HWB)	Oxfordshire County Council (OCC)
KC	Dr Kiren Collison	Clinical Chair Vice Chair of Health & Wellbeing Board (HWB)	Oxfordshire Clinical Commissioning Group (OCCG)
KT	Kate Terroni	Director for Adult Services	Oxfordshire County Council (OCC)
LP	Louise Patten	Chief Executive Officer	Oxfordshire Clinical Commissioning Group (OCCG)
PB	Pauline Brown	Local Director	Health Education Thames Valley (HETV)
SF	Sam Foster	Director for Nursing	Oxford University Hospitals NHS Foundation Trust (OUHFT)
SW	Sula Wiltshire	Director of Quality	Oxfordshire Clinical Commissioning Group (OCCG)
TB	Tim Boylin	Director for Human Resources	Oxford Health NHS Foundation Trust (OHFT)

Strategic Priority	Key actions	Accountable	Responsible	Completion date	Current progress
A) System leaders must improve how they work together to plan and deliver	<b>A1) Agree the refreshed vision for Health &amp; Wellbeing in Oxfordshire</b>	IH / KC	JMW / LP	31/05/18	Paper in development for March Health & Wellbeing Board. Meeting with OCC co-production board to discuss approach to strategy development.

<p>health and social care services for older people in Oxfordshire. Whilst doing so a review of people's experiences must take place to target improvements needed to the delivery of health and social care services, bringing people back to the forefront of service delivery.</p>	<p><b>A2) Review and revise the Oxfordshire Health &amp; Wellbeing strategy to ensure that is co-produced and owned by all key stakeholders and aligned with individual organisational strategies and informed by evidence and best practice</b></p>	IH / KC	JMW / LP	19/07/18 (HWB)	As above
	<p><b>A3) Develop a co-produced older people's strategy that delivers the Oxfordshire Health &amp; Wellbeing vision and strategy and which is owned by all key stakeholders and aligned with individual organisational strategies</b> (see C) for detailed actions)</p>	IH / KC	KT / LP	15/11/18 (HWB)	As above
	<p><b>A4) Review and simplify the system governance structure to clarify accountability and reduce overlap</b></p> <ul style="list-style-type: none"> <li>i. Full review (membership, frequency, Terms of Reference etc.) of Health &amp; Wellbeing Board</li> <li>ii. Redesign of system programmes/boards to ensure delivery of Health &amp; Wellbeing, refreshed strategic objectives to consider the development of an</li> </ul>	IH / KC	JMW / KT / LP	22/03/18 (draft for HWB)  May 2018 (final)	Engagement with stakeholders carried out by Chair and Vice-Chair during February 2018.

	integrated care system for older people in Oxfordshire				
	<b>A5) Review impact of changes to strategy and accountability within 12 months of implementation to ensure maximum effectiveness</b>	IH / KC	JMW / KT / LP	July 2019	
B) System leaders must address and create the required culture to support service interagency collaboration and service integration.	<b>B1) Review the relational audit carried out by CQC and invest in organisational development to address specific issues</b>	Chief Executives	Chief Executives	30/04/18	Five senior commissioners from OCC and OCCG to jointly attend the NHSE commissioning capability programme
	<b>B2) Establish a set of principles, behaviours and narrative to support shared purpose around the needs of the individual and delivery of strategy</b>	Chief Executives	Chief Executives	30/04/18	Initial principles agreed 26/1/18
	<b>B3) Agree a shared accountability framework.</b>	Chief Executives	Chief Executives	30/09/18	
	<b>B4) Develop a major programme of substantial inter-organisational activities to cascade, embed and monitor impact of these principles and behaviours in delivery of our strategy</b>	Chief Executives	Chief Executives	30/09/18	Early Stage Quick Wins <ul style="list-style-type: none"> <li>The New Team Hunter project: Inter-organisational approach to “Home First” and right destination first time – OCC, OH and Age UK are embedded on short stay wards at John Radcliffe Hospital to improve flow. At midway review this was showing positive</li> </ul>

