Public Document Pack

To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

Thursday, 1 October 2020 at 2.00 pm
Virtual meeting

Please note that due to guidelines imposed on social distancing by the Government the meeting will be held virtually.

If you wish to view proceedings please click on this Live Stream Link

However, that will not allow you to participate in the meeting

Yvonne Rees
Chief Executive

September 2020

Contact Officer: ***Colm Ó Caomhánaigh, Tel 07393 001096***
colm.ocaomhanaigh@oxfordshire.gov.uk

Membership

Chairman – Councillor Ian Hudspeth (Leader, Oxfordshire County Council)
Vice Chairman - Dr Kiren Collison (Clinical Chair, Oxfordshire Clinical Commissioning Group)

Board Members:

Ansaf Azhar *(Oxfordshire County Council)*	Corporate Director of Public Health & Wellbeing
Dr Nick Broughton	Chief Executive, Oxford Health Foundation Trust
Stephen Chandler *(Oxfordshire County Council)*	Corporate Director for Adults & Housing Services
Kevin Gordon *(Oxfordshire County Council)*	Corporate Director for Children's Services
Councillor Steve Harrod *(Oxfordshire County Council)*	Cabinet Member for Children & Family Services and Chairman, Children's Trust
Dr Bruno Holthof	Chief Executive, Oxford University Hospitals Foundation Trust
Dr James Kent	Chief Executive, Oxfordshire Clinical Commissioning Group
Councillor Andrew McHugh *(Cherwell District Council)*	Chairman, Health Improvement Partnership Board
David Radbourne *(NHS England)*	Director of Commissioning Operations (South Central)
Tracey Rees	Chairman, Healthwatch Oxfordshire

Yvonne Rees *(Oxfordshire County Council & Cherwell District Council)*	Chief Executive, Oxfordshire County Council & Cherwell District Council (District Representative)
Vacancy *(Oxfordshire GP Federation)*	GP Representative
Councillor Lawrie Stratford *(Oxfordshire County Council)*	Cabinet Member for Adult Social Care & Public Health and Chairman, Older People's Joint Management Group
Councillor Louise Upton *(Oxford City Council)*	Vice-Chairman, Health Improvement Partnership Board

Notes:•Date of next meeting: 17 December 2020

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned….."*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1. Welcome by Chairman, Councillor Ian Hudspeth

2. Apologies for Absence and Temporary Appointments

3. Declarations of Interest - see guidance note opposite

4. Petitions and Public Address

This meeting will be held virtually in order to conform with current guidelines regarding social distancing. Normally requests to speak at this public meeting are required by 9 am on the day preceding the published date of the meeting. However, during the current situation and to facilitate these new arrangements we are asking that requests to speak are submitted by no later than 9am four working days before the meeting i.e. ***9 am on Friday 25 September 2020****. Requests to speak should be sent to* ***colm.ocaomhanaigh@oxfordshire.gov.uk*** *together with a written statement of your presentation to ensure that if the technology fails then your views can still be taken into account. A written copy of your statement can be provided no later than 9 am 2 working days before the meeting.*

Where a meeting is held virtually and the addressee is unable to participate virtually their written submission will be accepted.

Written submissions should be no longer than 1 A4 sheet.

5. Note of Decisions of Last Meeting (Pages 1 - 10)

To approve the Note of Decisions of the meeting held on 18 June 2020 (**HBW5**) and to receive information arising from them.

6. COVID-19 Update (Verbal Report)

2.10pm

To receive a verbal update on COVID-19 from the Director for Public Health, Oxfordshire County Council.

7. COVID-19 Recovery (Verbal Report)

2.30pm

A verbal update from the Chief Executive, Oxfordshire County Council.

8. COVID-19 Restart, Recover, Renew NHS Update (Pages 11 - 22)

2.50pm

A report from the Oxfordshire Clinical Commissioning Group.

9. COVID-19 Healthwatch Report (Pages 23 - 42)

3.10pm

This Healthwatch Report will focus on COVID-19.

10. Oxfordshire Winter Plan 2020-21 (Pages 43 - 72)

3.30pm

A presentation on preparations for the coming winter.

11. Cardiovascular disease and inequalities (Pages 73 - 74)

3.50pm

The Oxfordshire Prevention Framework developed last year identified the top causes of premature death and illness in Oxfordshire. One of the top causes identified was cardiovascular disease (CVD). This has become a key focus of work in order to improve health outcomes in Oxfordshire.

12. Performance Report (Pages 75 - 78)

4.10pm

To monitor progress on agreed outcome measures.

13. Reports from the Partnership Boards (Pages 79 - 94)

4.20pm

To receive updates from partnership boards including details of performance issues rated red or amber in the performance report (above).

Reports from:

- Children's Trust (**HWB13a**)
- Better Care Fund Joint Management Group (**HWB13b**)
- Adults with Support and Care needs Joint Management Group (**HWB13c**)
- Health Improvement Board (**to follow**)

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OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 18 June 2020 commencing at 2.00 pm and finishing at 4.00 pm

Present:

Board Members:	Councillor Ian Hudspeth – in the Chair
	Dr Kiren Collison (Vice-Chairman) Ansaf Azhar Dr Nick Broughton Stephen Chandler Councillor Steve Harrod Dr James Kent (substituted by Diane Hedges for part) Councillor Andrew McHugh Dr Jonathan Montgomery (substituting for Dr Bruno Holthof) Jane Portman Tracey Rees Yvonne Rees Councillor Lawrie Stratford Councillor Louise Upton
Officers:	
Whole of meeting	Eunan O'Neill, Consultant in Public Health; Colm Ó Caomhánaigh, Committee Officer

These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site (www.oxfordshire.gov.uk.)

If you have a query please contact Colm Ó Caomhánaigh, Tel 07393 001096 (colm.ocaomhanaigh@oxfordshire.gov.uk)

	ACTION
1 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	
The Chairman welcomed all to the virtual meeting. He noted that it was the first meeting of the Board since the outbreak of Covid-19 – the March meeting having been cancelled as a result. He stated that, if it was necessary to have a vote at any stage, it would be conducted by roll call.	
2 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies were received from Dr Bruno Holthof (Dr Jonathan Montgomery substituting). Dr James Kent stated that he needed to leave the meeting at 3pm and Diane Hedges would substitute for him from that point.	
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations of interest.	
4 Petitions and Public Address (Agenda No. 4)	
There were no petitions or requests to speak.	
5 Note of Decisions of Last Meeting (Agenda No. 5)	
The notes of the meeting held on 30 January 2020 were approved with the addition of Dr Jonathan Montgomery to the attendance list.	
6 Covid-19 Update (Agenda No. 6)	
Ansaf Azhar gave a verbal update on Covid-19. These have been unprecedented times. Nobody knew exactly what the impact was going to be. Clearly it has had a severely adverse effect on communities – and on some communities more than	

others. What was encouraging was the way in which the different services came together to tackle the crisis. New governance structures had to be set up very quickly to coordinate the work. The peak had passed with the reproduction number (R) just below 1 in the South East Region. There is a real chance of a second peak. Local agencies will be key in managing it. In the absence of a vaccine or treatment, local authorities will play a role in the 'test and trace' system. Stephen Chandler added that leaders of the various services came together very quickly and operational leaders worked closely together. They fulfilled everything they were asked to by central government. The support had been fantastic across the systems from acute services to home help. The learning is being used to plan for the second wave. Dr Jonathan Montgomery stated that the number of offers of support was fantastic. He also noted that Oxford was having a global input through research in the universities. Councillor Andrew McHugh added that the Oxfordshire Tobacco Control Alliance had stepped up with the Quit for Covid campaign and promoting improving physical fitness. Dr Kiren Collison said that the barriers between organisations had been broken down in dealing with the crisis. The third sector had provided great support. She noted however that the prevention agenda needed to be brought back in, having been largely overlooked during the crisis. The Chairman thanked all for their contributions and echoed the determination to build on the experience.	
7 Test and Trace (Agenda No. 7)	
The report was introduced by Ansaf Azhar. In the absence of a vaccine, test and trace will play a massive role in easing out of the lockdown. The advice for the public will be to dial a new NHS number (119) if they are showing symptoms – or use the online 111 system. They will be assigned for a test and their contacts will be advised to self-isolate. Public Health England have operated the same system before for other notifiable diseases and in the containment phase of Covid-19. It may be necessary to take measures locally – most likely related	

to complex settings and vulnerable groups – and a plan is needed to respond to that. Cross-working between services will be even more important. There will be a local outbreak plan by the end of June which will cover prevention as well as management of outbreaks. This is unlikely to include local lockdowns but will be focus on avoiding that. The data and intelligence needed for an early warning system is being collected. Councillor Louise Upton noted that the City Council already had teams in place to handle outbreaks – for example of food poisoning – and they would like to be involved. Yvonne Rees added that all Oxfordshire leaders were being briefed. Central government asked for three things in regard to test and trace – that the local response be driven by the Director of Public Health, that the Chief Executive of the public health authority be involved and that it should include leaders of political and wider organisations such as the hospital trusts. Oxfordshire is in a good position with a collaborative style already in place. They are looking at cross-warranting and how to handle out-of-hours for example. Councillor Steve Harrod asked why the test and trace mobile phone App was not being renewed. Ansaf Azhar responded that technical issues have arisen with the pilot project. There will not be an App available for the foreseeable future.	Ansaf Azhar
8 Integrated Care Partnership development (Agenda No. 8)	
Diane Hedges, Chief Operating Officer and Deputy Chief Executive of Oxfordshire Clinical Commissioning Group, gave a presentation on the development of the Integrated Care Partnership. She noted that in previous discussions they had talked about the partnership as a way of working. The Covid-19 crisis showed that they could actually do that in a real situation. The task now is to capture the essence of how that worked – how decisions were made very quickly for example. There has been even more inclusiveness in recent months than had been even planned for and there is a need to look at the learning form that. The subgroups have worked very well. The 'Gold' group of leaders has been chaired by the Council Chief Executive and the 'Silver' group below that has focussed on problem solving and been chaired by Stuart Bell.	

The Social Care leads have been looking at getting people out of hospitals when they no longer require acute care. They have been working with Berkshire and Buckinghamshire on the long-term issues of people waiting for care. The whole system has stood up well under the test of the Covid-19 crisis. The Gold Recovery group needs to look at how this is bedded in for the long term. Councillor Lawrie Stratford stated that he had been concerned that it would take a long time to get cross-working up and running but one of the plus points of Covid-19 is that it made it all happen and has provided a springboard going forward. Tracey Rees asked about the expectations for patient engagement in the ICP. Diane Hedges responded that there are a number of possible approaches. There has been an enormous uptake in IT – for example video conference appointments with GPs. There is a need to consider how this has been experienced by patients. The Gold group has commissioned the OCCG to look at the patient and provider experiences and she has already discussed with Healthwatch how they might support that. In regard to ICP, she would expect each workstream to develop how they would get patient input in their area. It has been done before, for example patient involvement in MSK co-design. Tracey Rees stated that the messaging around changes to primary care had been inconsistent. The central message not to visit your GP was very clear but local messaging around what to do instead was inconsistent and confusing.	All Diane Hedges
9 Director of Public Health Annual Report (Agenda No. 9)	
Ansaf Azhar introduced the annual report. He stated that it traditionally contains an overview of public health in the county. This year he has sought to do something different and put the spotlight on one area – inequality in health. The health statistics for Oxfordshire as a whole are good but they hide pockets of inequality. The county has 10 wards which are among the 20% most deprived in the country. The gap in life expectancy can be up to 15 years. Demand for health services is not universal across the county. This report is designed to start a conversation on how to focus on disadvantaged communities. Covid-19 has highlighted the disparities. Prevention will be massively important in the	

aftermath of Covid. Healthy behaviour needs to become the norm. It will not be down to any one organisation. It is everyone's business. This report is a call to come together on health inequality. Councillor Lawrie Stratford stated that he had felt that the 'public' has been lost in public health. It is everyone's responsibility and includes housing, education and employment. More active health solutions were needed. He congratulated the Director on his report. Councillor Louise Upton welcomed the provision of statistics including breakdown by gender. She was surprised that there was to breakdown on ethnicity. Diane Hedges welcomed the fact that Ansaf Azhar will be meeting the OCCG Executive Group later this month. The commissioning group is always faced with the question of how much they should target resources as opposed to spreading them across all issues and areas. Dr Kiren Collison referred to the hard work done on the prevention framework and noted how it also showed the need for a particular focus on deprived areas. The challenge in the next step is to translate it into action on the ground. The Board noted the report. The Chairman added that there was clearly agreement on the direction outlined.	All All
10 Joint Strategic Needs Assessment (JSNA) (Agenda No. 10)	
Ansaf Azhar introduced the report. He stated that the information on needs had been made more accessible than ever before. It can be viewed on iPads or Kindles. The main findings are related to the gap in life expectancy and an increasing gap in early years development for low income families. Another headline figure is that about two thirds of adults are overweight. The next project is to produce subchapters focussing on deprived communities. Councillor Lawrie Stratford commented that the report looked interesting but was rather intimidating at 300 pages. Councillor Louise Upton welcomed the accessibility of the report and recommended looking at the byte-size reports. Ansaf Azhar emphasised that it was designed to be browsed online and should not be printed out. It was difficult to reduce the	Ansaf Azhar

content because there was a need to have all of this information in one place. The Board agreed to accept the report.	
11 Ward Profile (Agenda No. 11)	
Ansaf Azhar presented for feedback an early stage draft of what a ward profile might look like as applied to Banbury Ruscote. There are three main aspects to it: the statistical breakdown for the ward, the community voices and a mapping of assets available. The community feedback drew attention to the lack of accessible opportunity in the area but the profile also notes some good programmes already in place such as Brighter Futures and FAST (Families Active Sporting Together). There are eight next steps identified. The priorities will be much the same in any area but how to tackle them will depend on the assets available locally. He asked for the Board's feedback and support for the concept before applying it to the other nine most deprived wards. Councillor Andrew McHugh echoed the Director's comments. As Chairman of Brighter Futures he welcomed the positive mention of that programme. He noted the proposed closure of a surgery in the Ruscote area and that there would need to be a discussion on how to maintain a primary care presence in the property which is owned by Cherwell District Council. Tracey Rees welcomed the profile and stated that it would be really useful for those, such as Patient Care Networks, who are required to look at the issue of inequality. Diane Hedges said that the profile would be very useful in helping the OCCG to think about primary care in the ward in general while deciding what to do about the closure of a specific surgery.	
12 Family Safeguarding Update (Agenda No. 12)	
Hannah Farncombe, Deputy Director of Children's Social Care at Oxfordshire County Council, gave a presentation updating the Board on progress regarding Family Safeguarding. Significant progress had been made but development had been slightly delayed by the Covid-19 crisis. It is expected that the system will go live on 28 September 2020.	

