# Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

*Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider[this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.*

*This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.*

## Issue: Integrated Neighbourhood Teams in Oxfordshire

**Lead Cabinet Member(s) or Responsible Person:**

➤ 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 CC.

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

**Deadline for response:** Thursday 8th August 2024

## Response to report:
*Enter text here.*

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**Response to recommendations:**

| Recommendation | Accepted, rejected or partially accepted | Proposed action (including if different to that recommended) and indicative timescale. |
|---|---|---|
| 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. | Partially accepted | We have a monthly Oxfordshire strategic group with senior representative from all stakeholders/providers, who oversee the following <br>• Actual spend and predicted future funding required <br>• Overview of the design, outputs and the development of outcomes of each INT <br>• Agreement of the order of the phasing and overall development of INT's within Oxfordshire <br> Each INT has the following <br>• A Senior Responsible Officer (SRO) and deputy SRO <br>• Weekly to monthly meetings depending on the needs of the INT <br>• Join working with County council, Health Protection and the voluntary sector. <br>• Co-production of the INT with the local stakeholders and population <br> Focus for INT's <br>• Reduce length of stay for those in hospital <br>• Reduce the risk of hospital readmissions within 30 days of discharge <br>• Enhance the efficiency of same-day responses for high-need patient referrals to ensure the best possible outcomes |

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|---|---|---|
| | | <ul><li>Proactively identify and manage patients with rising health and social care risks</li><li>Supporting holistic mental health support</li><li>Foster a supportive and healthy community environment</li><li>Focus on frailty, working with people to improve their quality of life and achieve greater independence</li><li>Reducing social isolation</li></ul> |
| 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. | Partially accepted | We are following the County Council process for co-production.<br><br>We have co-production on all areas where there are INT's. However, they are at different stages, City of Oxford mainly Barton is the most mature. I am attaching the process for co-production that we follow. |
| 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. | Partially accepted. | We have worked with public health, local councils and the information team in the OUHFT to create a data pack for each INT. This is to ensure that each INT understands their local population health and prioritise the areas that will make the most impact.<br>Additionally, each INT as they develop recruit the posts/skill set required to meet this gap in health needs. |