					<p>impact and there is continued commitment to the project.</p> <ul style="list-style-type: none"> <li>• There is a dedicated Emergency Department worker from OCC to gather early intelligence and reduce admissions where possible.</li> <li>• Creation of a number of joint commissioning posts between OCC and OCCG <ul style="list-style-type: none"> <li>- Childrens Lead</li> <li>- Care Home Commissioner</li> <li>- Home Care Innovation Officer</li> </ul> </li> </ul>
<p>C) The Older People's strategy must be reviewed and the results implemented into an updated Joint Strategic Needs Assessment. As part of the Older People's strategy, the draft frailty pathway should be implemented and evaluated to include those underrepresented in society.</p>	<p><b>C1) Develop a co-produced older people's strategy that delivers the Oxfordshire Health &amp; Wellbeing vision and strategy and which is owned by all key stakeholders and aligned with individual organisational strategies</b></p> <p>i. The development of strategy will build upon current diagnostics</p> <p>ii. It will be co-produced and be based on a review of older people's experiences including what people say about the services they currently receive</p>	IH / KC	<p>KT / LP</p> <p>KT / LP</p> <p>KT / LP</p>	15/11/18	<p>Paper on scope and process for development of Older People's Strategy to go to March 18 HWB.</p> <p>Joint Strategic Needs Assessment (JSNA) has been refreshed and is going to HWB 22.03.2018 Older Peoples specific JSNA currently in development</p> <p>Meeting held with OCC Co-Production Board (TeamUp) to inform design of co-production model for strategy development.</p>

	<ul style="list-style-type: none"> <li>iii. A whole system approach will be taken in developing a frailty pathway that will be tested, implemented and evaluated</li> <li>iv. The development of the strategy will be used to refresh JSNA for 2019-20</li> </ul>		<p>DHa / BL / DHe</p> <p>JMW</p>	<p>November 2018</p> <p>March 2019 (HWB)</p>	<p>Draft frailty pathway in place – the actions in this section will build on the work already undertaken in this area</p>
<p>D) System leaders should undertake more evaluation of the actions taken by teams and individuals during times of escalation and learning should be shared with system partners to encourage learning and continuous improvement.</p>	<p><b>D1) Agree and implement an effective escalation framework and protocols so partners can prioritise activity and make a single consistent set of deployment resource decisions during escalations. It will include the ability of the system to prioritise activity and capacity at times of pressure across different providers to maximise flow.</b></p> <ul style="list-style-type: none"> <li>i. Share learning within system partners and implement change accordingly</li> <li>ii. Develop a mechanism to collate learning from work carried out during escalations</li> <li>iii. 6 monthly system wide review meetings, supported by the STP Urgent Emergency Care group, for mop-up and future plan adjustment</li> </ul>	BH	System Flow Executive	AEDB April 18	<p>Escalation processes reviewed by System Flow Executive as part of reflection on the deployment of the winter plan and in the development of the Easter Plan which was agreed on 02/03/18. This will be consolidated into the winter plan 2018/19 which will be completed by 30/4/2018.</p>

