COVID-19 *Restart, Recover, Renew* Update for Oxfordshire Health Overview and Scrutiny Committee for meeting on 24 September 2020

1. Restart *(restoration)*

As of 1 August the NHS Emergency Preparedness, Resilience and Response (EPRR) incident level moved from Level 4 (national) to Level 3 (regional). Before this announcement, work was underway within the NHS to restart services that had been paused during the initial part of the COVID-19 pandemic. A letter published by NHS England set out the NHS priorities for the third phase of responding to the pandemic. This included:

- Accelerating the return to near-normal levels of non-COVID-19 health services, making full use of the capacity available in the 'window of opportunity' between now and winter.
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable COVID-19 spikes locally and possibly nationally.
- Doing the above in a way that takes account of lessons learned during the first COVID-19 peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, and action on inequalities and prevention.

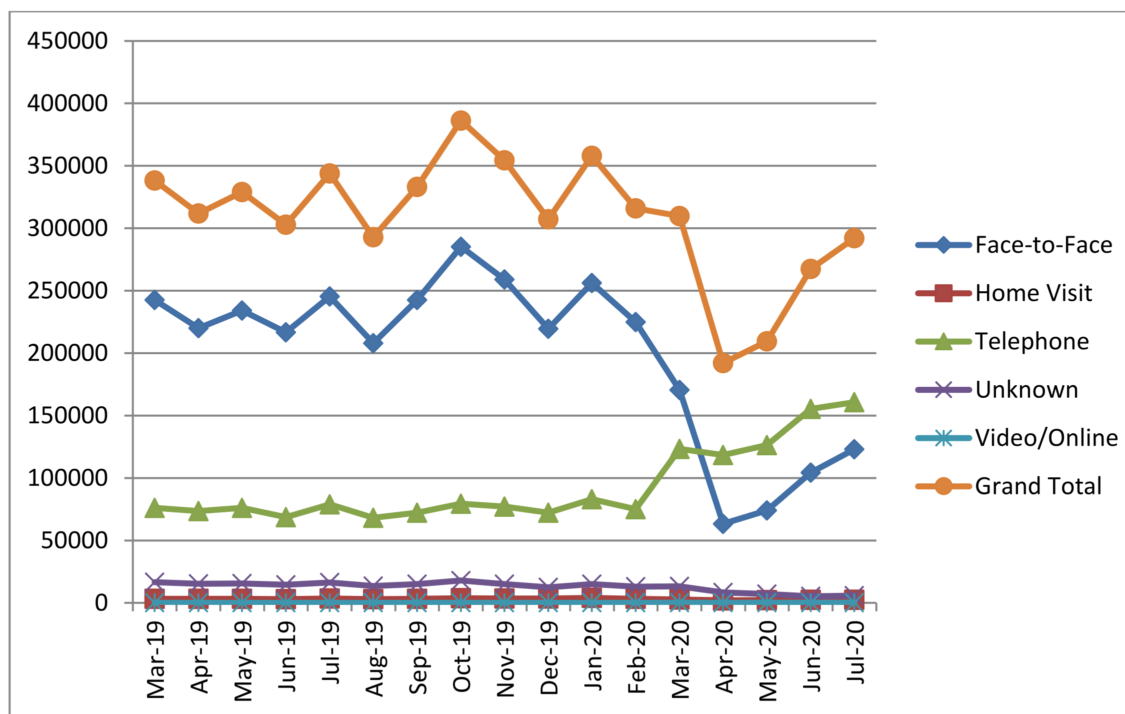
The resumption of routine, elective acute hospital services provided by Oxford University Hospitals NHS Foundation Trust (OUH), which were paused in line with national guidance at the start of the COVID-19 pandemic, are presented in a separate paper for this HOSC meeting's agenda. The winter plan (as a presentation) forms part of this agenda item. Below outlines information relating to GP, community, mental health and learning disability services in Oxfordshire including temporary closures, how they provided services through the first few months of the pandemic including lockdown (*and beyond*) and how they are now operating:

