HOSC Actions from 21st November 2019

Item	Action	Lead	Progress update

Forward Plan	Amend forward plan to include:
	• Providers addressing the committee in the future to be asked to consider Brexit planning (i.e. how providers and CCG are considering Brexit risks)
	• CAMHs item to report back in February 2020, to cover:
	   o Greater understanding of the partnership arrangements in place with the third sector.
	   o Greater understanding on the impact of the Helios service on waiting times.
	   o Understanding of the steps which have been taken to reduce long waits to prevent prolonged distress for children and their families. Including how families are supported during their wait.
	   o Addressing of committee member questions (provided to Policy Officer)
		Sam Shepherd	Complete

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Item	Action	Lead	Progress update
CCG Update	Chipping Norton FAU • Confirm which tasks paramedics at the Chipping Norton FAU will carry out (e.g. is it first aid only?) and whether they are permanent or seconded staff. • Report back to a future HOSC on the staffing activity and outcomes that has achieved of using paramedics to staff the FAU in Chipping Norton to understand if its an effective use of clinicians in this setting. • Provide additional information on the impact of moving the FAU on the future of the Chipping Norton Hospital in the toolkit assessment. • Review and confirm the staff engagement on move of the FAU. • Flag at Health and Wellbeing Board that a wider community hospitals strategy is needed.	Lou Patten	The service has not transferred yet and details are still being finalised. Information will be shared with HOSC as soon as possible.
CCG Update	Winter Plan • Provide interim progress information against the winter plan • Provide trend data of progress on winter planning over the last three years.	Lou Patten (CCG)	Winter update included in the OCCG update for the 6th of February.

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Item	Action	Lead	Progress update
CCG Update	MSK: • Follow up on the information requested from Healthshare, to provide information on assurance over quality of care. Other: • Provide an update on the development an understanding/working protocol with NHSE (specialist commissioning) and HOSC is progressing.	Lou Patten (CCG)	MSK actions anticipated before HOSC meets on the 6th February. No new protocol developed to date between specialised commissioning and HOSCs engagement. In relation to changes to specialised commissioning the CCG Board agreed in Nov 2019 to the principle of developing two committees at scale across BOB – primary care and specialist commissioning. See page 23 of the below document. This now with NHSE to take forward. https://www.oxfordshireccg.nhs.uk/documents/meetings/board/2019/11/2019-11-28-Paper-19-67-Integrated-Care-System-Development.pdf
ICS	• Provide details of membership of the ICP, (once that is known); preferably before the next meeting.	Lou Patten (OCC)	ICP development information has been shared with Members in Bulletins. Membership details will be shared as soon as they are known.
ICS	• HOSC to write to Health and Wellbeing Board to express that membership of the local ICP shouldn't mirror the HWB if the ICP is to be accountable to the HWB.	Cllr Arash Fatemian (HOSC Chairman)	In progress

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Item	Action	Lead	Progress update
CAMHs	Committee member questions to be addressed in CAMHs report in February. Members questions include the following: • Priority on waiting lists – how will priority on long waiting times be determined for Helios? What is the anticipated length of time to clear the backlog of those waiting the longest for access to CAMHs? • How will successes and failures for the pilots be reviewed and reported? (i.e. will it be no's on waiting list reducing, or length of wait)? Can the metrics used to demonstrate success be shared with HOSC (in a similar way to DTOC figures)? • What is the demand for services and how will the additional resources address this demand? (i.e. 1 member of staff stated to be allocated per 1000 people, but what is the actual demand within the 1000 and how will additional staff be used to meet this level of demand)	Sarah Breton (CCG)	Complete