<p>E) System leaders must evaluate its winter plans and demand pressures throughout the year to ensure lessons learned are applied when planning for increased periods of demand.</p>	<p><b>E1) Implement the Oxfordshire AEDB Urgent Care Improvement Plan (appended). Plan is monitored monthly at AEDB and has been developed in response to external analysis commissioned by NHSE/I.</b></p>	<p>BH</p>	<p>System Flow Executive</p>	<p>See AEDB Plan appended.</p>	<p>The AEDB Urgent Care Improvement Plan to be finalised at AEDB March 2018.</p> <p>Easter plan agreed 02/03/18. Plan focuses on ensuring improved access to GP appts and adequate Out of Hour, Community and Social Care capacity. In addition, the plan includes short term actions to improve out of hospital flow and is looking at reviewing smaller care packages, improved flow through the Hub and Community Hospitals.</p>
	<p><b>E2) Agree and implement effective reporting and oversight of the AEDB plan at HWB to assure system accountability for the delivery of these plans</b></p>	<p>IH / KC</p>	<p>JMW</p>	<p>22/03/18</p>	
	<p><b>E3) Evaluate the current plan to identify and implement any changes and lessons learned at system level and incorporate any changes into 2018/19 plans</b></p> <ul style="list-style-type: none"> <li>i. Review access to capacity during high demand periods</li> <li>ii. Review constraints in Hospital Discharge and Reablement Pathway</li> </ul>	<p>BH</p>	<p>System Flow Executive</p>	<p>30/4/18 (NHSE ops planning)</p>	<p>Learning from 2017/18 plan and subsequent holiday surge escalation to be written into 2018/19 winter plan which will be developed by 30/04/18.</p>



	<ul style="list-style-type: none"> <li>iii. Home needs in relation to admission and discharge identified at an early stage, allowing referrals to be made promptly</li> <li>iv. Ensure CHC process is as streamlined as possible</li> <li>v. Implement all whole system agreed recommendations of Carnall Farrar and Hunter reports</li> <li>vi. Review current approach to primary prevention</li> <li>vii. Review current approach to secondary prevention</li> </ul>				Discussion on priorities for future work in primary prevention scheduled at Health Improvement Board in May 2018
F) System leaders should review and strengthen the approach to managing the care market so that providers are aware of future requirements, particularly in respect of	<b>F1) We will develop a system wide approach to provider market management, including non-commissioned services such as voluntary and charitable services</b>	IH / KC	KT / LP	19/7/18	OCC-OCCG joint Care Home commissioner post commenced March 18.  Care Home review commissioned from external agency to report back March 18
	<b>F2) We will engage our market in developing a shared understanding of system needs and market capacity and capability.</b>	IH / KC	KT / LP	15/11/18	Paper in development for March HWB. Meeting with OCC co-production board to discuss approach to strategy development.

<p>domiciliary care, end of life care and care for people living with complex mental health issues. A proactive approach to market management is required to ensure a sustainable care market.</p>	<p><b>F3) We will develop commissioning intentions with providers in a co-produced model to create a sustainable market with the capacity and capability that is aligned to the Health &amp; Wellbeing and Older People's strategy.</b></p> <ul style="list-style-type: none"> <li>i. We will deploy a Provider Collaborative framework for CCG commissioned services to be agreed at CCG Board and shared with OCC commissioners</li> <li>ii. Review market position statements in conjunction with providers, ensuring they set out a clear forward vision.</li> <li>iii. Review all potential bed capacity across the system and work with providers to develop a solution for escalation</li> </ul>	<p>IH / KC</p>	<p>KT / LP</p>	<p>15/11/18</p>	<p>Older People's Strategy will reflect the demand and capacity work phase 2 commissioned by NHS England Mar-June 2018</p>
<p>G) System leaders must implement the STP's joint workforce strategy and work with the full range of care providers to support a</p>	<p><b>G1) Set up a Local Workforce Action Board (System Workforce Action Board) which is aligned to the BOB STP workforce strategy reporting through the HWB governance structure.</b></p>	<p>IH / KC</p>	<p>SW</p>	<p>April 2018</p>	<p>Paper on recommendation for System Workforce Action Board was approved by System Flow Executive and then submitted to CEO's for final sign off – Dec 2017</p> <p>First meeting of System Workforce Action Board held – Feb 2018</p>