1.1. GP Services

Since the beginning of the pandemic in line with national guidance, GP practices introduced a total telephone triage system and have been working differently to offer appointments to patients using telephone and online tools to reduce the need for people to attend the practice in person where there is no clinical need for them to do so, reducing the risk of COVID-19 transmission. When necessary patients were seen face to face – either in the practice, at home or in CALM clinics specifically set up to manage symptomatic COVID-19 patients in a safe environment. OCCG provided support GPs to enable them to deliver more telephone appointments and to safely restore face-to-face services where telephone and online services cannot be used. As you will see

from the graph below, during the height of wave 1 of the pandemic, there was a significant drop in face to face appointments due to the new way of working to keep patients and staff safe. As the pandemic continued it became apparent that although GP services were available, many people were not accessing care for potentially serious conditions when they needed it, so Oxfordshire like other areas of the country introduced the ‘Help Us Help You’ badged campaign, giving the public the message that appropriate arrangements are in place ensure health and care services are safe for patients and staff and that people should not wait but access care when they need it.

Since May, the number of appointments has steadily increased each month. The graph[1] below shows the different types of appointment with the total number of appointments (Grand Total) for March being almost 310,000 and the number for July 2020 being almost 300,000.



1. [1] NHS Digital data illustrating the number of monthly appointments (and mode of appointment) delivered by General Practice in Oxfordshire. Accepting that this is not a perfect data set, comparisons over time show a continued increase in the total numbers of appointments moving steadily towards pre COVID levels of activity.

OCCG continues to work with GP practices and good progress is being made to restore services to patients, for example immunisations and screening opportunities, addressing the backlog and utilising the benefits and learning gained through some of our COVID response work. There are a number of competing pressures that are challenging primary care including

- Infection Prevention and Control measures to ensure COVID secure environments
- Scale of work for the flu vaccination programme (PPE confirmation has helped)
- Continued workforce resilience – proportion of vulnerable practice staff
- Balance of backlog and present / future requirements

Support mechanisms and approaches are being put into place to mitigate some of these pressures and challenges. OCCG are working together with GP practices and providers to plan and prepare for any future surge and the increases in activity that is expected this winter (see below). For flu, there is also a strong system approach, support for risk stratification and vulnerable patient identification with good cross working with local authority partners

GPs and NHS providers continue to care for patients affected by COVID-19 and this includes rehabilitation for those who were worst affected. Planning for winter, there will be additional capacity to support primary care with a possible second surge. This will be in the form of three community based clinics providing COVID care supported by a visiting service for those unable to travel – one clinic will be located in the north (Banbury), one in the south (Wallingford) and one in Oxford. These are not walk-in clinics and patients needing to attend will be directed to their nearest clinic with an appointment either by their own GP or by NHS 111.

1.2. Services provided by Oxford Health NHS Foundation Trust (OHFT)

1.2.1. Community Services

During lockdown and the following period, OHFT community services has continued to deliver a wide range of core services to patients across Oxfordshire, for example community nursing and hospital at home. We are very grateful for our staff who, despite reporting substantially increased levels of fatigue, continue to show huge amounts of resilience and dedication.

OHFT Community Services: Maintaining patient access to priority services

At the beginning of the pandemic, OHFT community services implemented the NHS 'national standard operating procedures' to prioritise essential services. This included a risk stratification approach for patients receiving care by:

- Supporting the ‘home discharge today’ of patients from acute and community beds, as mandated in the Hospital Discharge Service Requirements, and ensured patients cared for at home received urgent care when they needed it (NB. To prevent transmission of coronavirus to other residents, patients with confirmed or symptomatic COVID-19 are not discharged from community hospital wards into care homes until the required time period has passed after the onset of symptoms, they have tested negative and it is judged to be clinically appropriate to do so)
- Using digital technology to provide advice and support to patients wherever possible
- Prioritising support for high-risk individuals who were advised to self-isolate for 12 weeks
- Applying the principle of mutual aid with health and social care partners, as decided through the local resilience forum
- Continuing essential services - community services continued to see urgent and high-risk patients throughout the crisis and responded to other patient needs and problems as they arose
- Triaging patients (from all services) to prioritise urgent need; services continue to triage and support patients through the digital route
- Children’s safeguarding remained/s a priority for all community children’s services. Safeguarding support has been provided throughout the pandemic period. OHFT worked closely with Social Care and Education at a strategic and operational level to ensure that best practice and good communication regarding vulnerable children and families was/is in place