Contracts are being put in place for three specialised adult services: Turning Point for drug and alcohol services; Oxford Mind supported by Elmore Community Services and Oxford Health; and a process is in train for appointing a provider on domestic abuse. The new system is called Family Safeguarding Plus because a number of additional aspects are being introduced on top of the model adopted in Hertfordshire. For example, the Council is taking advantage of the partnership with Cherwell District Council to tackle problems for families on the brink of homelessness. Domestic abuse is behind two-thirds of the work in children's social care. It is hoped that the whole system approach will see a reduction in serious harm and repeat cases. She asked for feedback in particular on the measures for evaluation. Tracey Rees asked if the system will go live across the county from the start. Hannah Farncombe responded that coverage will be county-wide when it goes live at the end of September. Some of the more sophisticated elements of ICT will come on stream later. Jane Portman added that they will be looking at quantitative measures but will also seek feedback from families and children on their experience. Diane Hedges suggested looking at preventative measures, for example relating to maternal smoking, immunisation, screening uptake. Hannah Farncombe welcomed that suggestion. She reported good engagement with Oxford Health on adult measures. There was a lot that GPs could feed into the system and they are exploring the involvement of school nurses. The Chairman noted that the attention on Covid-19 and the hopes for a vaccine provide an opportunity to remind the public of the importance of vaccines in general. Ansaf Azhar added that it was particularly important that people get the flu vaccine to reduce stress on health services next winter as they will probably be still dealing with Covid-19.	All
13 Healthwatch Report (Agenda No. 13)	
Rosalind Pearce, Executive Director, introduced the report. She added that she had written the previous day to the Chairman and the Director of Public Health regarding the Public Health England report on the effects of Covid-19 on the BAME (Black, Asian and	

Minority Ethnic) communities. She urged them to support the points that PHE have made to the Minister but asked that they not wait for a national response and instead take a collective approach locally to understanding the effects and committing to action. Councillor Louise Upton welcomed Healthwatch's provision of information on Covid-19 in different languages. This may have helped reduce some of the inequalities that were experienced. She welcomed the idea of learning from the experience but expressed a concern that there might be a replication of other work being done. She hoped that the work could be aimed at making a meaningful addition to the information available. Rosalind Pearce responded that the local communities came to Healthwatch explaining that they did not have the necessary information and that some people were going without food. Healthwatch played a brokerage role in making translations available. She felt it was an indictment of the system that these were not already available. It needs to be recognised that not everyone has access to the internet and not everyone can understand what is produced. The Chairman accepted the point about duplication of work and stated there was an opportunity now to develop mechanisms to deliver on the findings of the inequality report.	Cllr Ian Hudspeth; Ansaf Azhar
14 Performance Report (Agenda No. 14)	
Councillor Andrew McHugh asked about plans to improve access to CAMHS appointments (measure 1.3) which shows that almost half do not get their first appointment within 12 weeks. Diane Hedges responded that this had been discussed by the OCCG board who shared the concern. Oxfordshire has a very high rate of referrals because there has been a policy to be as open as possible to referrals. This has raised the problems with capacity. Jane Portman added that she had concerns about the whole children's mental health area and it can be seen from the report of the Children's Trust Board that this is still a priority. She was particularly concerned that post-lockdown there are likely to be problems coping with the number of children who have been unable to access services or trusted adults at school for example.	

15 Reports from the Partnership Board (Agenda No. 15)	
Councillor Steve Harrod noted, in relation to CAMHS waiting times, that an online service has been commissioned that should, by the end of December, have assessed 600 children. There is enough capacity there now but the problem is in clearing the backlog and they are doing everything they can to deal with that. He also took the point that there will be a surge in demand as the lockdown is lifted. The Chairman thanked everyone for their participation in the meeting. He expressed a hope that they would soon be able to have a normal meeting again.	

..... in the Chair

Date of signing .....

NHS
Oxfordshire
Clinical Commissioning Group

COVID-19 *Restart, Recover, Renew* NHS Update for Oxfordshire Health and Wellbeing Board

A letter from Sir Simon Stevens, Chief Executive - NHS England / Improvement (NHSE/I) and Amanda Prichard - Chief Operating Officer (NHSE/I) received on 31 July outlined the expectations for the third phase of the NHS response to COVID-19. It stated:

Following discussion with patients' groups, national clinical and stakeholder organisations, and feedback from our seven regional 'virtual' frontline leadership meetings last week, we are setting out NHS priorities for this third phase. Our shared focus is on:

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

There was also an incentive letter which looks to provide funding for over achievement against acute activity targets or reduce funding where these targets are not met. Before this letter, work was already underway within the NHS to restart services that had been paused during the initial part of the COVID-19 pandemic. This paper takes the Health & Wellbeing Board through our planning response to phase three to date and looking forward.

1. (A) Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter

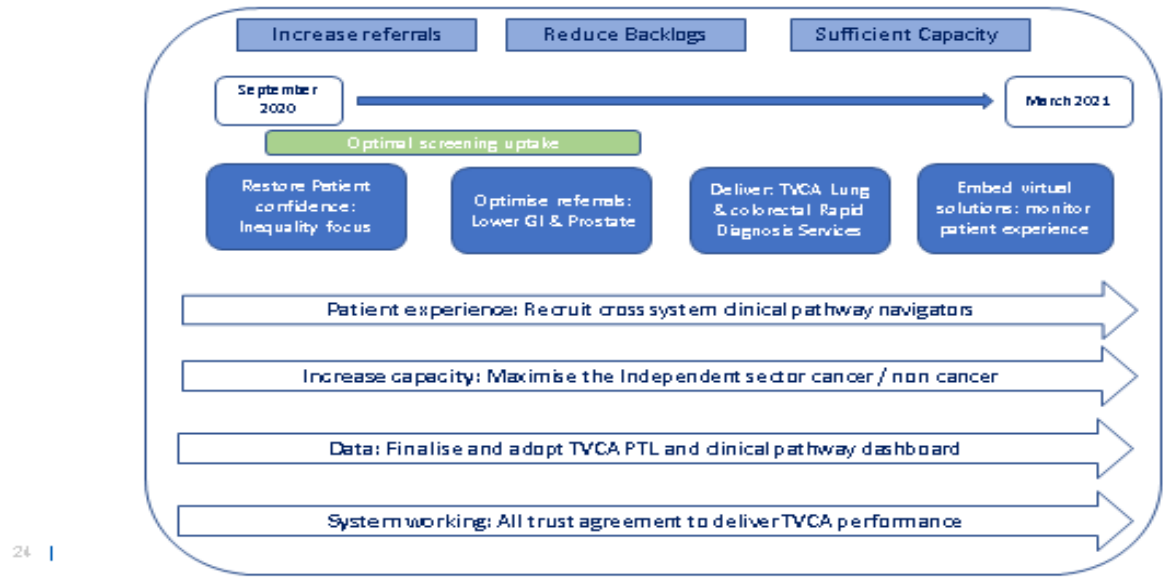
1.1. Cancer - Restore full operation of all cancer services:

Thames Valley Cancer Alliance (TVCA) has been leading in assuring the full return of cancer services. There has been both a drop in numbers of patients presenting with suspected cancer diagnosis and also the ability to treat patients in pathways through PPE, social distancing, sickness and range of compounding factors. TVCA has developed a programme of high impact interventions to restore cancer services as shown in the diagram overleaf.

There is evidence of progress in recovery of cancer services in the numbers below and more detail is included in the appendices of the Integrated Performance Report.

As of 30/08 across Buckinghamshire, Oxfordshire & Berkshire West (BOB):

- 2WW referrals were at 84% to baseline having dropped well below 50% during April
- Total number of patients on the PTL across the TV area decreased by 1.4% on previous week
- 7.5% (527) have breached and waited over 62 days; the largest proportion by tumour site was Lower GI (162) downward trajectory
- Surgical activities carried out by BOB trusts have increased from 73 w/e 05/07 to 99 w/e 30/08, 36% increase
- There has been a 59% decrease of patients waiting over 104 days across BOB at 30/08 compared to 03/07



1.2. Recover the maximum elective activity possible between now and winter:

Reopening Routine Outpatient referrals

Since late April NHS providers have been asked to make plans to reopen all routine referrals for GPs. Oxford University Hospitals (OUH) NHS Foundation Trust continued to receive two week wait cancer referrals and all other urgent referrals throughout the COVID-19 pandemic. The Trust paused routine referrals to focus on the COVID-19 response, in line with national guidance from NHS England & NHS Improvement (NHSE&I), and are now working to resume this activity. As of 10 September, all OUH specialties have re-opened to routine referrals from GPs except in the following challenged specialties: Maxillofacial (Oral and Maxillofacial Surgery),ENT, Ophthalmology , Gynaecology (General and Endometriosis) , Clinical Neurophysiology, Bariatrics.

The Trust had significant waiting times in these challenged specialties before the COVID-19 pandemic and demand for these services currently exceeds available capacity at OUH. NHS providers across BOB are working closely with the OUH and we are working with our independent sector partners so patients can be seen as soon as possible.

Across BOB there is an Acute Collaboration Work Stream which meets fortnightly and is CEO chaired. It includes all provider Chief Operating Officers and commissioners. It has task and finish groups working in each challenged specialty and each of these has specific CCG allocated programme resource. Clinicians across BOB are working together to design solutions.

OUH and OCCG are holding a programme of webinars with GP colleagues to discuss issues and maintain open and timely communication between primary and secondary care. OUH has made progress over recent weeks to re-open more services to receive routine referrals but recognise there is more work still to be done within the Trust and with our BOB ICS partners. Patient leaflets have been developed to support GPs in discussion around seeking alternate providers.

Further actions being taken includes:

- Maximising the use of peripheral clinic capacity because updated Infection Prevention and Control guidance has reduced the number of patients who can be seen safely in hospital outpatient clinics, due to the need to maintain safe social distancing in light of COVID-19
- Planning for running outpatient clinics 7 days per week in some specialties

- Increasing the use of independent sector outpatient capacity for challenged specialties
- Increasing the number of patients who can have 'virtual' appointments eg video consultations, telephone appointments etc
- Working closely with partners across BOB ICS to identify capacity in neighbouring acute hospitals

Returning diagnostic, outpatient, day case and inpatient care to pre COVID levels

Phase 3 guidance sets out the activity levels, for acute elective services, which the NHS are expected to achieve.

- Elective inpatient (overnight, day case and outpatient procedures) to achieve 80% of last year's activity in September and 90% by October
- Outpatient -100% of last year's activity for 1st and follow up
- Diagnostics – 90% of last year's activity for MRI, CT and endoscopy, rising to 100% in October

The return to full capacity faces many challenges. Infection Prevention and Control (IPC) guidelines compliance constrains MRI, CT and ultrasound capacity at 80% of previous levels for example. Pre-pandemic levels of capacity will be supported by the use of independent sector capacity, a mobile MRI, and HSE funded mobile CT scanner and use of community hospital space to create supplementary capacity for ultrasound. For outpatients and elective similar challenges exist.

OUH will be compliant overall for electives and diagnostics with some monthly fluctuations. The challenge in compliance lies with outpatients where OUH may have greater difficulty in reaching 100% return. In addition, patients waiting over 52 weeks have been steadily rising since March. Current forecasts shows a significant increase from OUH latest figure of c1,354 52 week waits despite major efforts including weekend working and insourcing.

1.3. Restore Service delivery in primary and community services

Primary care

In line with national guidance, GP practices introduced a total telephone triage system during the pandemic. Appointments were provided 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. This approach reduces the risk of COVID-19 transmission. OCCG provided support to GPs to enable greater levels of telephone and online working both in practice and from home.

