

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 <i>Update – OCC scrutiny are working up a training proposal with CfGS.</i>
	24 November 2022 Meeting			
2	Primary Care	<p>Recommendation:</p> <p>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.</p>	Julie Dandridge/ Daniel Leveson	<p>Progress/update response:</p> <p>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.</p>

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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	<p>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.</p> <p>UPDATE – Subsequent Care Home Visits to be arranged in conjunction with the Director for Adult Social Care.</p>
	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	<p>BOB ICS Elective Recovery plan & provider collaborative would need to be presented by BOB ICS colleagues -</p> <p>In progress</p> <p>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.</p>

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5	Access and Waiting Times	That Members meet separately with James Scott to explore workforce challenges across Oxfordshire/the NHS	BOB HOSC, BOB ICS	<i>Eddie and OCC BOB HOSC Members to ask for the item to be placed on the BOB HOSC Work Programme.</i> In progress <i>Update – To be considered as part of future discussions amongst the BOB HOSC</i>
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	<i>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.</i> In progress <i>This is currently being collated with Cllr Champken-Woods and will be appended at the back of HOSC agendas once finished.</i>
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.

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	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. <i>UPDATE – Julie Dandridge to provide an update on a list in respect of where the funds currently sat, time restrictions and other obligations.</i>
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 9 th 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

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				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	<p>Response:</p> <p>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.</p> <p>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</p>

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				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	<p>Response:</p> <p>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 if 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</p>

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				<p>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.</p> <p>The service is subject to on-going review and development.</p> <p>National guidance in respect of Flexible Commissioning was issued in October 2023.</p> <p>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.</p>
	21 September 2023 Meeting			
15	Oxfordshire Healthy Weight	<p>Recommendation:</p> <p>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.</p>	Derys Pragnell	<p>Recommendation Accepted:</p> <p>Initial Response (additional progress update response to be provided in April 2024):</p>

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				<p>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.</p> <p>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.</p> <p>The new Tier 1 and 2 service will include a range of programmes for residents to choose 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.</p>

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16	Oxfordshire Healthy Weight	<p>Recommendation:</p> <p>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.</p>	Derys Pragnell	<p>Recommendation Accepted:</p> <p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>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.</p> <p>Update April 2023: This detail remains the same. We can provide specific numbers and details of groups if HOSC require</p>
17	Oxfordshire Healthy Weight	<p>Recommendation:</p> <p>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.</p>	Derys Pragnell	<p>Recommendation Accepted, HOSC will receive future progress update in April 2024.</p> <p>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</p>

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				<p>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.</p> <p>A children’s healthy weight toolkit for health, social and voluntary/community professionals is in redevelopment.</p> <p>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.</p> <p>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.</p>
18	Oxfordshire Healthy Weight	<p>Recommendation:</p> <p>To explore avenues of support for residents who may struggle to afford healthy diets in the context of the cost-of-living crisis.</p>	Derys Pragnell	<p>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.</p> <p>Update April 2023:</p>

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				<p>Action plans have been developed and adopted by the following councils: Cherwell – 4 March Oxford – 13 March West Oxfordshire – 9 March</p> <p>South Oxfordshire and Vale of White Horses’ action plans are being finalised.</p>
20	Oxfordshire Healthy Weight	<p>Recommendation:</p> <p>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.</p>		<p>A separate response to this recommendation will be sought from BOB ICB.</p>
21	Oxfordshire Healthy Weight	<p>Recommendation:</p> <p>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.</p>	<p>Derys Pragnell/ Omid Nouri</p>	<p>Health Scrutiny Officer (Omid Nouri) to liaise with relevant officers to facilitate this meeting in the near future.</p> <p>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.</p> <p>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.</p>

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22	<p>Health and Wellbeing Strategy</p>	<p>Recommendation:</p> <p>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.</p>	<p>David Munday</p>	<p>Recommendation Accepted:</p> <p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>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.</p> <p>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).</p> <p>Finally, the Outcomes Framework lists the governance forums within the Oxfordshire</p>

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				<p>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.</p> <p>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.</p> <p>Full papers on the Outcomes Framework are available on HWB March agenda.</p>
	<p>Local Area Partnership SEND</p>	<p>Recommendation:</p> <p>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.</p>	<p>Stephen Chandler/Anne Coyle/Rachel Corser</p>	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>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 scrutinised by appropriate scrutiny arrangements (People Scrutiny, HOSC and ICB Quality Group).</p>

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				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.
	Local Area Partnership SEND	<p>Recommendation:</p> <p>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.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>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.</p>
	Local Area Partnership SEND	<p>Recommendation:</p> <p>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</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>Restorative Approaches are well-established within Children’s Services. Co-production with children and families is at</p>

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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.
	Local Area Partnership SEND	<p>Recommendation:</p> <p>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.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>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.</p> <p>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.</p>