Harnessing innovative approaches

Over the past 6 months, many of the services have been delivered in different and creative ways, for example using different methods to work with children in our complex care team including walking sessions” where younger service users and healthcare staff would meet up to ‘walk and talk’ in appropriately confidential outdoor settings, to reduce infection risk – many young people reported positive experiences of this approach to therapy. Teams have also worked with patients and families to support them to play a more active role in their own care where safe and appropriate.

Like many other areas of the NHS, the Trust rapidly implemented its use of technology to support patients through a digital response – such as the delivery of speech and language assessments through video consultation technology, which would otherwise be high infection risk procedures during the pandemic if delivered entirely face-to-face.

Staff from services with reduced activity were redeployed to ensure resilience of critical service areas, for example community hospital inpatient services and the emergency multi-disciplinary assessment units in Henley, Witney and Abdingon. The Trust

continued to receive and deliver same day and urgent referrals during the initial stages of COVID-19 when some other services were paused. There was a considerable amount of collaborative working with primary, acute and social care colleagues to increase support to care homes and the Trust introduced specific sites to provide care for COVID-19 positive patients. Specific activities included:

1. Training of staff on use of PPE and infection prevent and control; delegation of healthcare tasks; and outbreak management,
2. Daily check ins and monitoring/risk rating care homes in partnership with OCC including staffing; outbreaks; PPE supplies and testing
3. Support for care homes through a daily duty number; 24/7 end of life care support line; on line resources; weekly visits; support with testing; support with staffing issues;
4. Partnership working with GPs and the CCG to support home rounds
5. Bronze cell with system partners to ensure our response was appropriate and system wide and to escalate issues

OHFT's approach to restoring services

OHFT has a three phased approach to restoration of its services; phase one is complete and included an estates review which looked at safe use of space, capacity and the prioirity of estate for face to face clinical work (for example, allowing services to return in a safe manner to community hospitals and other community-based premises). Phase one also re-purposed estate for the priority areas of service delivery and reviewed the use of use of digital / remote versus face to face constulations / clinics.

Phase two is almost complete and includes operating services in a 'new normal' (use of PPE, digital etc); communication of changes to services to patients; review of demand and capacity for each service and review of backlog of appointments and capacity to deliver going forward.

For phase three of the restoration programme, which is underway, OHFT's community services will refresh their transformation plans to align with a strategic development and improvement programme. This will address long-standing staffing and quality issues, such as addressing any outstanding recommendations from the previous CQC review, andcontinue the positive learning from its COVID-19 response, as well as continuing to work with partners to develop and implement the ambitions and objectives of the Oxfordshire health and care system, in line with the NHS Long Term Plan.

Alongside this, OHFT will continue to embrace its digital offer to patients and build on service user feedback; increase face to face consultations / therapy adhering to safe practice guidance; plan for a surge in referrals; clear the backlog of patients waiting for appointments and assessments; support its staff with their health and wellbeing and plan for a possible second wave of the pandemic.