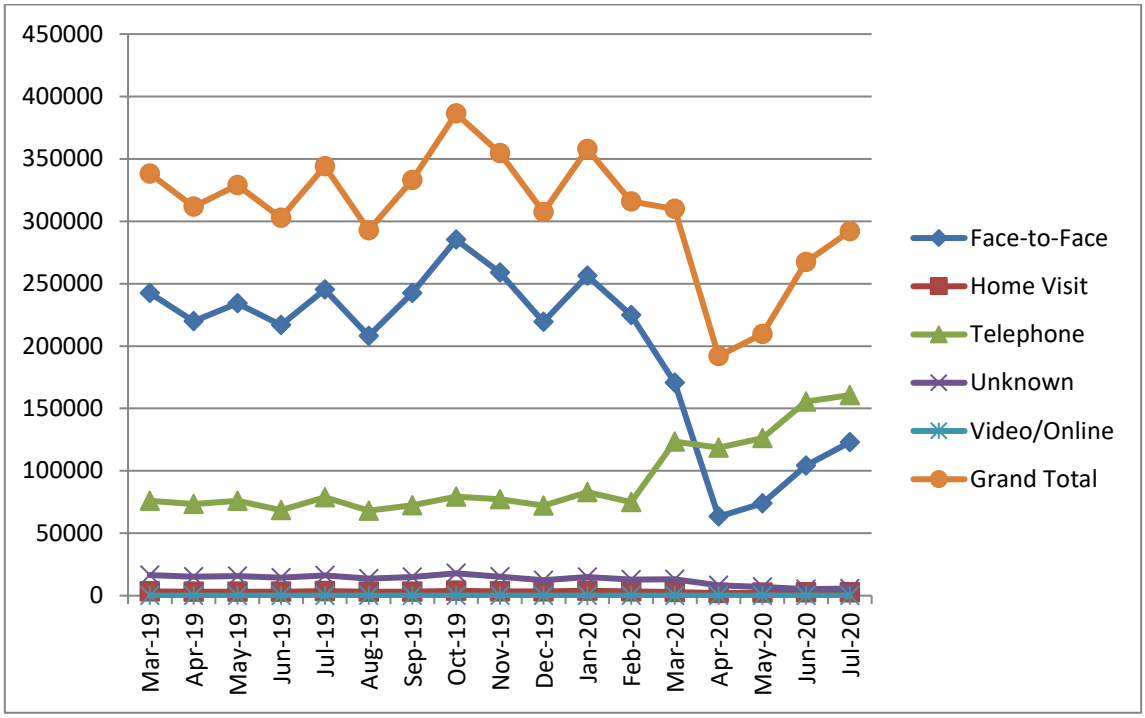
Face to face appointments did not stop; patients were seen face to face where clinically appropriate; in practice, at home or in one of the COVID-19 clinics.

At 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. There were concerns that patients with potentially serious conditions were not coming forwards.

The 'Help Us Help You' campaign sought to assure patients that General Practice was 'safe' for patients and staff and that people should not wait but access care when they need it encourage patients to access health care when then needed it.

Since May, the number of appointments in General Practice has steadily increased each month. The graph1 below shows the different types of appointment in General Practice each month since March 2019. The total number of appointments (Grand Total) in March 2020 was c310,000 and the number for July 2020 c300,000.

[1] NHS Digital data illustrating the number of monthly appointments (and mode of appointment) delivered by General Practice in Oxfordshire.



Total triage continues to operate in line with national guidance. Face to face appointments are available and good progress is being made to restore services to patients. Work is underway to address the backlog where some services were paused and real efforts are being made to utilise 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
- 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. Three community based clinics will provide COVID-19 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.

There is a strong system approach to flu, 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.

Community services

Oxford Health NHS Foundation Trust (OHFT) has a three phased approach to restoration of its community services; phase one is complete and included an estates review which looked at safe use of space, capacity and the priority 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 consultations / 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, and continue 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.

Discharge to Assess

There are requirements to deliver a Discharge to assess services and continue to deliver on the national Hospital discharge requirements. These have all been fully enacted in Oxfordshire with the Discharge to assess rolling out county wide in October. Please refer to the winter plan attached for more detail.

Continuing Health Care (CHC)

Oxfordshire CHC returned to business as usual from 01 September together with a plan for recovery for the backlog of assessments. Oxfordshire continued to check-list for CHC eligibility through the COVID 19 emergency in partnership with Oxfordshire County Council (OCC) so our volume of backlog has been partially contained. We have plans to use established sessional staff to manage this waiting list. Resources have been identified to benefit from existing knowledge of and integration into OHFT/OCC processes. There is a recovery plan in place to commence re-check listing & assessments for those in care homes and also for those that were discharged from hospital between 19/3/20-31/08/20. OCCG is working closely with OCC to support this CHC restoration. Oxfordshire Director of Adult Services is the joint county urgent care lead and has been supportive of expediting and transforming CHC assessments. There are considerable financial pressures to be understood including costs of the additional assessors. These are being quantified.

Expand or improve mental health services and services for people with learning disability or autism

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 24/7 freephone 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

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

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. OHFT's mental health, learning disability & Autism services have significantly increased the use of technology to support assessment and treatments and have ongoing evaluation of this. OHFT have found that our digital offers have improved completion of treatments and reduced missed appointments. It is recognised that this is not the preferred mode of access for all service users and face to face offers have been resumed where possible.

Services are currently focussed on 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.

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

There are some risks in terms of

- Backlogs in some areas such as psychological therapies, memory clinics, adult eating disorders
- Increases in acuity in a range of areas
- children returning to school and the impact on referrals and the unknown impact of isolation and lockdown of children and young people
- Increased demand which is most likely to increase the numbers and acuity for children and young people with eating disorders requiring admission
- Impacts on availability of estate from social isolation factors
- The backlog for the memory clinic will have been affecting the rates of dementia diagnosis in primary care and the COVID 19 precautions in primary care services will have affected access to routine health checks for people with a serious mental illness and also those with a Learning disability.

2. (B) Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.

Winter plan – The Oxfordshire system (OUH, OHFT, OCCG, SCAS and Oxfordshire County Council) have developed an integrated approach, which will maintain the flow of patients across the system, Delivery will be supported by a range of initiatives e.g. 111 First and Home First, optimising flu vaccination uptake among health and social care staff and using remote monitoring/virtual consultations. This will support improved flow for emergency and urgent clinical admissions, allowing elective capacity to be maintained. Please refer to the winter plan attached for more detail.

3. (C) Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Workforce

The NHS People Plan has been published by NHSE and a range of actions are in train across BOB to support this delivery and the current plan on a page is attached at Appendix 1. All Oxfordshire organisations are participants in this work and taking plans forward at a local level.

Inequalities

The third phase NHS response letter emphasises that in *'opening up'* we need to open up in a way that reduces unmet need and tackles inequalities. The Oxfordshire System Recovery Framework is built around service recovery priorities, priority populations and recovery principles. This work will not only address the standing up of critical service delivery but partnership and multi-agency approaches to addressing inequalities. Key areas of focus include vulnerable health groups, older people, Black, Asian and minority ethnic (BAME) groups, homeless and transitory people.

Health and local authority partners are working together to confirm a place level approach to addressing inequalities and related variation in health outcome addressing points such as core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from black and Asian communities.

We are designing pathways of care to maximise digital enablement and inclusion will be delivered through the Integrated Care Partnership key workstreams (Urgent and Emergency Care, Planned Care, Mental Health LD and Autism, Primary Care and Community Services Integration, Social Care and vulnerable groups). Each workstream will need to set out how and where we are focussing our efforts to address variations in outcome and to address inequalities this will relate to protected characteristics and social and economic conditions.

The 2020 JSNA focusses on the 10 most deprived Wards in Oxfordshire; we are developing targeted approaches and projects specific to those wards and to target the most vulnerable groups across all of Oxfordshire. This balance of cohort focus alongside thematic clinical areas will ensure maximum focus, impact and benefit to those areas of inequality, vulnerability and varied health outcome.

Metrics will be developed as a part of the overall approach.

Examples of work underway in Oxfordshire;

- Holistic health and LA approach to cardiovascular disease in deprived wards often with large BAME communities
- Work underway to restart NHS Health checks in these wards with deeper community engagement
- Focus on hypertension, atrial fibrillation and high cholesterol, integrating new projects with existing programmes including making every contact count and home monitoring
- Used full range of levers; data / population health management, health levers, education, environment, community champions

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, primary 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.

Primary Care responded rapidly during COVID-19: including moving to remote working, digital consultations, hot hubs and additional support for care homes. Responses advanced quickly and effectively as a result of joined up partnership working across health and care providers and commissioners.

Partnership working across primary care providers and with community services and acute providers has been a key feature of the response: This along with some of the operational ways of working represent significant and in some cases transformational shifts in primary care. Embedding these benefits will contribute towards realisation of the ambitions within the Long Term Plan.

Primary care continues to manage the delivery of both COVID-19 and non COVID-19 services. Like other providers there is a backlog of patient care that needs to be managed and met. There are common areas of learning and approach where primary care is looking to continue and develop further, these include but are not limited to

- Further development of multidisciplinary integrated care teams – this is a proven mechanism for maximising workforce for delivery of patient care. There a number of services where MDT working will yield benefits
- Communication with and advice for patients

- Digital capabilities and further enhancements
- Digital access enhancements that support demand and patient access
- Remote working capabilities for clinical and non-clinical staff – workforce boost
- Total triage
- Greater levels of preventative and proactive support to targeted patient groups
- Continue to operate safely and effectively with less bureaucracy
- Improvements to Care Home infrastructure and support
- Maintain levels of Clinical leadership and involvement

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 to 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.

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.

OCCG has worked with two co-production champion 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.

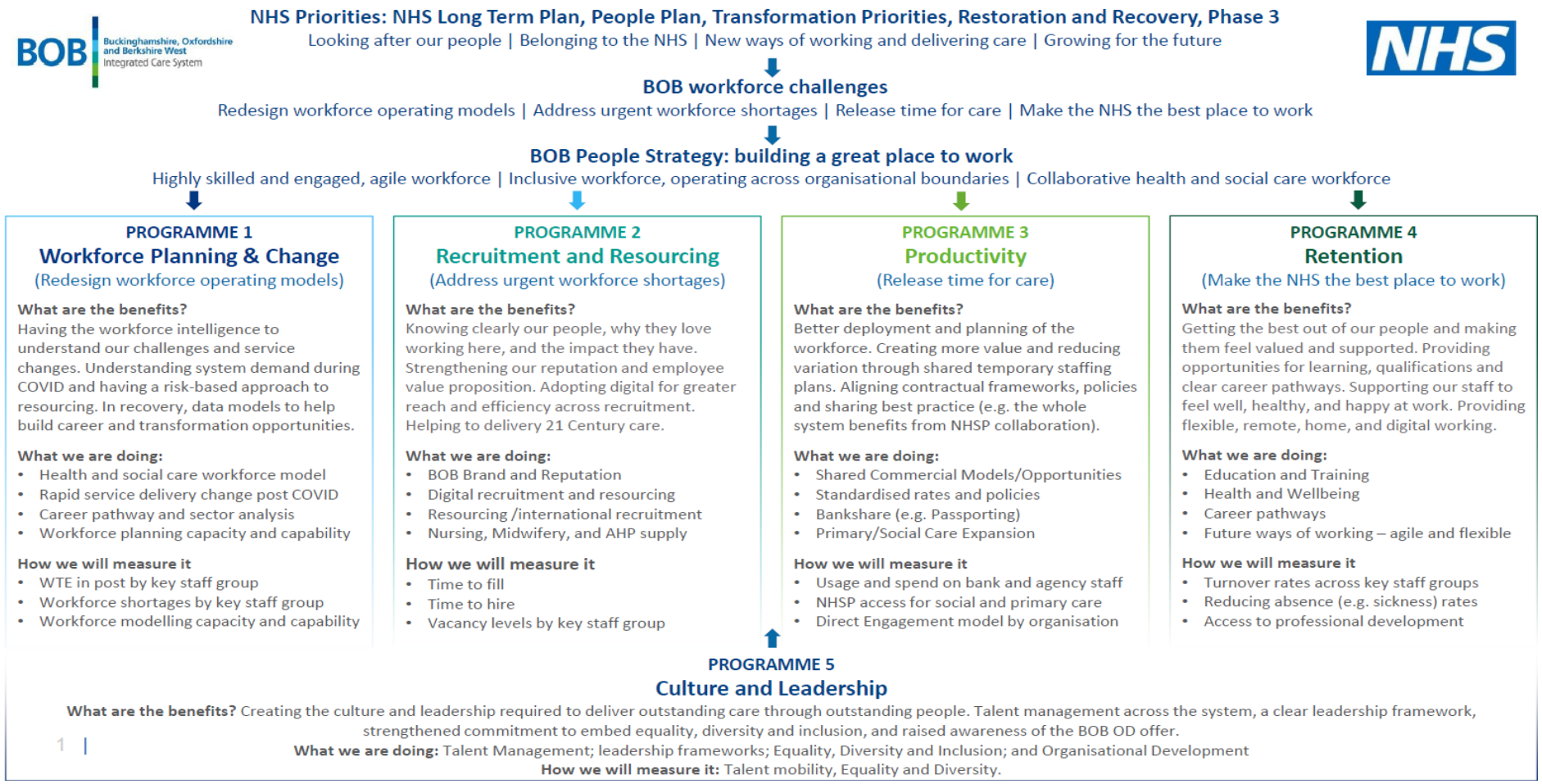
We will use the following ways to engage:

- 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

Below outlines the timeline for the above engagement work:

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		

Appendix 1 Workforce plan across BOB



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Healthwatch Oxfordshire Covid-19 voices

Report to the Oxfordshire Health and Wellbeing Board

October 2020

CONTENTS

1 Overview of comments from Covid-19 surveys to date

The following sections of this report contain what we have heard from people since March 2020. Each section is a specific piece of research, our Feedback Centre, our ongoing simple call for experiences on our web site, and from emails and telephone calls to the Healthwatch Oxfordshire office.