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	<p>Local Area Partnership SEND</p>	<p>Recommendation:</p> <p>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.</p>	<p>Stephen Chandler/Anne Coyle/Rachel Corser</p>	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>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.</p>
	<p>Local Area Partnership SEND</p>	<p>Recommendation:</p> <p>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.</p>	<p>Stephen Chandler/Anne Coyle/Rachel Corser</p>	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>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.</p>
	<p>Local Area Partnership SEND</p>	<p>Recommendation:</p> <p>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.</p>	<p>Stephen Chandler/Anne Coyle/Rachel Corser</p>	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>Timeliness and quality of EHCPs, 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</p>

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				<p>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.</p>
	<p>Local Area Partnership SEND</p>	<p>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.</p>	<p>Stephen Chandler/Anne Coyle/Rachel Corser</p>	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>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.</p> <p>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.</p>
	<p>Local Area Partnership SEND</p>	<p>Recommendation:</p>	<p>Stephen Chandler/Anne Coyle/Rachel Corser</p>	<p>Initial Response (additional progress update response to be provided in April 2024):</p>

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		<p>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.</p>	<p>ne Coyle/Rachel Corser</p>	<p>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.</p>
	<p>Local Area Partnership SEND</p>	<p>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.</p>	<p>Stephen Chandler/An ne Coyle/Rachel Corser</p>	<p>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.</p>

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	Local Area Partnership SEND	<p>Recommendation:</p> <p>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.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>As noted above, partnership training is embedded within the PAP. The Working Together Task & Finish group leads on Workforce Development.</p>
	Local Area Partnership	<p>Recommendation:</p> <p>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 HMC1; 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.</p>	Stephen Chandler/Anne Coyle/Rachel Corser	<p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>There are clear governance and reporting structures, as outlined above. We can provide updates as required.</p>
	23 November 2023 Meeting			
	Children’s Emotional Wellbeing & Mental Health Strategy	<p>Recommendation:</p> <p>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</p>		<p>Recommendation Partially Accepted:</p> <p>Initial Response (additional progress update response to be provided in June 2024):</p>

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		<p>recommended that piloting such navigation tools in specific communities may be a point of consideration.</p>		<p>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.</p> <p>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.</p> <p>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</p> <p>As part of the early help strategy refresh this year OCC Children’s Services will be ensuring the offer of early help is</p>

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				<p>accessible to all families to find information to support them along with resources available within the local offer and linked with FIS.</p> <p>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.</p> <p>We have built reviews and service improvement into the digital offer and will be able to provide updates in due course.</p>
	<p>Children’s Emotional Wellbeing & Mental Health Strategy</p>	<p>Recommendation:</p> <p>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</p>		<p>Recommendation Accepted:</p> <p>Initial Response (additional progress update response to be provided in June 2024):</p> <p>Co-production is a critical part of the strategy development and the commissioning cycle. This approach was</p>

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		testing with neurodivergent children and other children known to be at higher risk of mental ill health.		<p>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.</p> <p>We have built reviews and service improvement into the digital offer and will be able to provide updates in due course.</p>
	<p>Children’s Emotional Wellbeing & Mental Health Strategy</p>	<p>Recommendation:</p> <p>To continue to explore and secure specific and sustainable sources of funding for the Strategy to be effectively delivered in the long-run.</p>		<p>Recommendation Accepted:</p> <p>Initial Response (additional progress update response to be provided in June 2024):</p> <p>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</p>

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				<p>determined by the financial envelope provided to us nationally for this work.</p> <p>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.</p>
	<p>Children’s Emotional Wellbeing & Mental Health Strategy</p>	<p>Recommendation:</p> <p>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.</p>		<p>Recommendation Accepted:</p> <p>Initial Response (additional progress update response to be provided in June 2024):</p> <p>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.</p> <p>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</p>

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				<p>Neuro-development Conditions assessments is also an action in the SEND Priority Action Plan.</p>
	<p>Children’s Emotional Wellbeing & Mental Health Strategy</p>	<p>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.</p>		<p>Recommendation Partially Accepted:</p> <p>Initial Response (additional progress update response to be provided in June 2024):</p> <p>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.</p> <p>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.</p> <p>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.</p>

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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	<p>Recommendation Accepted:</p> <p>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.</p>
	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	<p>Recommendation Accepted:</p> <p>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.</p>
	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	<p>Recommendation Accepted:</p> <p>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.</p>
	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	<p>Recommendation Accepted:</p> <p>Next year's DPH Annual report will be brought to the Committee's spring meeting</p>

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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.
	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	<p>Recommendation Accepted:</p> <p>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.</p> <p>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.</p> <p>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</p>

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				<p>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.</p> <p>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.</p> <p>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</p>

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				<p>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.</p> <p>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.</p> <p>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 our organisation 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</p>

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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.
	<p>John Radcliffe Hospital CQC Improvement Journey</p>	<p>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.</p>	<p>Eileen Walsh, Andrew Brent, Lisa Glynn</p>	<p>Recommendation Accepted:</p> <p>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.</p>