Service	Service Status	Transition to Recovery	Risks/Challenges	Planned actions
Childrens universal services	Recovery plan being implemented with a goal by the end of the year to return to full delivery of the healthy child programme. Children and young people returning to school which impacts on service delivery	Safeguarding a priority Supporting families who experienced particular difficulties during lockdown with extra support. Focus on mental health of young people in school health nursing team.	Not everyone can communicate through digital means Risk that quality of assessment may be lower if not face to face Risk that more staff may be off sick Home working challenge for many staff	Ensuring all children and families that need face-to-face care can access this Practitioner groups have been set up to collate themes of presenting clinical need and service offer will be adjusted to take account of family and childrens needs post Lockdown Monthly reporting to capture identified needs, which will be fed into Oxon System CYP Recovery Group Ongoing public health messages regarding illness management and accident prevention are planned
Childrens complex services	Recovery plan being implemented Waiting list being managed in children's therapy team Children's nursing service having reduced requests for respite due to parental anxiety about transmission of covid.	Support of vulnerable children a priority Children with special needs may not be able to access school Backlog of cases awaiting assessment for children's therapy Potential for parents of sick children to tire if no respite.	Not everyone can communicate through digital means Risk that quality of assessment may be lower if not face to face Risk that more staff may be off sick Home working challenge for many staff	Ensuring all children and families that need face-to-face care can access it Continue to monitor caseloads and prioritise those with the highest presenting clinical need Engaging with System Winter developments to manage CYP out of hospital Ongoing monitoring of service user family/carer feedback and outcomes

Care home support	Service providing extra enhanced support in care homes (see detail on system wide approach)	Service providing extra training, support, daily checks, weekly visits and a MDT	A large number of care homes to be covered, using technology in some cases, however some care homes reluctant to use MS Teams or do not have IT support. Turnover of staff means that the training has to be repeated regularly. Some care homes require more support and advice than others as there is still some nervousness within some care home staff	Started to implement the new NHS Enhanced Care in Care Homes specification in conjunction with primary care networks and commissioners New MDTs being piloted in nine sites across Oxfordshire. A heat map has been developed that all the MDT can access to understand the patient status at a glance and be able to react to any issues.
Complex care team	The service is operating as business as usual and reverted back to covering only contracted postcodes since July 2020 (the service delivered county wide home first during the Covid peak with support from re-deployed staff).	The service operations were not paused; they were increased during Covid to facilitate system flow. Re-deployed staff returned to their substantive roles.	Contractual challenges ; the directorate is working with OCC/CCG to implement an interim contract to support Community Hospitals Home First utilising this team. A number of staff at high risk/ were shielding but working to facilitate safe return to work with Oc Health support.	Deliver county wide Home First across all community hospitals.

Neighbourhood Teams	All services now resumed with all staff back to their home service.	All services assessing any backlog from the limited services provided during covid. Larger services have managed to recover quickly, for smaller specialist services already under pressure, the patient waiting time has increased and due to the size of the service it will take longer to recover the position. This is mitigated through regular review of the caseload and prioritising patients.	A large number of our patients have limited access to IT / smart phones to enable more digital working. The national guidelines for face to face contacts both in clinics and in the home decreases the capacity for clinical delivery and for some services such as podiatry this is having an effect on outcomes for patients having to wait longer to be seen. This is mitigated through regular review of the caseload and prioritising patients. The needs of shielding patients is different from our usual patient cohort, and we are working with commissioner and partners to support them appropriately.	Many services have maintained non face to face activity if possible to reduce the risk to vulnerable patients. Non face to face activity is delivered through phone calls and new digital methods. We have also worked with some patients for provide more self-care packages, for example more patients want to undertake their own injections, simple dressing changes by patients or carers with clinical assessment alternate dressing changes. Services are being remodelled to keep providing a locality based approach to service delivery in line with the NHS Long Term plan.
Community inpatient services	Currently Covid free Admitting to all wards. Patients are cohorted to ensure the risk of Covid-19 to existing and new admission is reduced A reduced out patients service will be available from 1st October	Development of flow chart for safe admission from acute and community Review of Out patient space for safe opening of clinics Review of safe staffing Increased use of digital technology Return to reduced visiting	Return to normal staffing Second wave and impact on available staff Increased parental leave to support children who have to self isolate from school	Discharge to assess working with community teams and system partners to expedite earlier discharge /reduce delays