<p>competent, capable and sustainable workforce.</p>					<p>This work will link to the existing Oxfordshire Training Network</p> <p>Action Plan agreed Jan 2018</p>
	<p><b>G2) Agree Oxfordshire System Unregistered Workforce – Action Plan – Key actions:</b></p> <ul style="list-style-type: none"> <li>i. Complete the first phase and evaluate the joint recruitment campaign</li> <li>ii. Develop a joint identity and brand for the sectors unregistered workforce</li> <li>iii. Introduce a range of ‘valuing staff’ initiatives, exploring options for staff incentives</li> <li>iv. Investigate whether Home Share/Shared Lives schemes present an opportunity to link care staff with lower cost accommodation</li> <li>v. Identify further innovations to increase home care capacity – exploring personal health/social budgets and micro providers, creation of local social capital and maximising the use of technology</li> </ul>	<p>IH / KC</p>	<p>KT</p> <p>KT</p> <p>TB</p> <p>BL</p> <p>BL</p>	<p>March 2018</p> <p>September 2019</p> <p>March 2019</p> <p>March 2019</p> <p>August 2018</p>	<p>First phase of the joint recruitment campaign completed and reviewed the impact</p> <p>Commencing May 2018, a 12-month Wellbeing teams pilot to explore different ways of employing home care staff.</p>

	vi. Deliver a skills and leadership development programme for care providers		PB	March 2019	
	vii. Shape a career pathway for unregistered care workers		SF	March 2019	Initial Non-Registered System Workforce Workshop held 30/1/18
	<b>G3) Develop and improve workforce links with provider forums – help to live at home, care homes, supported living, CCG mental health and Extra Care Housing</b>	IH / KC	BL / DHe	November 2018	Engagement with providers started Feb 2018
	<b>G4) Review provider relationships in relation to workforce nationally to learn from best practice</b>	IH / KC	BL / DHe	July 2018	
	<b>G5) Evaluate and build on work already carried out with ADASS and Skills for Care on Value Based Recruitments</b>	IH / KC	BL	December 2018	Evaluation of the impact on practice and the return on investment of this work is ongoing.  Engaging with other Local Authorities in the South East via ADASS Workforce Group  Further meetings set-up for May and June 2018.
	<b>G6) Review of Log on to care</b>	IH / KC	BL	March 2019	Analysis completed in Jan 2018

	<p>Look at next steps to encourage providers to use this tool and link this to the care certificate.</p>				
	<p><b>G7) Work with Skills for care/providers and contract managers to obtain better representative data across the sector, e.g. Turnover, retention, qualifications, sickness, demography</b></p>	IH / KC	BL	March 2019	<p>Joint initial workshops in 2017 to encourage and support an increased response rate. Discussions have taken place with Skills for Care to provide additional workshops and support.</p> <p>Contracts now specify National Minimum Dataset (NMDS) data to be completed for domestic care providers.</p> <p>Consulted with providers (as part of the annual rates review - Feb 2018) on how we could facilitate increased response. Learning expected March 2018 and will be incorporated into future plans.</p>
<p>H) System leaders must review how people flow through the health and social care system including a review of pathways so that there are not multiple and confusing points of access. Pathways should be well</p>	<p><b>H1) Implement the Oxfordshire AEDB Urgent Care Improvement Plan to improve system flow to be monitored monthly at AEDB. The AEDB Plan (appended) has been developed in response to external analysis commissioned by NHSE/I.</b></p>	BH	System Flow Executive	As per AEDB implementation plan	NHSE commissioned demand and capacity work to be delivered by June 18. Pathway mapping for key services to be completed by 23/03/18.
	<p><b>H2) In addition to the tactical priorities identified in the AEDB improvement plan we will undertake a comprehensive co-produced</b></p>	BH	System Flow Executive	In-line with frailty pathway	See AEDB Plan