To summarise:

In the early days from the onset of the pandemic and through the first few months of lock-down it was very quiet i.e. few telephone calls or emails to the office.

By continuing to reach out to groups and people we were already working with we listened and took action:

Concerns around digital exclusion – not having access to the internet or smart phones and fears that people would be outside of the up to date information about Covid-19 and government and NHS guidance. Healthwatch Oxfordshire constantly raised this within the system, voluntary organisations and local media. Our Oxford Mail article in July reinforced this message. One particular conversation in early March drove home the issue regarding digital exclusion when we heard that a carer was worried that they would not know what to do or where to go to for help if day centre closed as they did not use the internet nor have a smart phone.

Concerns about lack of access to information due to information not being translated. Together with sourcing information and passing it on verbally to individuals we also found ourselves leading on the translation and paper distribution of Covid-19 guidance to communities whose first language is not English. Working with local groups – particularly Oxford Community Action - we supported the production and distribution of translated Government and NHS materials. Following concerns about people not knowing what is contained in tinned food we worked in partnership with community groups and a voluntary organisation to produce translations of food labelling for local, and national, distribution.

Access to food – early on we heard from some emerging communities in Oxford that they were not able / willing to access local food banks. Acting as a broker between community leaders, voluntary organisations and local authorities a food bank was established to support these communities. This gave good access to individuals to translated information which was distributed via the food bags. Over 300 food boxes/bags are now distributed to households that otherwise would not have accessed this support.

All the above issues were raised at the Health and Wellbeing Board, Health Improvement Board and Health Overview Scrutiny Committee meetings.

Recognising that the pandemic was having an impact on services and individual's access to services we:

1. Kept our survey on access to **pharmacy** open with additional Covid-19 related questions.

2. Conducted a survey of **Care Homes** – reaching out to their managers.
3. Carried out a snap survey of **Patient Participation Groups and GP Practice managers** to understand what was happening in GP surgeries and the impact of Covid-19, the lock down, and changes in services
4. Opened a general online survey of people's **experiences of care during Covid-19.**
5. More recently launched two separate surveys of **unpaid carers** and **people employed in caring in people's homes**. Both these have questions that relate to the impact of Covid-19 on their lives.

All the above reports and surveys are available on www.healthwatchoxfordshire.co.uk

1.1 Dentistry

We have heard from many people that accessing NHS dentists is often difficult – during the months of lock down and since the service resumed. There needs to be a full review of why this service is finding it so difficult to resume normal service to the population. Is it due to lack of PPE in the NHS dentist surgeries? Why can people access private dental treatment, not NHS treatment?

Healthwatch Oxfordshire will raise these concerns with NHS Commissioner of dental services.

1.2 Primary Care

The results of our surveys of PPGs, general practices and what we have heard from people contacting us have shown that there is a mix of engagement between patients and practices. There are examples of good practice where the GP surgery has worked with PPGs and vice versa, others appear to have no or minimal contact.

Healthwatch Oxfordshire believe that there is much to be gained by patients and GP practices working together – particularly through helping practices communicate with patients, and in the near future PPGs supporting practices with the oncoming flu vaccination programme.

We have met with the Oxfordshire Clinical Commissioning Group and agreed how HWO can support PPGs through information sharing. OCCG has committed to communicating with GP surgeries their obligation to work with and listen to patients and their PPGs.

Healthwatch Oxfordshire has played a broker role over the past few months between PPGs, GP practices and OCCG to enable patients to be better informed and practices develop closer working relationships with their PPGs. This is an area of activity that appears difficult to establish across the county, particularly as there is such a diversity of activity – many PPGs and practices have a good working relationship; other do not.

1.3 When will NHS care return to normal?

Many changes in primary care that were forced/progressed during Covid-19 are welcomed by patients – including same day access to a GP, remote consultations avoiding lengthy travel to hospitals. However, many challenge equalities of access to services. Over the past few months Healthwatch Oxfordshire has heard more concerns about access to GP services and acute care services. What is apparent from our work is that not all patients experience of access to health care is the same. Whilst some have a positive experience, others a negative one – long delays in accessing hospital treatment, poor communications. Together with national statements about the success of digital care – telephone triage, telephone consultations, online out-patient appointments – there is a growing concern within the population that the current mode of service delivery will continue and become the 'new normal'. Locally the recent public spat between GPs and acute services did not give confidence to the public that the system is working together for the benefit of patients.

There is a need for the commissioners and service providers to be open and accountable with patients and the wider population about what they think/plan the future will be. To listen to not only the positives of changes but also the individual and community challenges to moving towards a more digital – and distant – service. This is a responsibility of individual GP surgeries and acute service specialities. One approach does not fit all services, communities or individuals.

1.4 Waiting lists and access to health care services

The pandemic appears to have impacted on individuals coming forward to seek health advice. The impact on referrals to acute services is a reflection on advice to patients to 'help the NHS' by keeping away from GP surgeries and hospitals. The long-term impact on this on individuals has yet to be fully calculated.

Both hospitals and GPs, supported by their commissioners, need to communicate with patients in a positive way – it is safe to visit the GP / hospital, 'we are open for business', 'keep yourself safe by using the NHS'. These messages need to be supported by systems that function – no answer machines – real people; honest messages about how some services might need patients to travel further to get timely consultations / operations.

A concerted and coordinated communication campaign should be designed and delivered with patient involvement thus creating a credible message to all.

2 Healthwatch Oxfordshire seeks assurance

Whilst committed to supporting the system in listening to patients and communicating with the public Healthwatch Oxfordshire seeks assurance that the Trusts and OCCG are fully cognisant of the challenges facing them. Specifically:

1. The size and length of waiting lists at OUH for treatment and operations, the plan to reduce these waits and by when, and which (if any) are currently unavailable for patient treatment.

2. That the commitment to working with Patient Participation Groups by GPs is supported and encouraged by the commissioner.
3. Given the current challenges to the system how do the plans to address 'winter pressures' embrace a return to normal, what further impact could this have on patient access to appropriate and timely treatments at both primary and secondary care?

Healthwatch Oxfordshire have formally asked Oxford University Hospital NHS Foundation Trust and Oxfordshire Clinical Commissioning Group more detailed questions that address the above concerns and will publish both questions and answers on our website.

3 Employed home carers experience of Covid

30 responses to date - ongoing

3.1 Impact on clients

Carers noted emotional impact, increased anxiety, loneliness and isolation of their clients

'Care has become almost all hard, down on your knees, personal care. We have lost all the nice lunchtime pub social visits, shopping visits, clubs etc that used to be a very pleasant part of the job'.

3.2 PPE

Sourcing PPE, was not such a problem for those carers working for agencies, who generally noted they were well supplied, but self-employed carers noted this was more of a challenge, particularly as they had to source and buy their own

'being self-employed I struggled to get ppe …also had a gp who asked me to carry out the covid swab test (which is an aerosol producing procedure due to making the client cough sneeze or gag when swabbed) and it was only luck that my husband was a builder and had ffp3 masks and a charity donated me a visor along my other ppe that I was protected and able to do this. Again being self employed I purchase all my own work equipment and most places would only sell to agencies nhs and care homes. I found prices went up and things sold out and it was incredibly difficult. This was a very stressful time and at one point I almost felt like giving up. I'm luckily to have the most amazing clients who I have looked after for 5 years and no matter how hard my job can seem they always make me realise they need me.'

'Over charge of PPE by OCC. Supplies received from OCC were 6 x higher in some cases than our regular supplier plus VAT was charged on PPE when the Government clearly stated that there should be no VAT on PPE. This has still not been refunded'.

3.3 Impact on health and wellbeing of paid carers themselves

Overall responses noted impact on mental health, depression, and fatigue, as well as fear of contracting Covid, or actually contracting.

It has put a strain on the care I provide, it's more exhausting in full PPE, and I feel like it is a barrier to creating a relationship. I have worked a lot more hours which has been tiring but I love my job'.

4 Unpaid home carers experience of Covid

92 responses to date - ongoing

We asked about what impact Covid lockdown had affected people as carers of loved ones, family members or friends in their home

Impacts included:

- Emotional and physical impact- spoke of tiredness, exhaustion, no break, struggling
- Isolation- both for them and the person they cared for, including boredom, lack of stimulation, loss of contact with friends and family
- Protection and worry- often meaning carers began to care on their own, and no longer had additional caring support coming in due to fears of risk…loss of cleaners and caring support bigger burden on carers
- Also fears of family members bringing in virus to shielding members. Impact on families with multiple members in households
- Access to daily services- including food, medicines, shopping. Initially noted difficulties accessing food, particularly online. Noted support of friends, neighbours for shopping and medicine pick up etc.
- Some noted difficulty accessing medical services
- Impact of closed day centres, group centres, community support centres removing contact and ability to have a break
- Positive comments from some re support- such as Alzheimer's Soc, phone call, and use of Zoom for Singing for the Brain
- Carers juggling jobs and caring

'It has prevented access to people - family, friends, helpers. There has been no support of that kind, but there has been support for me as carer, from various agencies on the phone & through email & Zoom'.

'Assistance with delivery of medication has been appreciated. As we don't go out often, it hasn't made a huge difference. The problems will start if I get ill. Ordering food online has been a nightmare.'

'It has been much more difficult. The person I care for has been shielding and their mental health has deteriorated significantly. I can only help them so much and would like some support but don't know where to get it'.

'Being alone with the person I care for a long time. Not having touch from friends. I feel a bit dead inside still'.

'Getting medical help has become more difficult and contacting the GP Surgery and attending appointments is much more stressful.'

'To have everything cut from the 23rd of March right through to July. No respite, no day centre, nothing. Just my son, my husband and I. It has been very difficult at times, so much so that a few times I just felt like leaving the house and never come back'

'Getting the people to look at you as family there some in to shielding and then don't think what the impact on a family will be Sebring a box of food for the person but yet there is 4 of in this house and it's not just as easy to go out shopping when you have some-one to care as well as children at home who all do have and that is then 3 people with extra needs you having to deal with 24 hours a day 7 days a week with no break or help.'

'Before the virus I had organised regular house cleaners and also great support from a qualified nurse who came to help my husband shower and generally support him for a few hours so I could go and exercise or see friends. This has come to an end as it seems too risky. He was in the 'shielding' minority and it just seems simpler to do these tasks myself. But it does radically alter my life'

'We haven't received any extra support, and the fact we have been cooped up for 6 months without my mother able to go out and see anyone else has put a strain on the family. We have tried to do different things to keep her occupied and stimulated but it is very hard and her mood has deteriorated, and neither my husband nor I can been with her 24 hours a day as we both have to work'.

'The worst thing I have experienced is professional Healthcare people telling me they care but cannot do home visits home assessments or give any support because they do not want to pass a bar as on to the patient or the carer I have never heard such nonsense in my life if all people seem to want to do is sit behind a desk pretending they support carers and the people that need caring for care is non-existence in the real world'

5 Impact on families with children 0-5 years

Survey responses 41

Covid 19 has had an impact on mental health and wellbeing of both parents and young children in multiple ways- which may continue to become clear over time

41 people gave comments about the impact of the Covid-19 lockdown on their own and their child's mental health. Narratives indicated that whilst for some Covid-19 lockdown had been a positive time, supporting family closeness, for others it had been extremely challenging.

Those who responded spoke of the strains on both their own mental health, and that of their young child. Worries about work, money, maternity rights, and being key workers came to the fore for carers and parents, as well as the pressures on relationships, and juggling work and young children. Some, shielding themselves or shielding children with health conditions, felt there was lack of guidance and support for family groups. Some commented on the impact of giving birth leading up to or during Covid-19 and the pressures on coping with a new baby, with little support, in this new environment.

They also spoke of the impact of the lockdown on their young child, with loss of social networks, routine, outdoor activity- some describing behaviour changes in their child, with more regular tantrums and tears, and fears that impacts would be seen in the future.

Some of the comments below, speak for themselves, and bring home the all-encompassing nature of worries, and pressures parents and children were facing at this time

"We had no idea the behavioural issues particularly with our 4 year-old at the start of lockdown were probably related to lockdown. No one provided any info on

what the impacts may be, but we had issues with sleep, attention seeking, focus, fighting, tears etc. Knowing health visitors were at a bare minimum service we didn't get advice, just battled on".

6 Pharmacy and Covid

50 responses

Main issues noted were change to normal routine, with queueing and social distancing, initial adaptations but overall seemed to be accepted and work ok. People noted moving to postal and online orders, or relying on friends, or neighbourhood groups to collect, especially if shielding.