Urgent and ambulatory care	Core services continued throughout the covid response., services that had limited their hours are providing to normal hours with the exception of Wallingford FAU	Plans for the restoration of Wallingford provision are being progressed with the CCG. All other services have fully resumed	Staffing capacity if there is a second phase of covid	Continue with increased digital consultations where safe to do so.
Continuing Health Care	Oxon CHC: Due to suspension of national guidance from 23 March 2020- 31 Aug 2020, there is a backlog of around 200 cases awaiting CHC assessment. Buck CHC: Due to suspension of national guidance from 23 March 2020-31 August 2020- there is backlog of around 280 cases awaiting CHC assessment. From 1 September 2020, CHC business as usual commenced as per revised national guidance; new guidance was issued to manage the Covid funded backlog (Deferred assessments) by end of March 2021.	Re-deployed staff were asked to return to their business as usual teams from 1 Sept. Backlog programmes set up for each county with additional funding for backlog teams whilst business as usual teams manage new cases.	1. Access to information held by nursing/residential care homes during Covid might delay the team's ability to manage the backlog. 2. Recruitment challenged in the backlog and business as usual teams especially in Bucks. 3. Social care input and challenges might impact ability to undertake MDT's	Deliver the backlog programmes by March 2021; recruitment is underway with additional funding agreed.

Podiatry services	- Podiatry service ceased clinic activity from 23 March 2020 and operated a domiciliary service. Patients were risk stratified in order to prioritise ulcerated and high risk patients in their own homes. - Currently most clinic sites are operating again with reduced capacity relating to covid restrictions. 11 patients per clinic rather than the 17 pre covid. - The reduced capacity is to allow cleaning of the room, equipment and managing the patient traffic in clinical spaces.	- From 1.6.20 the service re-opened most of the community clinic sites and started to phase down the Domiciliary service only retaining a Domiciliary service to those unable to attend clinic. - The service is currently operational at 13 of its 15 locations with the final 2 sites operational by 5.10.20. - Whole service: 15 sites with a maximum capacity of 42 clinics/chairs. - Opening and through June / July: 31 (73.8%) of clinics/chairs were open - From 1 November 20202 the aim is to have 36 (85.7%) of the 42 clinics/chairs open.	The reduction in capacity remains the largest risk: balancing management of the backlog with responding to new referrals and exacerbation of existing patients. Reduced capacity has had the following impact: - No nail surgery was offered. This is now being provided at some sites. - Only urgent or emergency new patient referrals were being seen with other new patients put on a waiting list. - Any patient classified as ulcerated/High Risk in acuity/severity of foot problem may not have been seen since 23.3.20 unless they have developed a problem. - Ongoing concern that non-urgent patients may develop complications and may be unaware - Some patients have developed serious foot problems and the service has 23 reported incidents of this nature. - The service is unable to prioritise new patients with routine foot care which may require primary care to manage these in the meantime	- Some routine new patients assessments are now being seen in the clinics. - The service is starting to maker progress in reducing the backlog of patients - A podiatry service task force has been set up to problem solve the above issues, these issues are reflected in other podiatry services so learning from other sites will take place.

1.2.2. Mental Health, Learning Disability & Autism Services

OHFT's Mental Health, Learning Disability & Autism Services Directorate maintained its services throughout the past six months but some were delivered in very different ways. Similar to community services staff from the directorate were redeployed to critical service areas in order to aid the response to COVID-19. Most emergency and urgent patients were seen face to face and all urgent Care Services remained open including the Safe Havens[2] in Oxford and Banbury although these moved to a virtual offer. Safe Havens are continuing to offer telephone and digital consultations as well as garden group sessions (dependent on weather) to accommodate social distancing and are continuing to explore alternative options as winter approaches.

A new freephone 24x7 mental health crisis support line was introduced for children, young people and adults at the beginning of April; the services received over 1000 calls in the first seven weeks, and a total of 2650 to date. With support from Oxfordshire Mind, the support line operated during the pandemic to provide people with specialist mental health care as NHS 111 was receiving an increasing number of COVID-19 related calls. The round-the-clock helpline has made it quicker and easier for people in Oxfordshire to get the right advice they need for their mental health and wellbeing. It is operational 24 hours a day, seven days a week. Like NHS 111, people call when they need to find out when and where to get help and to access support from mental health professionals. This service has continued and work is underway with commissioners and the NHS111 and 999 provider (SCAS) to develop a sustainable solution supporting emergency services and the public. Our mental health, learning disability & Autism services have significantly increased the use of technology to support assessment and treatments and we have ongoing evaluation of this. We have found that our digital offers have improved completion of treatments and reduced missed appointments. We recognise that this is not the preferred mode of access for all service users and we have resumed face to face offers as well wherever we are able.