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				<p>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.</p> <p>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.</p>
	<p>John Radcliffe Hospital CQC Improvement Journey</p>	<p>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.</p>	<p>Eileen Walsh, Andrew Brent, Lisa Glynn</p>	<p>Recommendation Accepted:</p> <p>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</p>

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				<p>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.</p>
	<p>John Radcliffe Hospital CQC Improvement Journey</p>	<p>For sufficient resources to be secured for the purposes of delivering and potentially expanding the Hospital at Home Service.</p>	<p>Eileen Walsh, Andrew Brent, Lisa Glynn</p>	<p>Recommendation Partially Accepted:</p> <p>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.</p>

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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	<p>Recommendation Partially Accepted:</p> <p>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.</p> <p>We do not currently have a method of monitoring when practices close of online consultations but are exploring what might be possible.</p>
	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	<p>Recommendation Accepted:</p> <p>There are some national sources of information for patients about the different roles in general practice.</p> <p>We will look to making these available on the ICB website.</p>
	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	<p>Recommendation Accepted:</p> <p>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.</p>

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	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	<p>Recommendation Rejected:</p> <p>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.</p> <p>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.</p> <p>The ICB will prioritise areas of greatest need across the whole footprint.</p>
	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	<p>Recommendation Accepted:</p> <p>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</p>

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				the programme forward more quickly if necessary.
	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	<p>Recommendation Accepted:</p> <p>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.</p> <p>In Oxfordshire:</p> <ul style="list-style-type: none"> • 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. <p>The ICB has written to these practices who have not recently updated their profile to seek confirmation of their plans to update their information.</p>
	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	<p>Recommendation Partially Accepted:</p> <ol style="list-style-type: none"> 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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				<p>The ICB would not have a role as the responsibility for consultation on water fluoridation lies with the Secretary of State and central government.</p> <p>2. Whether the ICB/partners are even supportive of fluoridation in the very first instance.</p> <p>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.</p>
	6 th June 2024			
	<p>Oxford Health NHS Foundation Trust Quality Account 2023/2024</p>	<p>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.</p>	<p>Britta Klinck, Rose Hombo</p>	<p>Recommendation Accepted:</p> <p>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.</p> <p>Oversight of workforce planning and associated risks is provided by the trust</p>

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				<p>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.</p> <p>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.</p> <p>We are also aligning more closely, through the Annual Planning processes, the OHFT People Plan with the NHS Long Term</p>

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				<p>Workforce Plan, with actions focused on key themes:</p> <p>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.</p> <p>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</p> <p>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</p>

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				<p>empower staff to make better decisions. Continued focus on embedding a culture reflects a restorative, just and learning culture.</p> <p>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.</p>
	<p>Oxford Health NHS Foundation Trust Quality Account 2023/2024</p>	<p>To ensure that there is a clear process for learning from deaths, to include bereaved families, and to improve services accordingly.</p>		<p>Recommendation Accepted:</p> <p>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.</p> <p>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</p>

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				<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

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				<p>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 –</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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</p>

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				<p>and Local Authority suicide prevention groups.</p> <p>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.</p>
	<p>Oxford Health NHS Foundation Trust Quality Account 2023/2024</p>	<p>For the Trust to develop clear and demonstrably effective mechanisms for providing support to staff wellbeing.</p>		<p>Recommendation Accepted:</p> <p>Staff Health & Wellbeing</p> <p>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.</p> <p>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.</p> <p>Commissioning of the EAP by the trust has been extended for an additional year as it</p>

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				<p>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:</p> <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> ○ 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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				<p>nature of some of the situations they face through structured reflective practice and learning.</p> <ul style="list-style-type: none"> • 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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				<p>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.</p> <p>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.</p>
	<p>Oxford Health NHS Foundation Trust Quality Account 2023/2024</p>	<p>That the Trust provides training and guidance to staff for the purposes of ensuring good staff attitude, conduct, empathy, and understanding toward patients.</p>		<p>Recommendation Accepted:</p> <p>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</p>

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				<p>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.</p> <p>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.</p> <p>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.</p>

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	<p>Oxford Health NHS Foundation Trust Quality Account 2023/2024</p>	<p>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.</p>		<p>Recommendation Accepted:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

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				<p>Acute OAP's (acute inpatient care in private hospitals out of area) Meeting and reporting structure to support flow and coordinate escalations:</p> <ul style="list-style-type: none"> • 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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				<ul style="list-style-type: none"> • 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. <p>Safe and effective management of patients in OAP's:</p> <ul style="list-style-type: none"> • Patient Flow team case manage all OAPs for the duration of their admission.

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				<ul style="list-style-type: none"> • 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. <p>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).</p> <p>Actions to improve flow (reduce length of stay and delayed discharges) and reduce OAPs:</p>

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				<ul style="list-style-type: none"> • 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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				<ul style="list-style-type: none"> ○ 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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				<ul style="list-style-type: none"> ○ Children & Adolescence Mental Health Services (CAMHS) Liaison and Transition clinicians working to facilitate timely flow through acute settings (MH and Acute Trust) <p>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.</p> <p>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.</p>