Pharmacy delivery service would have been helpful as shielding, but pharmacy said they cannot accept any more customers for delivery service. It can be difficult to try and arrange a volunteer to collect medication sometimes

The queue was always long and the opening hours shorter, but the staff were very well organised and helpful. It seemed the main issue was the length of time it took for a prescription to be issued which is not the pharmacy's fault. They were very busy and I felt bad for the situation they had to work in. Once they had the prescription it was made up straight away.

Always cheerful, so nice to have an efficient and well stocked pharmacy. Opening hours are very good. Social distancing is good.

Staff are doing their best unprotected and understaffed. Queues stretch into the car park. On reaching the dispensing window the prescription requested has to be made up from scratch which is time consuming. Many of the dispensing staff are locus who are not sufficiently supported.

7 Oxford Community Wellbeing Survey

133 responses

Voices of new and emerging communities in East Oxford (report forthcoming) working with Oxford Community Action to reach East Timor, Sudanese, Syrian, Somali, East African and others.

- Access to food - but huge relief at OCA establishing food hub at Hurst St
- Huge sense of community support and pulling together and strong faith-based resilience
- Job loss and financial difficulties, debt and housing worries
- Gaining information and language barriers - ongoing need for translated materials
- Isolation and being apart from family
- Concerns with children and keeping education going, wanting things to do for them at home
- Facing discrimination and racism
- Being front line workers and concerns for family and own health, risk
- Not being able to access government support, if self-employed etc and lack of support to small businesses

8 GP surgeries – supporting patients during Covid-19

Healthwatch Oxfordshire contacted the Practice Managers of all GP practices in July 2020 to hear how the Covid-19 pandemic has impacted on their surgeries delivery of service to their patient community. We also wanted to hear the good experiences from both the surgery and patients as well as how they will be planning to deliver services in the future.
Of the 73 Practice Managers contacted 14 completed the online survey.

8.1 Communicating with patients

Many GP surgery's used multiple methods of communicating with their patients during the Covid-19 pandemic. Text message and via the GP website both received the most responses (14 each). Other methods used were:

- Notices in surgery
- Emails
- Letters
- Welfare check phone calls were made by one surgery to patients over 70
- A community bulletin was produced using a Patient Panel

Social media was also a popular way to keep in touch with patients, mainly via Facebook, some of which have been set up and managed by the surgery's Patient Participation Group (PPG). A few surgery's also have Twitter and Blog pages

Although it has been a stressful period for all. We feel that we have offered outstanding service to our patients, and our staff have pulled together really well during this time.

8.2 Changes in services

Covid-19 Hub Clinics are now running where patients with suspected Covid-19 infection have been treated instead of them attending the surgery. Most of the practice managers who replied explained other changes to the services they offered in practice were that:

- *They no longer offered walk in surgeries*

- *Patients are triaged over the phone and the best way to consult with them is discussed including:*

    - *o be it by text*
    - *o sending photographs*
    - *o email*
    - *o tele-video consultation*
    - *o or a face to face appointment where deemed necessary*

Another practice manager explained that all patients contacted the practice using e-consult. Where patients cannot complete this themselves, they could call the practice and reception staff would offer support to complete the form

Covid-19 has resulted in one practice manager commenting about the loss of the external capacity to offer the 7 Day Access Service

8.3 What do patients think of the changes?

Many of the replies received commented that their patients have been very positive in understanding the need for change, whilst appreciating the continuation of service and the options available to them.

The over 70's have been extremely grateful for the welfare calls.

We have used our social prescribing services and mental health link workers to provide additional support.

8.4 Are there concerns about how practices can continue to deliver services?

There is concern from some practice managers around the Flu Vaccine campaign which is due to start in late September, mainly due to the number of patients involved and having to keep to the social distancing rules.

We are getting busier, but we have not got the physical space we need

We have concerns that we are now getting busier in practice and having to stagger surgeries/patient attendance.

We are still working with the various village community groups to ensure that those patients who need home deliveries, are still able to get their medication

8.5 Examples of good practice

One example is given was from a practice manager who said that they have continued to ensure that their practice is as virtually accessible as possible, and tried to make sure that vulnerable, housebound or "at high risk shielding" patients are kept in touch with. This is done through the practice itself, the voluntary groups social prescribers or other local charities. Calling shielding, vulnerable and at-risk patients was also mentioned by other replies to the survey.

Other examples of good practice include:

- Improved access to named doctor
- Regular communications, Facebook, and blog
- Opportunity to have basic nursing procedures and blood tests carried out in the car park

We call our at-risk patients to see if they were ok, we also call our mental health patients and elderly to offer support

We have worked with all of our "wrap-around" services

9 Patient Participation Group (PPG) Activity march – June 2020

During May 2020 Healthwatch Oxfordshire contacted all Patient Participation Groups (PPGs) in Oxfordshire to hear how the Covid-19 pandemic had impacted on their activity. They were asked to complete a simple online survey. This report outlines the findings of this survey.

Of the 71 PPGs contacted 18 completed the online survey.

Only 5 (28%) of the respondents were still meeting, they used virtual tools e.g. Zoom or MS Teams.

• A PPG commented that “no-one from the surgery attended meeting but the manager did send us a report and there has been a very small amount of correspondence with our secretary”

• The Banbury PPGs representing the 3 largest practices and the Primary Care Network have online Zoom meetings every 2 weeks

• A PPG will be using Microsoft Teams for holding their AGM

9.1 Supporting practices

Most PPGs (10) were still in touch with their surgery using email, telephone, and in Bicester all three practices and PPGs met via Zoom.

A minority (6) of PPGs who responded were still supporting their practice.

This was due to different circumstances – some PPGs were unable to continue to support practices due to self-isolation / shielding by members, others had their offer of help declined by the practice.

9.1.1 Examples of support to practices by PPGs during the coronavirus pandemic included:

PPG Chair sending a guidance letter out to the PPG members and offering it to the GP practice to use for patients this included thanks to staff, how to access alternative medical advice including Covid-19 self-isolation and not to ‘stockpile’ medication.

Another PPG helped by investigating different locations that could be used for health visitor and antenatal services. Consequently, the practice and possible location worked together to develop the option.

‘We are very actively involved in the "Help Hub" that has been established, and this certainly helps the surgery, but we are providing no direct support’

Feeding back concerns and what information about the surgery and Covid-19 patients want to see on the practice website

‘We have feedback concerns and advised on the web site and what patients need to know. We are reviewing communication and actively promoting the newsletter in local papers etc’

One PPG reviewed communication from the GP surgery to patients and actively promoting the newsletter locally

Some PPGs are checking in with their GP team to offer encouragement as well as sending cards, flowers, cakes, and fruit baskets

9.2 PPGs communicating with patients

PPGs continue to utilise different ways of communicating with their members including email (3), notice in surgeries and via the practice website. Other methods included using local newsletters, local papers, and village websites.

Several PPGs reported that there was no contact between them and patients since the coronavirus outbreak.

9.3 GP practices communicating with patients

Text messages and via the practice website were the most common forms of communication between practice and patient identified by the respondents. Other forms of communication included:

- Telephone calls were made by a GP surgery to patients
- Practice nurses contacting patients who received the Government guidance letters for the extremely vulnerable patients. Since sending the letter nurses have been contacting all these patients to ensure they know what is available for them and how they should seek help should they need to.
- Surgery Facebook pages have been kept up to date with information for those with access to social media, as well as helpful information about a dispensary which is attached to the Surgery.
- Newsletters sent to all patients with registered mail
- One PPG Chair reported a concern that some patients had not received any communication from their GP Surgery since the end of March.

9.4 PPGs and Primary Care Networks

Seven of respondents are working with other PPGs in their Primary Care Network. The PPGs in the North appeared more active than other areas.

9.5 GP practice changes during Covid-19

The biggest change to surgery services reported is that many patients before a visit to their GP surgery are triaged first over the telephone. This is then usually followed up by either a telephone or video consultation with a GP, some commented that it was felt that there was a more direct discussion with the GP or practice nurse who is was felt are also playing a crucial role. Online consults are also now being used more widely.

- Some surgeries have become Coronavirus Assessment Hubs.
- The number of requests for patients to attend the surgery for non Covid-19 issues has fallen significantly in recent weeks was a comment received from one PPG.
- GPs going to considerable lengths to solve problems that have developed since the start of the pandemic.
- Existing patients who had been offered social prescribing are being telephone called by the Social Prescribing services on a regular basis. Many live alone and could be suffering more than most in the lockdown.
- Testing using a gazebo in the car park.
- Doctors and staff working at home.
- Concerns heard from patients

A few comments received highlighted the difficulty for those where speech is affected; patients who are deaf, have had strokes or have a mental or physical disability are unable to use telephone consultations effectively but it is all that is

offered most of the time to discuss symptoms there was also mention that some surgery staff were not following social distancing rules.

That no new patients are receiving Social Prescribing.

Uncertainty and worry about the information on the pandemic outcomes, risks etc. To some extent patients may be "switching off" and not listening or indeed understanding all of the information being published by all forms of Government and media.

Prescriptions mainly and worry about going into hospital or approaching GP for non Covid-19 symptoms. Mental health issues and CV seen as the only game in town.

Patients not happy with Advance Care Planning calls and being asked wishes without prior warning.

9.6 PPGs pride in action

GPs have listened to them and made changes to their website, produced newsletters for their patients explaining Covid-19.

Getting involved in local community action around support for vulnerable patients during the pandemic.

Writing regularly in the parish newsletters to help support and communicate with patients.

10 Listening to care homes during the Covid-19 pandemic

Executive Summary June 2020

During May 2020, Healthwatch Oxfordshire carried out a rapid online survey of Oxfordshire's 123 care homes. Thirty-six (30%) managers responded across the county, 30% of the homes were in West Oxfordshire, 25% of the respondents in North Oxfordshire and a further 22% located in South East Oxfordshire.

By May much was reported in local and national media about the impact of Covid-19 on individual homes in the country, and we wanted to hear from Oxfordshire Care Homes about their experiences of this crisis. We reached out to hear from managers about the challenges and successes of supporting staff and residents and managing a home during the Covid-19 outbreak.

This report is for the Oxfordshire Integrated Care Partnership to assist in the learning and development of support for care homes should a second wave or a similar outbreak occur in the future.

10.1 We heard that:

Staff in care homes displayed huge commitment, love, and care to protect residents despite fears for their own health and safety.

Huge support to staff and resident morale came from the wider community, families, and businesses.

10.2 Managing a care home in a pandemic

Homes that had clear infection and emergency continency plans were better prepared for the crisis. Examples included preparing and freezing meals in case chef falls sick, stocking up on food & supplies, training, and keeping up to date on Covid-19 information.

Some homes expressed concerns about the costs incurred through Covid-19 – both in human and financial terms – to the home and how they would survive as a business in the short term.

Managing the crisis highlighted the strengths of staff management and teamwork - it also brought in new approaches to team management and implementation of working practices which will continue beyond Covid-19.

10.3 Covid-19 support to care homes

Homes received an overwhelming and rapidly changing mass of information from different sources until a more coordinated local information and support system was put in place.

Some homes felt restrictions and delays in testing of staff and residents, and in obtaining test results, inevitably led to exposure of both residents and staff to Covid-19. Also, that lives could have been saved if testing and lockdown had been brought in earlier.

When the local system coordinated responses and worked together it resulted in many of the challenges care homes faced being reduced. These included sourcing PPE, receiving information, reporting to the system, and the provision of local Covid-19 tests for staff.

Whilst support from GPs was generally very good there was inconsistent access to other services including support for non-Covid-19 medical conditions, mental health, and food supplies.

Most care homes, 23 out of 36 of those that responded (64%),) reported adequate access to supplies of PPE. Those who struggled cited PPE being diverted to NHS, sourcing certain items, and costs. Some homes relied on donations and late arrival equipment provided by the local community. The support from Oxfordshire County Council was welcome and for some invaluable.

In late May (nine weeks after lockdown), whilst many challenges had been ironed out, support was in place and homes felt more in control, there were still examples of poor response to requests to Public Health England for testing of residents.

10.4 Supporting staff and residents

Homes experienced Covid-19 related staff absences and it was difficult to bring in additional capacity.

Care homes shut their doors to visitors but continued to use creative ways to ensure communication between residents and loved ones, including the use of

iPads, telephones, and written communication. Proactive communication between the home and relatives was instigated, often resulting in more frequent communication than prior to the shut-down.

Social isolation in care homes varied in response to needs of residents. In some cases, e.g. with residents of dementia, restricting movement was difficult. Isolation and limiting freedom of movement was just not possible for some residents and the homes felt this had a detrimental effect on the individuals. In return, many staff responded by supporting residents to have access to the outdoors, limited but supported access to other parts of the home.

11 Care during COVID - what's it been like for you?

We've been asking people to tell us about their experiences of accessing health and social care services during the coronavirus outbreak via a simple online form. To the end of August there were 42 responses.

11.1 Up to end of June 2020 there were 27 responses

11.1.1 Positive experiences of using General Practice surgeries

11 reviews refer to having a positive experience of using their GP surgery

"Superb, really intend on you getting the care you need" (Cogges Surgery, Witney)

"Didcot health care have been amazingly responsive"

Similarly, 3 reviews mentioned positive experiences of using pharmacies and 3 referred to having tests without difficulty at the Churchill Hospital

"All good, smooth as clockwork. Well done to Didcot surgery, day lewis chemist, Churchill blood testing centre"

11.1.2 An improved experience for some

Two respondents said their experiences had been better during COVID

"Getting support and healthcare has generally been easier than before lockdown, since Botley Medical Centre started using telephone appointments."