Services are currently focussed on our phase three restoration. Activity levels for services overall are back to the usual range with some teams now beginning to see a surge in demand. Where demand had reduced clinicians saw more patients so in many services, routine waits have started to reduce through the increased productivity of using digital solutions.

We have with system partners evaluated progress and are resetting plans to deliver our Mental Health Transformation programme to ensure the Long Term Plan priorities are delivered in Oxfordshire.

[2] These services are a specialised safe haven offering an out of hours safe space for people experiencing mental health crisis.

Mental health, learning disability & Autism service status and restoration

Service	Service Status	Transition to Recovery	Risks/Challenges	Transformation Objectives
CAMHS CYP Mental Health	Mix model of f2f for red/amber and patient choice, digital offer remains for all clinically/risk/pathway appropriate	-Demand and capacity -Further develop surge tool with diagnosis capacity tool -Revise and communicate service offer with sustained digital offers -Launch Sleepio offer	-Surge in referrals -School return and impact on Mental Health and Well Being -Impact on CYP of isolation and lockdown -Backlogs pre and post COVID-19	-CYP MH Eating Disorders- workforce expansion to meet 95% Waiting Time Trajectory -CYP MH Crisis Resolution Home Treatment Team -Mental Health Support Teams Schools -CYP MH National Waiting Standard developments
CYP Mental Health Inpatient	Unit remains open and managing patient flow with safe areas for patient distancing	-Day care increase via digital platforms -Piloting short term admissions for regulation back to community care	-National and local increase in acuity of Eating Disorders patients requiring admission -Further unit closures across south east	-Psychiatric Intensive Care Unit Development -Pilot 72 hr admission CRISIS
Adult Mental Health Community Services	Mix model of f2f for red/amber and patient choice, digital offer remains for all clinically/risk/pathway appropriate	-Increase in f2f activity -Revision to service offers incorporating digital interventions	-Backlogs for Psychological Therapies	-AMHT Optimisation -Individual Placement Support -Community Framework and Primary Care Network Development -ADHD Pathway
Adult Eating Disorder Services	Inpatient services remained business as usual Community Services moved to digital with exception for urgent and emergency	-Increased f2f community provision -Digital offer remains	-Vacancies -Backlog -High referral numbers -Increase in acuity	-Focus on recruitment, induction of new staff -Development and support of team -Progress physical health care pathway -Crisis and urgent care pathway
Older Adult Mental Health Services	Some activity moved to digital, assessments cannot be conducted digitally for Memory Clinic so were paused. Estate reviewed for safe working	-Memory Clinic f2f assessments commencing w/c 7th September	-Memory Clinic Backlog	-Capacity development