<p>defined, communicated and understood across the system.</p>	<p><b>review of all pathways with patients, users, clinicians and voluntary and community services into and out of the health and social care system to identify streamlined processes that:</b></p> <ul style="list-style-type: none"> <li>i. keep people at home living as independently as possible for as long as possible</li> <li>ii. provide timely response to people at risk of admission</li> <li>iii. ensure that people who are in hospital return home when they are well enough to do so</li> </ul>				
	<p><b>H3) We will create a series of priorities from the review that will identify how we will measure and monitor improvement.</b></p>	BH	System Flow Executive	TBC subject to completion of review	See AEDB Plan
	<p><b>H4) We will strengthen the reporting and oversight of the AEDB plan at HWB to assure system accountability for the delivery of these plans.</b></p>	IH / KC	JMW	22/03/18	See AEDB Plan
<p>I) System leaders should ensure that housing support services</p>	<p><b>I1) Appoint dedicated social care and community health staff to identify and manage housing related issues in community hospitals.</b></p>	System Flow Executive	System Flow Executive	Nov 2017	In place Nov 17

are included within multidisciplinary working, especially in relation to admission to and discharge from hospital, to enable early identification of need and referrals	<ul style="list-style-type: none"> <li>i. Work with Oxford City Council to deliver the Trailblazer initiative which is working into OUH, supporting Emergency Department and discharge teams with dedicated advice and support from housing professionals</li> <li>ii. Age UK to support Short Stay wards as part of a Home First initiative in OUH which is flagging housing needs earlier in the discharge planning process.</li> </ul>			Jan 2018	In place Jan 18
				Jan 2018	Pilot in place Jan 18
	<b>I2) Hold a series of strategic housing workshops.</b>	IH / KC	KT	August 2018	First meeting held December 2017 (Next meeting May)  One on one meetings with districts Jan 2018
	<b>I3) Use key findings from Oxon health and social care working and living survey to inform the outcomes within the business case to identify sustainable solutions to the housing challenges</b>	IH / KC	KT	December 2017	Survey completed in Sept 17 – reported in Dec 17
	<b>I4) Get feedback from ADASS Working Group Network Enquiry</b>	IH / KC	KT	May 2018	Completed March 2018

	and put into summary report. Use it to inform business case and discuss further at May workshop				
	<b>I5) Meet with district council to discuss key workers housing data, key findings and agree next steps.</b>		KT	August 2018	Held initial group meeting – Dec 17  Further one on one meeting to take place – Jan – Mar 18  Further meetings option following May workshop.
J) System leaders should conduct a review of commissioned services to consider design, delivery and outcomes, to improve the effectiveness of social care assessments and reduce and avoid duplication. On completion, the criteria for each service should be circulated to system partners and social care providers to ensure	<b>J1) A review of commissioned services considering their design, delivery and outcomes will be carried out to improve their effectiveness, and reduce and avoid duplication</b>	IH / KC	BL / DHe	November 2018	Supporting People to Live at Home board (OCC, OCCG, and VCS reps, inc. Healthwatch) met 23 <sup>rd</sup> January. Covering research and innovation around home care, wellbeing pilots, home care strategy and market stabilisation. Meetings occur bi-monthly  Joint appointment of Care Homes Commissioner for OCC & OCCG, March 2018.  System review of discharge-to-assess, post hospital reablement and community reablement (HART) reporting 23 <sup>rd</sup> March to System Flow Executive.  Shared market position statements to be reviewed under the management of the pooled budget officers group to start April 2018.



resources are used effectively.	<b>J2) As part of the system flow work in (h) we will review the way in which we carry out assessments. This will include reviewing the progress of our Trusted Assessor Model to ensure this is fully implemented and confirm that it follows patients through their journey.</b>	KT	System Flow Executive	September 2018	Pilot of Trusted Assessors in intermediate care beds is ongoing.  Training for home support providers in new delegated health tasks, with plans to extend this to other provider organisations
K) System leaders should review methods used to identify carers' eligibility for support so that they are assured that carers are receiving the necessary support and have access to services.	<b>K1) We will work with carers and carer organisations in a review of how we identify carers using national standards and best practice across health and social care organisations.</b>	Chief Executives	KT/LP	15/11/18	Paper in development for March HWB. Meeting with OCC co-production board March 18 to discuss approach to strategy development. Carers' needs highlighted by board.
	<b>K2) As part of the development of the older people's strategy we will ensure we have a variety of mechanisms in place to assist carers in how to find and access services. We will co-produce these with carers to ensure they are appropriate and provides them with the information they need.</b>	IH / KC	KT/LP	15/11/18	As above