"Excellent care, that was often better than normal"

One review suggested setting up a patient group to build on the improvements to services: "After this is over, has Healthwatch considered having a group of us patients working to build on what has been good - and ensure that this continues to everyone's benefit? Don't let the NHS go back to its bad ways!!"

11.1.3 Delays in treatment or accessing services

However, not all had had such a positive experience, with 8 reviews referring to delays in treatment or accessing services. Of these 4 related to hospital delays (2 relating to follow-up care), 1 for a social care assessment and 3 related to dental care (see below).

“Health care has not been available due to Covid no operations for urgent cases at NOC. Delays to operations for many people have caused stress and pain with still no end in sight”

“As a follow up to an A&E visit I need to have an urgent endoscopy. Unfortunately there has been a delay in accessing this investigative treatment due to COVID-19. The impact has been more telephone appointments with my GP and using some heavy duty pain relief, in effect treating the symptoms but not the illness.”

“My main concern is that I have had recent heart surgery but am not getting any follow up care/monitoring of blood pressure etc”

“I requested a social care assessment on the county council website 10 days ago as my mother fell out of bed in the night and I am still waiting for them to contact me”

11.1.4 2 reviews expressed dissatisfaction with some NHS professionals

“CV19 seems to be an excuse for (some) NHS surgeons/consultants/prof's etc to kick back for months on end”

“Generally my view is that the doctors and consultants not directly involved with Covid have been enjoying a very long, fully paid holiday at our, the tax payers', expense”

11.1.5 Difficulties accessing dental services

There were 3 reviews about dental care – all focusing on the difficulties of accessing treatment.

“In May a large section of the tooth broke away but stayed lodged in the gum. I tried NHS111 who said I "must see a dentist within 5 days" and gave me three phone numbers. One was advice only - one was a recorded message that the surgery was closed - one was a BT message that the number was unobtainable”

“I have a dental problem and have been waiting 7 months for a hospital appointment (still waiting!). Meanwhile, two weeks ago the offending tooth broke in two (vertically) so I telephoned NHS111 for advice. The respondent was very understanding and helpful. I went through the triage system as a result of which she concluded that I "must see a dentist within 5 days" and gave me phone numbers for three emergency dentists. One was "giving advice only - no appointments": one had a recorded message that the "practice was closed": one was "BT number unobtainable". [After approx six days "manipulation" I managed to extract the damaged portion with my bare hands]”

“My problem has been with my tooth and being to access my dentist…. The dentists have done their best in the circumstances.”

11.1.6 Use of phone consultations

Four reviews refer to telephone consultations with two having a positive experience and two for whom it was not ideal

“I had phone contact with surgery and then call back by Dr who sent me a connection via iPhone so that she could visually see the problem and we could discuss. The whole procedure was very efficient and simple to use.”

“I am with the Abingdon (Stert Street) practice and found them to be providing an excellent service during lockdown which included having phone consultations with my GP”

“Appointments with consultants have been via telephone but often the consultant's home does not support Voip calls.”

11.1.7 Good adherence to COVID procedures

One person who had used her surgery, EMU and then the eye hospital said: “All three followed Covid 19 recommendations to the letter.”

“I have had to attend the Churchill hospital on two occasions for urgent tests requested by my GP. These were both done in a timely manner and efficiently carried out with appropriate Covid protection.”

“My 3-weekly visits to the GP surgery have been managed very safely, eliminating as far as humanly possible any cross-infection.”

11.2 July 2020 – 9 responses

‘I have been very happy with the support and availability of GP and Dental services during the current Coronavirus outbreak’

‘pretty poor - CV19 seems to be an excuse for (some) NHS surgeons/consultants/prof's etc to kick back for months on end, doing nothing on full NHS pay, sitting at home watching Netflix and gardening! However, If you are a private patient you are being rung constantly to see if you want your Op' earlier – LOL’

‘Getting support and healthcare has generally been easier than before lockdown, since Botley Medical Centre started using telephone appointments. I also found no great delay in getting a blood test at BMC. It can be difficult to pass information on non-standard matters to a person who is prepared to act on it. No action was initially taken to remove the words "Kennington Health Centre" from one of BMC's outgoing phone messages when I pointed out that the message did contain it. I was told that the offending phrase did not figure in any BMC phone message. However, when I pinpointed exactly where the phrase was in the message, it was removed.’

‘It has failed utterly! Last October my dentist referred me to hospital (the JR) to deal with a problem-tooth, adding the warning that it "could take up to six months". Of course, Coronavirus lockdown intervened and nine months later nothing has happened. Meanwhile, in May a large section of the tooth broke away but stayed lodged in the gum. I tried NHS111 who said I "must see a dentist within 5 days" and gave me three phone numbers. One was advice only - one was a recorded message that the surgery was closed - one was a BT message that the number was unobtainable. Over the following week I worked at the tooth-fragment

and was eventually able to pull it out myself. I am still awaiting an appointment to deal with the remaining, jagged, half-tooth.'

'Had the letters to advise me that as I'm extremely clinically vulnerable I was to shield. When I did become unwell my surgery were very good about getting me to see a dr. I did end up in hospital eventually with COVID and it was quite a surreal experience. I have a follow up next week with a consultant and they have told me the appointment is still going ahead but they have changed the times around a bit to allow for social distancing.'

'Apart from missing Hydrotherapy - I have had polio and depended on this to keep mobile - all my other dozen conditions have been well handled. In fact I have listed the excellent care, that was often better than normal, on https://aftercancers.com/lets-keep-nhs-benefits-after-lockdown/'

'Cogges Surgery, Witney Oxon - Superb, really intend on you getting the care you need. Prompt reaction to potentially urgent care needed EMU - first class treatment, reassuring welcoming and wouldn't hesitate if needing intravenous antibiotics again Oxford Eye Hospital - again couldn't ask for better near emergency treatment. Safe, reassuring and excellent treatment All three followed Covid 19 recommendations to the letter'

11.3 August 2020 – 6 responses

'I want to praise members of the NHS for how they are managing, against so many odds, to help those of us not suffering from coronavirus. Aged 76 ,I have been in lockdown since mid-March this year with my partner. We are aware how lucky we are to have a comfortable home and garden, and supportive family members who supply us with food, and now, correctly distanced and very welcome company. My partner is fit and active at 78, and I have some chronic health problems, well controlled, but which have meant we need to self-isolate strictly in case of catching coronavirus. This year I began having episodes of vertigo and loss of balance which worsened alarmingly in June. To be safe, as I'd already suffered one TIA, my GP arranged a face-to face appointment the same day, then sent a fast track referral to the John Radcliffe TIA unit. This was on a Thursday. On Friday morning I was phoned from the John Radcliffe and had a long telephone consultation with a senior ITA consultant, who arranged an MRI scan for me that same afternoon at the JR - I used a taxi there and back - then he rang me with the results on Saturday: his diagnosis; negative for TIA's or other problems, but indicating inner ear disturbance. Three days to be treated by a top specialist and given a diagnosis, and this during a pandemic. I was amazed and very grateful. Because the episodes of vertigo are distressing, ongoing and life altering, my GP has now arranged an ENT appointment for me, which I assumed would take months due to the ongoing pandemic. Within days of his referral, I received the instructions of how to go online to arrange my appointment, which is now (provisionally I assume) booked for early October. Yes, I know this doesn't always happen because staff are overstretched and exhausted, but in my case they came up trumps. When will our government start supporting the NHS as it deserves.'

‘I have found it impossible to get an appt of any kind with any of our GPs. Very disappointing. I needed a referral letter for treatment for a frozen shoulder, was told I wouldn't get an appt for that, that the referral letter could possibly be done from a letter from the physio I had to arrange to see privately instead but that it had to be done by my designated GP alone & that he was away for two weeks. No one could do it in his absence apparently. I was also told that I would have to pay for the letter if it was for private treatment. This means any treatment will be seriously delayed, I will probably have to pay for it myself if I want it as the insurers need a GP referral. So my attempt to not burden the NHS at this time has done me no favours whatsoever. I completely understand they are severely stretched but was trying to reduce their load by going straight to a physio myself initially rather than waste their time- and I do after all pay my tax. As well as now probably having to pay for my own treatment. I was told the only patients allowed in the surgery were for blood tests done by nurses. What are the doctors actually doing? I wasn't offered a telephone appt or even a call, so am baffled. The ansaphone message says call 999 if really ill or 111 if covid. Underwhelming.’

‘I am a COVID long hauler. I became ill on April 6th and am still not back to full health. My heart rate shoots up when I go up the stairs and I can walk a maximum of 2 miles on flat ground. Pre COVID I could walk for 10 - 20 miles, up and down hills. I have begun a phased return to work, one day a week. I have had kind and sympathetic support from my GP, but very little diagnostic or investigative work to find out what damage has been done to my organs. I had a set of bloods done in month 3, and 4 months in, I have finally been offered a chest x-ray. There is beginning to be an increasing awareness of long haul COVID, but much more needs to be done to understand the long term effects of the virus and to train GPs to better support COVID patients.’

‘My radiotherapy for prostate cancer went ahead at the Churchill Hospital in June and went well despite the pandemic. The standard of care was very high and the disruption minimal. The staff were very supportive.’

‘I was referred to hospital dental services in October 2019 with the expectation that it might take 'up to 6 months' (April 2020). I have checked that my referral was received and beyond that I have not heard 'a word'. In the absence of any useful assistance from NHS111 I have already had to resort once to 'self-administered' dentistry. My wife suffers from osteo-arthritis in the hip which is 'rapidly deteriorating' (Dr's words!). She was referred to Consultant in Jan/Feb and heard nothing since’

OXFORDSHIRE SYSTEM
Winter Plan
2020-21

OXFORDSHIRE COUNTY COUNCIL

Oxford Health NHS Foundation Trust

NHS South Central Ambulance Service NHS Foundation Trust

NHS Oxford University Hospitals NHS Foundation Trust

NHS Oxfordshire Clinical Commissioning Group

Oxfordshire ageUK

Overview

Working together to plan for winter

As we look ahead as a system to winter 2020/21, with the challenges of COVID-19, flu, increased demand and workforce constraints, it is clear that we need to work together as a one system, building on our collaborative working during the first wave of the pandemic response. As such, as a system we are working as One Team, working to a Single integrated plan across our different organisations.

Our plan, summarised in these slides, focuses on the following key elements:

1. Our Shared Objectives
2. Our System Priority workstreams
3. Organising ourselves to deliver these
4. How we will measure success and keep track across the system
5. Communications
6. Detailed Annexes

"Working together as one team,
supporting and protecting our staff
to deliver integrated and equitable care, close to home
for all those we serve this winter"

Lessons learned from last winter and COVID-19 response

Reflections from across the system

To inform the development of our priorities this year, we have undertaken various learning exercises across the system, identifying elements to take forwards from last winter and/or the response to the first wave of COVID-19. Examples of lessons learned across the system include:

1. ED; Front door & Ambulatory Care – Continue providing direct access to ambulatory clinicians to support patients in the community and nursing homes. Continue providing dedicated patient transport for JR ED overnight to facilitate transfer home after assessment in ED out of hours.

2. Home First – Build on whole system approach to supporting patients to continue rehabilitation at home

3. Care Homes – Care home cell comprising system partners including care homes worked well to identify issues and design system response. Winter brokers supported the hospital service with 7 day a week service. This proved helpful for weekend follow up and ensuring planned discharges proceeded

4. Mental Health – Establishment of 24/7 Helpline; increase in delivery / uptake of digital solutions; Mental Health urgent care remained resilient and delivered BAU and additional services throughout; learning from trial of 'MH A&E' based away from JR/HGH; OMHP Safe Havens continued BAU with additional service offer where F2F not possible.