Service	Service Status	Transition to Recovery	Risks/Challenges	Transformation Objectives
Complex Needs	Activity moved to digital in peak. Now mixed model of digital and f2f for individual work.	-Assessments Telephone or digital -Group work using Zoom platform -Piloting smaller face to face groups within safety guidelines -Estate capacity completed	-Mentalisation Based Treatment Group waiting list -Increase in referrals	-Develop group capacity in the South -Future development of 16-24 service with CAMHS.
Urgent Care	Remained operationally with some adjustments; Safe Haven moved to telephone assessment- now back to f2f and outside groups. MH 24/7 Line operational Urgent Care Centre opened but now back in EDPS OUH	- Safe Haven's offering 4 groups per week as pre-COVID. Manzil is able to offer garden group, Banbury is only able to offer digital group.	-Challenge within Save Haven and use of space/social distancing. Mitigation to offer time slots	-Adult Crisis Resolution Home Treatment Team -MH 24/7 Helpline integration with 111/SCAS
IAPT	Mix model of f2f for red/amber and patient choice, digital offer remains for all clinically/risk/pathway appropriate	-IAPT remains more public facing, via the website offer more COVID related topics - Continue to telephone & digital consultations remotely including all group treatments. -Undertaking surge modelling & reviewing workforce needs & supply in preparation for the expected surge.	-Potential risk relating to availability of estate, for both clinical & office space. -Continue to be flagged red on NHSE reports as not achieving access trajectory.	-Workforce expansion; LTP ambitions -Roll out of Patient Post COVID support - Prioritising local NHS & care home staff. -System development of COVID psychological support
Adult Learning Disability Services	LD services moved from response to recovery -More direct contact visits -Reasonably adjusted offer linked with virtual consultation -Activity levels increasing and on +ve trajectory, although not at pre-covid levels	-Increased f2f using decision making tree -Reconfigured new office space due to OCC office closures, new space open 22nd Sep for f2f assessments.	-Staff Wellbeing -Triage with new ways of working	-Develop transformation in line with NHS LTP -Ensure services are aligned to the NHSI Learning Disabilities Improvement Standards for NHS Trusts -Continuing to work with partners to ensure people with a learning disability and/or autistic people are able to access services in an equitable manner

2. Key learning across the system

The devastating impact of COVID-19 has represented a challenge to our communities and across our services on a scale of which we have never seen before in our lifetime. However it has highlighted the incredible value we add when we work flexibly across health, local government, business, and the voluntary and community sector. This is especially the case when we join up preventative and capacity-building services with demand-led acute services in order to reduce the demand on acute services and, more importantly, to improve outcomes for Oxfordshire residents. This is the most important piece of learning for the system and work continues through the recovery stage to build upon this. Below outlines some of the other key learning points during COVID-19 from across health and care:

- Teams at the OHFT and OUH have led the way, at a national level, in the roll-out of new digital services: Patients were able to continue to access services during the COVID-19 lockdown without having to attend hospital, by using video consultations. Before the pandemic, very few departments at OUH were using technology to conduct remote consultations with patients. But since its launch in the middle of March 2020 (until 6 September) 17,278 such consultations have been carried out using the Attend Anywhere (AA) platform, allowing clinical teams - from cancer to paediatrics, from haemophilia to antenatal care - to continue delivering vital services to patients. Similarly OHFT were able to roll out digital consultations rapidly; as one of only seven mental health Global Digital Exemplar trusts, clinicians were already embracing digital innovation and had already started to trial digital consultations with patients. When COVID-19 hit, OHFT were therefore able to respond rapidly – in January nearly all consultations were in person (only 14% remote, 86% face to face), whereas now the majority are remote (53% remote versus 47% face to face) - remote includes phone, digital, email. This allows OHFT to continue to offer important therapy to patients, but to do so in a way that is as safely distanced as possible for patients and staff. OHFT has now surpassed 60,000 online consultations; it is believed OHFT has achieved the highest number of digital consultations in the country.
- Collaboration on research: OUH, in collaboration with its academic partners, have led trials that are helping to shape the optimal treatment of COVID-19 throughout the world; and through the Jenner Institute OUH have supported the development of a vaccine that might stop its future spread.
- Supporting BAME communities: as it became apparent that people from BAME communities were being more adversely affected by COVID-19 the NHS and local authorities further developed relationships and worked with community and religious leaders to raise awareness of staying safe during COVID-19; information was developed and distributed to support the Muslim community; primary care social prescribers focused on BAME needs and translation services available; this was also supported by Healthwatch reaching out to community links and providing community support.
- Data sharing / Health Information Exchange (HIE): HIE was launched; the system presents clinicians with information about their individual patients from both OUHT patient record and the Primary Care patient record. The view is live, which means

the most up to date information is available to support direct patient care. For example, following discharge from hospital, GPs have direct access to test results from hospital rather than waiting for them to be sent. The tool also provides access to the Digital Care Plan and is accessible to GPs working in the COVID-19 clinics. The system has been in the planning for two years, it took 13 days of dedicated collaborative effort from a multi-disciplinary, cross-organisational team during the early days of the pandemic to make it available.