L) System leaders should ensure that better advice to access information and guidance is offered to people funding their own care.	<b>L1) System wide agreement on roles and responsibility to support people who fund their own care</b>	IH / KC	Chief Executives	May 2018	
	<b>L2) As part of the review of assessment processes set out in (j) we will ensure we identify a person's funding status at an early stage and that the appropriate information is available to them to support a timely decision around next steps.</b> <ul style="list-style-type: none"> <li>i. Creation of brokerage service for self-funders</li> <li>ii. Review the information currently being provided to self-funders</li> </ul>	IH / KC	KT/LP	15/11/18	
				January 2019	Creation of a brokerage and care support team delivering to self-funders and organisations including Adult Social Care from 1 <sup>st</sup> April 2018, this is the first stage of developing the offer.
				April 2018	Planned system review of support to self-funders to come to SFE for June 2018 Review of information on the OCC public website underway January 2018
M) Continue to embed the trusted assessor model.	<b>M1) As set out in (j) - We will review the way in which we carry out assessments and identify opportunities to move towards a</b>	BH	System Flow Executive	As per AEDB implementation plan	Pilot of Trusted Assessors in intermediate care beds is ongoing.

	<b>comprehensive trusted assessment model which follows patients through their journey.</b>				Training for home support providers in new delegated health tasks, with plans to extend this to other provider organisations
N) System leaders must continue to engage with people who use services, families and carers when reviewing strategies and integrated systems and structures to ensure these are co-produced	<b>N1) We will commit to develop and implement a best practice model of continuous co-production across commissioner and provider organisations. We will scope the potential to develop established bodies that can inform this process.</b>	IH / KC	KT	19/7/18 (HWB strategy)	Co-production champion training with SCIE advertised and due to take place 5 <sup>th</sup> /6 <sup>th</sup> June - this is the first step in creating a whole system champions network.
	<b>N2) This model will ensure service users, patients, their families and carers are engaged from inception and throughout the development and implementation process when reviewing strategies, integrated systems and structures using co-production principles.</b>	IH / KC	KT	19/7/18 (HWB strategy)	
	<b>N3) This approach will be deployed in the development of the Health &amp; Wellbeing and Older People's strategy and in the development of accountability structures set out in this plan.</b>  i. As part of this work we will establish a process to identify and take proactive measures to	IH / KC	JMW / KT / LP	19/7/18 (HWB strategy) 15/11/18 (OP strategy)	

	engage with under-represented groups in society.				
O) Engagement and partnership working with the VCSE sector should be reviewed to improve utilisation.	<b>O1) Map the current role and impact of voluntary sector and local communities within Oxfordshire's services and in support of strategic development.</b>	IH / KC	KT	19/7/18	
	<b>O2) In all pathway redesign and strategy development we will value and draw in the expertise in the Voluntary sector, providers and Districts. Co-designing in our provision the knowledge and connection of the local areas in Oxfordshire to offer solutions to gaps - especially care at home – working together to maximise social capital</b>	IH / KC	BL / DHe	November 2018	An LGA Peer Review of the work carried out with the Voluntary Sector is planned to take place 20 - 22 March 2018
	<b>O3) Review and develop activities to strengthen the capability and capacity of the voluntary sector and local communities as part of the Health &amp; Wellbeing accountability structures, involvement in strategic planning and delivery of support to people as part of the Health &amp; Wellbeing and Older Person's Strategy.</b>	IH / KC	KT / LP	15/11/18	