5. Primary Care – Provision of centrally funding COVID19 clinics to support demand in primary care

6. Acute Care – Embedding learning about a) how to cohort patients across ED, wards and intensive care settings; b) escalation levels to respond to changing shape of pandemic c) how to safely maintain non-COVID-19 care and green pathways; d) how to safely protect, support and redeploy staff to meet demand

Our Shared System Objectives this winter:

1. Ensure the Best Possible Care, Safety and Experience for all of our patients and service users:
    - *Safely manage and protect patients from Flu and COVID-19 across all settings*
    - *Maintain non-COVID-19 'Green' pathways and delivery of non-COVID-19 patient care*
    - *Proactively manage demand and capacity*
    - *Work with patients to ensure the best possible safety, care and experience*
2. Deliver Care in the Right Setting, close to home to support our population:
    - *NHS 111 First*
    - *Home First*
3. Be Digital by Default:
    - *Utilising remote monitoring, virtual consultations*
    - *Linking our information across the system to support collaborative work and integrated care*
4. Increase the scale and pace of our work to Reduce Inequalities
    - *Prevention, protection from COVID-19 and inclusive recovery and service delivery*
    - *Utilise data to identify and progress priority groups and localities.*
5. Protect, look after and Support our Staff
    - *Looking after staff wellbeing*
    - *supporting vulnerable staff*
    - *protecting staff from COVID-19 and flu*

Our Priority Workstreams

To support us in delivering our shared priorities, we are organising our work across the following programmes of work:

Safely manage Flu; COVID 19 and non-COVID pathways	Providing care in the right place, close to home		Providing specialist and tailored support to support health and wellbeing			
Flu Vaccination & COVID-19 Best Practice Ensuring high uptake of flu vaccination for all staff and appropriate patients across Oxon; follow national guidance to protect & manage COVID-19 and ensure delivery of non-covid care (green pathways).	**NHS 111 First** Enhance NHS 111 services to ensure patients receive care in the most appropriate setting and minimise inappropriate ED attendances (for children and adults)	**Home First** Reducing length of stay in bed based care: Implement national metrics for discharge pathways; Providing assessment and care in the patients own home; Enhanced care in care homes; Improving outcomes and experience	**Mental Health Learning Disability and Autism** Expand and improve mental health services and services for people with learning disability and/or autism (for children and adults)	**High Intensity Users** Identifying and supporting high intensity users of health and social care services; developing bespoke MDT plans with social prescribing to manage complex needs	**Long Term Conditions & Inequalities** Supporting patients to manage their own conditions, close to home, through remote monitoring technology; and providing tailored access and support. Include particular focus on BAME and high risk groups.	**End of Life Pathway** Providing specialist support for all patients on an End of Life pathway; with a single point of access

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Protecting, supporting and training our staff

Being Digital by Default

Flu Vaccinations Programme

Who is eligible:

- In 2020/21, those eligible for vaccination will be expanded to include:
  - household contacts of shielded
  - school year 7 age children in secondary schools
  - health and social care workers employed through Direct Payment or Personal Health Budgets to deliver domiciliary care to patients and service users.

- At a later stage in the flu programme, vaccine stock and plans to be released to include 50-64 year olds not at risk eligible group.

Where the vaccine will be provided:

- 85% GP practices, are Covid safe and plan to hold flu clinics on site. Remaining practices are planning off site clinics.

- Discussions on-going with LPC and LMC around Care Homes Support (CHS), to ensure resident and staff uptake achieves targets.

How we will ensure uptake & safe delivery:

- Sufficient vaccine has been ordered.

- There is a target of 75% vaccine uptake across all groups; the communication team are working with flu leads to plan a focused campaign to encourage increase target ambition reached across all cohorts.

- A detailed Oxfordshire Flu Plan is in place; this is reviewed and progressed at weekly stakeholders meeting. Additional meetings aligning BOB Flu plans in place.

- Guidance has been released (21.8.20), stating the need for single use PPE items for each encounter, for example, gloves and aprons is not necessary and that a sessional mask and hand hygiene between each patient is required

NHS 111 First

Objective

We will implement NHS 111 First to ensure that patients receive the care they need in the most appropriate setting, by:

- Being prepared for a second surge of COVID-19
- Developing Urgent and Emergency Care services that minimise the risk of nosocomial infection
- Assuring the public that the NHS is open and that it is safe to seek help when needed
- For the public to telephone NHS 111 or use 111 on line before attending an ED.
- GP practice or NHS 111 (both on line and telephone)
- To improve patient experience by minimising time spent in healthcare settings

Overview of model

- A new system is being introduced for people who need urgent – but not emergency/life threatening – NHS care
- In situations where they need urgent advice they can contact NHS 111 by phone or online, at any time of day or night, for advice.
- If needed, a clinician will make a referral to the most appropriate area for the patient to be assessed.
- People turning up at ED without a referral from NHS 111 will be triaged and seen as normal. Information will be provided to the patient about how they can access NHS 111 going forward.

Home First

Objective

- Home First is primarily about people having their needs assessed in their usual place of residence, or own home.
- This can either be as soon as they are safe to leave hospital or if they have been triaged as requiring assessment whilst at home .
- The main objection is to:
  - Maximizing independence
  - enables people to be return home earlier

Overview of model

- Collaborative working though a virtual MDT has been created with OUH/OH /OCC and third sector carry out a daily review of people who have been identified as having a rehabilitation need
- To meet patients expectations by respecting that time matters.

- People are provided with support to get them to where they want to be with the correct provision of care to meet their immediate and longer term needs.
- This is a system wide project and therefore is innately different to all previous discharge to assess models. Broad skill sets will avoid duplication of provision and produce improved outcomes and capacity.

Mental Health

ADULT / OLDER ADULT mental health:

- Pathway improvements for older adults in bed-based care with admission requests to MH inpatient care
- Continue with flow transformation work within inpatient services, including maintaining bed numbers with additional procurement through private sector and addition of 'case manager' role for those admitted to private beds to ensure timely flow (subject to additional investment for winter period)
- Step-down house bid included within NHS Charities Together submission – to address homelessness within inpatient services (and increased complexity / risk within this cohort) – outcome awaited
- Maintain 24/7 MH Helpline (all ages) and transition to sustainable model by Jan 2021
- Ensure clinical capacity within Police 'street' Triage service in response to further increase in S136 detentions in Oxon; implement hospital-based Place of Safety contingency plan where demand exceeds available POS capacity
- OMHP: further develop virtual services to widen reach and access; introduce flow targets with each partner, focusing on people moving on positively in an appropriate time scale freeing up spaces for new service users and prioritising those with highest most immediate need.

CAMHS:

- Pilot of 72hr admissions to CAMHS inpatient care for 'crisis' admissions – will assist with flow and reduce pressure from other system partners
- Ensure CAMHS crisis capacity is sufficient to cover additional demand including that seen via the MH Helpline
- Pathway improvements re CYP and adult eating disorder patients, across/between acute Trust and OHFT

- LD / ASD:
- Plan being developed with Primary care to support with uptake of annual health checks.
- LD service will share our comprehensive nursing assessment to support with this as well as potential LD nursing time attached to surgeries
- Continued links with OUH to support with effective discharge for those with LD in hospital more than 48 hours
- LD service linking with hospital at home to support with admission avoidance

High Intensity Users

Objective

- Identifying and supporting people who access Primary Care, 111, 999 or Emergency Departments on a frequent basis by identifying the underlying reason behind their frequent contacts with health care.

- To support the most vulnerable and socially marginalised people in Oxfordshire high intensity users of health and social care services; developing bespoke MDT plans with social prescribing to manage complex needs

- To reduce time spent in health care settings and increased support at home

Overview

- Identification of high intensity users for 999, 111, Primary Care, Community Services and the Emergency departments.

- A multidisciplinary review with the person, followed by a supportive plan agreed with the person that will meet their needs

Long Term Conditions

Diabetes

- **Primary Care** – Diabetes Locally Commissioned Service (LCS) for primary care. Directs primary care to focus on a RAG risk stratifying strategy (based on NHS East of England guidance) to inform their prioritisation of people for diabetes review. Supports personalised care planning and continued Diabetes MDTs at PCN level.
- **Education** – Virtual diabetes patient education is now being delivered by OUH (Type 1) and Oxford Health (Type 2).
- **Patient records** – Specialist Diabetes Nurses at OUH and Oxford Health applying for access to other organisation's systems to get full view of patient record including HIE.
- **Patient support** – 7 days a week helpline for patients with emergency queries is in place since COVID-19
- **Other** – 2 potential project bids for NHS Charities Together. Community podiatry (Oxford Health) clinics have re-opened and Multi-Disciplinary Footcare Team (OUH) clinic has continued to operate throughout COVID. Active Oxfordshire Go Active Get Healthy Diabetes physical activity programme commissioned for another year

Respiratory:

- **Integrated Respiratory Team** – The Integrated Respiratory Team pilot operating in the City and North part of the county ended on 30th June – full evaluation underway. However, as part of the COVID-19 response five IRT posts have been extended until end of Dec 2020 to operate within the Oxford Health Community Respiratory Service and work across the whole of Oxfordshire. The extended IRT posts are fully OCCG funded. Key outcomes: respiratory education for all primary care teams, optimisation of respiratory medication for airways disease, pulmonary rehabilitation and alternatives to face-to-face for respiratory and post-COVID patients, reduce risk of admission and readmissions to hospital, optimise and coordinate breathlessness management and palliative care for end stage lung disease
- **Mobile respiratory diagnostics unit** – business case enabling lung function testing and timely diagnosis for COPD and Asthma in the community in line with COVID-19 infection prevention and control – particularly with OUH lung function testing severely depleted. This mobile unit proposal would require investment.

Cardiovascular Disease:

- **Integrated cardiology Service (ICS)**– continued provision of services closer to home for appropriate patients, service expansion progressing. Increased targeting of program to disadvantage and at risk populations
- **Heart Failure (HF)** - working with a system reform approach, expand access to the appropriate Community HFN/ICS support to patients with HF with preserved ejection fraction (HFPEF). Including phone and video appointments.
- Expansion of alternative modes of service delivery for cardiac rehabilitation

Personalised Care:

- Personalised care and supportive self-care training programme recently published for primary care healthcare professionals to uptake. Training will be delivered virtually by the OCCG personalised care and self-care training team.
- OCCG personalised care and self-care training team working with Oxford Health specialist teams (Respiratory, Diabetes, CHC) on joint-training delivery to primary care and training for OH staff

End of Life Pathway

Overview

- NHS Charities Together project bid submitted to train community healthcare professionals in Advance Care Planning including independent DNACPR signatory competency, thereby providing significant support to primary in advance care planning.
- Oxfordshire Palliative Care Network (OPCN) is developing a proposal for county-wide palliative care coordination.
- Directory of services being developed to support care coordination.
- Sue Ryder continuing to operate integrated hospice at home model in South Oxfordshire.
- The EOL support lines for healthcare professionals and patients/carers have been wound down following the first wave of COVID due to very low usage. However, the phone numbers used remain dormant and could be re-activated if required.
- Katharine House Hospice back to normal hospice specification, however the extra beds from COVID-19 Response Centre specification remain at the hospice should this be required. If reverting back to Response Centre specification, additional funding will be required.

Health Inequalities

Overview

- Placeholder
- Public Health colleagues to be contacted for input

Focus on Children – prevention and urgent care

Prevention Activities

- A joint Health and Education 'Return to School' group has been established which will continue to meet over the coming months and will monitor and address any challenges across the system as they emerge.
- An updated 'NHS Offer' is on the Schools Intranet site to support the return to schools.
- Health Visiting service is running a winter campaign to provide additional information to parents on managing minor illnesses at home.
- School Health Nurses are integral to delivering the flu programme in schools.

Children's Urgent Care

- Most children who present as unwell will not have COVID-19 – assessment of children will largely continue in the normal way using existing clinical pathways.
- OCCG GP clinical guidelines for paediatric common illnesses will be re-sent to GPs. This includes an updated guidance for fever in light of COVID-19.
- Children's ambulatory pathway being developed to ensure children are assessed closer to home.
- OCCG is supporting GP practices with capacity planning for winter by modelling the likely numbers of children who will need to be seen in 'hot' rooms (if potentially infectious) over the winter months.
- A Primary Care triaging protocol for seeing 'hot' children will be developed to risk assess and manage the seasonal peak of feverish children.

Oxfordshire Alliance - Bid Narrative 2020

Oxfordshire's health, social care and voluntary sector partners as an alliance we are bidding together for funding aimed at supporting the wider NHS and voluntary community dealing with COVID-19.

Videos and films to ensure post shielding patients and the general population can access information on a range of subjects for all different age groups	Active Hospital aims to change the physical activity culture within our hospitals in order to reduce the multiple negative impacts of hospital deconditioning	The Phone friends proposal enhances the support available from the presently un-funded telephone befriending service, to Oxfordshire people who consider themselves as being 'lonely'.	Communication software to support children and young people with speech and language difficulties to aid them achieve positive health outcomes during Covid -19	**Project to improve outcomes for high-risk, marginalised people who are high intensity users of emergency care**
The Rehabilitation After Critical illness and Hospitalisation (ReACH) COVID-19 project seeks to maximise the opportunity for rehabilitation and recovery for residents of Oxfordshire who survived critical illness and hospitalisation following a diagnosis of COVID-19.		Mental health housing with connection support to support people with high needs and histories of entrenched or repeated homelessness to live in their own homes	Connect people with the full range of support available in their local community to help build confidence and re-enable them. The proposal is to build capacity in Age UK's Oxfordshire Hospital Discharge Support (HDS) team and the My Community Link volunteer team, so they can better able to respond to the surge in demand arising from COVID-19, as well as supporting the Home First aspiration and Discharge to Assess project work	

How we will keep track across the system

Operation Pressure Escalation Levels - OPEL

- OUHFT, OHFT, OCC and SCAS are report their OPEL status on a daily basis
- This is a list of triggers that describe the demand on each organisation
- It helps to manage the day to day variations in demand across the health and social care system as well as the procedures for managing significant surges in demand.
- It provides a consistent set of escalation levels, triggers and protocols, for system partners.
- Sets clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level by all system partners.