- Multi-disciplinary team / organisational approach: for example there was a coordinated primary, acute and community care response across Oxfordshire to deliver COVID-19 clinics and a home visiting service to support people with coronavirus in the community. This rapid response brought together the people and resources of the Oxfordshire GP practices, Primary Care Networks, GP federations, acute and community teams from OHFT and OUH, supported by OCCG, Oxfordshire County Council and other partners, into one co-ordinated team effort.

3. Public engagement around changes made during COVID-19

The COVID-19 pandemic has fundamentally changed the way we provide health and care in the county and indeed the country. In response to the pandemic health and care organisations have made rapid changes to how services are accessed and delivered in order to protect patients, staff and the wider community from the virus.

We need to use this as a lens to restart those services that were paused at the start of the pandemic, recover and renew services and engage the public about the future of services following rapid implementation of new ways of working.

Prior to the onset of the COVID-19 pandemic the NHS locally was already looking at how it addressed the following challenges and opportunities:

- Rising demand for services
- Changing demographics including population rise and older population
- Workforce challenges
- Financial pressures
- People living with multiple long term conditions
- Health inequalities
- Old and poor quality estate
- New technology advances
- Emerging new models of care

So that we can understand the impact of the pandemic and the changes, to the way services are delivered, for our residents we are proposing seek feedback from local people in Oxfordshire around the following themes to inform plans going forward:

- Non face-to-face services: accessing care using technology such as video, telephone, apps and emails. We are aware of some of the barriers and need to understand how to mitigate these.
- Community services: organisations working together to promote independence and deliver care in people's homes and communities.
- Keeping People Safe: delivering services differently to prevent the spread of infections.
- Reducing health inequalities: improving health for vulnerable groups and people living in deprived areas.

Following this engagement programme; the information and ideas gathered will feed into our understanding of the experience of patients, their enthusiasm for change and the impact on their health and wellbeing. It will also inform future plans for services and any requirement to undertake formal consultation.

3.1. What we know already?

We are currently undertaking a mapping exercise to look at what patients have already told us about their experience of using services during COVID-19 and the impact of the way services were delivered during the lockdown phase of the pandemic. This will inform the engagement and identify any gaps to investigate further.

3.2. Plans for engagement

OCCG has worked with a co-production champion[i] from the County Council's network of champions to develop the engagement which will:

- Support the NHS in understanding the views of residents (including those with poor health outcomes and from BAME groups), and other stakeholders on their views of healthcare services in the future
- Enable the NHS to co-design options for our approach to healthcare including location of services in dialogue with patients and stakeholders (including staff)
- Ensure the NHS in Oxfordshire is adhering to a process for redesigning services that is in line with best practice and legal requirements

We recognise that our approach to how we undertake this process needs to take into account the impact of COVID-19 on how we can engage with our population and stakeholders. However, this does not mean we cannot undertake meaningful engagement.

We will use the following ways to engage:

- Online engagement survey to help us understand resident's views on changes that have been made during COVID-19.
- Online engagement survey to help us understand our staff's (across all Oxfordshire health and care organisations) views on changes that have been made during COVID-19.
- Engagement toolkit – to support small community groups, families, town and parish councils, Patient Participation Groups etc to hold their own discussions and then feedback to us.
- Outreach work supported by the engagement toolkit via the CCG's equality and access team; community hubs, faith leaders and through the third sector.
- Online workshops and Focus Groups
- Telephone interviews
- Engagement with the newly developed workstreams of the Oxfordshire Whole System Recovery programme of work

3.3. Timeline

September	October	November	December
Mapping of patient experience of services during COVID-19	Launch engagement (w/c 5 October)		Produce engagement Report
Development of engagement plan and materials	Engagement		

[i] The co-production champion's main aim is to work with people to help them learn about, use and embed co-production, so it becomes the usual way of working. The co-production champions group is made up of people who have experience of using, or caring for someone using, health and social care services, people who work in the voluntary and community sector, and staff who work in health and social care. Their job is to enable co-production to spread, by championing co-production, teaching people about it, and training and supporting more people to do it.