Regional and Oxfordshire System visual view - Shrewd

- Cloud-based system which allows a view of admissions, discharges, 999 conveyances, Out Of Hours, Social Care, Community Hospital beds.
- The ED information is updated through out the day and the remaining system requires a manual daily update directly to SCHREWD.
- OPEL status will require to be a manual update
- Develops a simple view of health pressure which works in real time across the whole system
- Provides oversight and assurance for operational management
- Significantly reduces time spent on conference calls and system reporting, due to whole system oversight.
- Increases response time to whole system pressure
- Alerts set on key performance indicators
- Improved cohesive approach; helping all parts of the system detect and respond to pressure

Communications

The Winter Communications Plan aims to support the delivery of the System Winter Plan; it has two key messages for the public & staff:

- Stay well by looking after yourself
- What to expect if you do become unwell

- Campaigns – A number of campaigns and initiatives will be delivered as part of the winter communications plan, these include:
  - Promotion of the flu jab to key groups (public and NHS / Care staff)
  - Self-care – what is your personal winter plan?
  - 'Help us, help you' stay well this winter. A national campaign that is tailored locally to signpost appropriate use of services
  - Introduction of NHS 111 First
  - 'Why not home? Why not today?' – Homefirst approach
- Communication strategy – Communication and messaging is aimed at all Oxfordshire residents, staff and visitors but with some segmentation for specific messaging as well as differing our approach to communicating with groups for example:
  - outreach to BAME communities through our local authority and community networks
  - working with community outreach workers and Luther Street Medical Centre to reach homeless people
  - development of easy read materials for people with a learning disability
- Evaluation – This will consist of:
  - Flu vaccination uptake which is monitored by PHE who issue data divided by target group
  - Quantitative and qualitative analysis of media coverage, social media engagement & reach
  - Post winter campaigns awareness using take to be monitored by PHE who will issue data divided by target group
  - Re-call survey of campaigns

Communications

Winter communications at a glance. . . .		
October:	• Media launch and introduction of Winter Team and system working (5 October) • Launch and implementation of public, NHS & care staff flu immunisation campaigns including production of films to show how easy it is to get your flu jab • Encourage people to get help early before your condition worsens – your local pharmacist & GP practice can provide help and support • Preparing for winter: 'have you got a winter plan?' – encouraging everyone to prepare and plan for winter eg stock up on essential medicines from your local pharmacy / supermarket. 'This year it is more important than ever for everyone to have a winter plan.' (Help us help you - HUHY) • Work with NHS staff to implement a 'Why not home? Why not today?' message to support Homefirst	PROACTIVE MEDIA & SOCIAL MEDIA
November:	• Continuation of winter plan theme • Launch of NHS 111 First to encourage people to contact NHS 111 and their GP if they need urgent care • Launch Oxfordshire Advice Card to include COVID-19 and NHS 111 First information • Maximising spread of preparedness message in the workplace by working with local businesses and communities (HUHY) • Promotion Better Health campaign (HUHY)	
December:	• Promotion 'Every mind matters' national campaign tailored to Oxfordshire services • Segmentation and sign-posting of services to cover proper use of A&E, access to GP services, MIUs, NHS 111 & Pharmacy – reinforcing NHS 111 First messaging (HUHY)	
January:	• Isolation and loneliness – 'look after yourself encourage and your neighbour' target community groups to support neighbours and develop a mental health awareness campaign	
February:	• Segmentation and sign-posting of services to cover proper use of A&E, access to GP services, MIUs, NHS 111 & Pharmacy – reinforcing NHS 111 First messaging (HUHY)	

OXFORDSHIRE SYSTEM WINTER PLAN 2020-21

Detailed Annexes

Winter Schemes funded 2019/20

Pro. No.	Projects	Supplier /Provider	Allocated Funding	Funding source	Payment route	Progress	Update
P1	Winter incentive payments (Neuro)	OUH	£340k	NHSI/E	NHSP		5 beds open on SSIP, 9 on the trauma ward at the HGH, intermittently opening 5 beds on neuro blue and avoiding planned flexing down of beds on neuro purple and 6A as required.
P2	Winter incentive payments (Trauma)	OUH	£340k	NHSI/E	NHSP		
P3	Winter incentive payments (Critical Care)	OUH	£136k	NHSI/E	NHSP		
P4	Emergency Department Psychiatric Service	OH	£60k	NHSI/E	PO		In January - approx. 300 referrals, 80% referred were assessed, at JR 90% within 1 hr and at Horton 85% with 90 mins.
P5	Night sit and live in carers	OCC	£60k	NHSI/E	PO		TBC
P6	7 day discharge weekend working - therapists	OUH OH OCC	£31.4k £26.1k £14.7k	NHSI/E	NHSP PO PO		Service is fully operational, All staff have been recruited to for acute therapies, community therapies and social work Activity from 07/01 - 28/01, 59 unnecessary admissions avoided.
P7	Refurbishment of existing space to deliver increased ambulatory footprint at the JR from 18 to 28 assessment spaces	OUH	£1400k	NHSI/E	Capital		Phase 1 (Ward 4B) due to complete 6th March. Weekend 7th/8th March AAU move from 4C to 4B. Phase 2 (4C) works start 9th March and due to complete 9th April. These are the earliest dates that can be achieved due to long lead items.
P8	Increase in paediatric ED capacity at the JR from 7 to 12 cubicles	OUH	£950k	NHSI/E	Capital		Works commenced on site on the 06 Jan 20 with completion scheduled by 29 Feb 20, this however is dependent on the delivery of key components which will be confirmed by 07 Feb 20
P9	SOS Bus	St John's	£20k	CCG	PO		Currently reviewing SOS bus service. Service has seen significant drop in activity last 2 weekends. Looking at reducing cover and cover future dates e.g. Mayday Fresher's Week.
P10	MIND support worker in ED	MIND	£20k	CCG	PO		The MIND worker is present in the ED on a Friday evening from 1600hrs to 1900hrs
P11	AGE UK to support 3 Community hospitals with discharges	Age UK	£25k	CCG	PO		Support mobilised in Didcot Hospital & flow of referrals established; mobilising in Wallingford and Witney next week.
P12	Specific transport provision to support ambulatory discharges for adults out of hours	SCAS	£25k	CCG	PO		Initial two week pilot started – change of supplier to SCAS
P13	Working with HART to enable discharge of patients	Age UK	£25k	NHSI/E	PO		Age UK team attending daily HART meetings and flow of referrals established to support discharge from HART and to reduce demand for low level support from HART. They also attend the 12:00hrs huddle in the JR Monday to Friday to support additional discharges

Current additional proposed schemes Winter 2020/21

Organisation	Scheme Name	Brief Description of Scheme	Funding required (Y/N)	Cost (can include separate financial breakdown)
OCC	7-day brokerage	a bid for £42k for 20 weeks of 7 day a week brokerage cover	Y	£42k
OH	Provision of additional primary care capacity at weekend	This will match the additional primary care capacity provided during the weekend. Suggest it is needed for 17 weekends Nov to Feb and provision of face to face and visiting.	Y	£400k
Primary Care	Point of care testing by primary care	Point of care testing for flu etc. to inform care and need for referral to secondary care	Y	£200k
Oxford Health	Coaguchek self-testing device	Purchase coaguchek machines for patient self-testing of INRs, increasing patient self-actualisation, reducing infection spread during C-19 and reducing demand on the District Nursing service during the winter pressures period	Y	£32K
OUH	PTS - Settling in service	PTS vehicle available 21:00 - 07:30 to take patients home from ED	Y	£30,780
OCC	Trusted Assessor	TBA	Y	TBA
All	Comms funding	TBA	Y	£25K
OCC	Connections Support	TBA	Y	TBA
OCC	Age UK discharge support	TBA	Y	TBA

Risks and mitigations

Risks	Mitigations	Monitoring arrangements
Patient demand for urgent care is higher than planned resulting in insufficient capacity within system	**NHS 111 First** • Enhance NHS 111 services to ensure patients receive care in the most appropriate setting and minimise inappropriate ED attendances **Home First** • Reducing length of stay in bed based care; providing assessment and care in the patients own home; and enhanced care in care homes **High Intensity Users** • Identifying and supporting high intensity users of health and social care services; developing bespoke MDT plans to manage complex needs **Long Term Conditions, Inequalities and End of Life Pathway** • Supporting patients to manage their own conditions, close to home, through remote monitoring technology • Providing specialist support for patients on an End of Life pathway, with a single point of access **Clinical services** • Organising clinical areas to ensure safe cohorting of patients to support safe social distancing and to create additional respiratory surge capacity	**Acute:** • Demand by Clinical Service Unit (CSU) • Remote monitoring by CSU • Virtual consultations by CSU **Community and primary care setting:** • Demand by Minor Injury, First Aid, Emergency Medical Units, community assessments and rehabilitation bed based care • Remote monitoring by locality team and PCN • Virtual consultations by out of hours and by clinical service **Social Care:** • Demand on Domiciliary care and long term placements • Virtual consultations by social work team
Staffing availability is lower than planned due to sickness or shielding, resulting in system capacity for urgent care not meeting patient demand	**Flu Vaccination** • Ensuring high uptake of flu vaccination for all health and social care staff and appropriate patients across Oxon **Workforce plan** • Implementation of medical and nursing workforce plan **Infection prevention control** • Adherence to national guidance and implementation of Infection and Prevention Control Plan by acute, social care and community settings	**Acute:** • Capacity by CSU and LoS by inpatient area and critical care • Non-COVID protected capacity • Staff vaccinated from 'flu by ward/CSU/ Directorate • Workforce planned vs actual • Sickness (COVID, 'flu and Shielding) **Community and primary care setting:** • Capacity within assessment and bed based rehabilitation units • LOS in rehabilitation bed based care • COVID positive & non COVID patients within rehabilitation beds • Staff vaccinated from 'flu by community services and bed based rehabilitation units **Social Care:** • Long term domiciliary care and long term placements • LOS in short stay HUB beds • Management of COVID 19 outbreaks • Staff vaccinated from 'flu by service team

Primary Care - Covid & Non Covid Activity Plan

Supporting primary care to meet the demand of winter and the possibility of a second surge in COVID secure environments

Overview & Principles:	• The COVID-19 plan for primary care for any future wave will follow the overarching strategy of the first peak with the aim of trying to maintain as much non COVID19 services as possible. • It is unclear if the acuity will follow the pattern in the first wave, whether there will be more or less impact on primary care and so we will continue to monitor available modelling and data to ensure we are able to adapt accordingly. • We will continue with the principle of seeing COVID19 patients in dedicated space as much as possible.
Providing safe and effective care:	• Continuation of total triage to assess who needs to be seen face to face • Maintaining the increased use of online and video consultations • Creating COVID19 secure environments with the provision of screens, social distancing measures, and furnishings and flooring that adhere to infection control standards • Patients to wait in cars rather than in waiting rooms • Effective use of PPE • Provision of largest ever flu vaccination programme • Re- purposing of additional appointments to better support practices eg ; phlebotomy and feverish children • Increased use of remote monitoring where appropriate
Providing safe and effective COVID19 care	• Building on good practice from wave one • Identification of 'hot' rooms in general practice • Additional capacity through COVID19 clinics based in North, City and South of Oxfordshire • Supported by a visiting service for those unable to travel to the clinics sites • Ability to flex capacity to other conditions such as feverish children or respiratory conditions
Workforce	• Daily reporting to be re-introduced to understand day to day pressures on workforce • All practices have undertake a risk stratification of workforce • CCG holding list of GPs who would be keen to return to work to support response • Recruitment of almost 100 additional roles for primary care through the PCNS by 31 March 2021
PPE	• All practices using PPE in line with national guidance • All practices able to receive a regular supply of PPE through National PPE portal • Daily reporting to check on PPE supplies • Additional supplies of PPE available through the National Supply Disruption Service

OH Community Covid & Non Covid Activity Plan

Organising our clinical areas to ensure safe cohorting of patients; to support safe social distancing and to create additional respiratory surge capacity:

Overview & Principles:	Urgent and ambulatory care services have and will continue to manage patients where appropriate and safe within their own home setting to limit the need for patients to leave home. Where patients need to be seen within a base setting patients are encouraged to phone first to make an appointment via 111 for urgent care needs and discouraged to walk into bases without having first been clinically assessed. Clinical settings are managed to ensure social distancing and covid safety, this does mean that on occasion is clinically safe the patients may be asked to wait in their own car. Community Services The covid-19 plan for any future wave will follow the overarching national guidance of the first peak and identify priority services We will monitor demand and activity on priority services to ensure they can continue to provide a service We aim to provide ongoing business as usual for all services where possible through any second wave
Providing safe and effective non-COVID-19 care:	UAC - Patients requiring urgent care out of hours or via the Minor injury units are requested to call first, where possible and safe patients are consulted via either the telephone or by digital consultation. The services can prescribe via electronic prescriptions if required. • Patients who need to be seen face to face within a base will be assessed for covid symptoms and managed within the appropriate setting depending on symptoms. Bases have consulting areas for non covid and covid positive patients in order to keep patients safe. Community services - All patients will be phoned for pre covid assessment before visiting and any suspected covid patients are visited as last visit of the day to minimise cross contamination Home visits will be kept to a minimum with more digital consultations being offered where possible
Providing safe and effective COVID-19 inpatient care:	• All patients will be tested for covid prior to admission • All inpatient areas will follow local and national infection prevention and control guidelines • All patients will be cohorted to minimise transmission of covid 19 • Visiting arrangements will be closely controlled to protect patients and staff
Organisation of	All services have been identified as essential, high priority, medium priority or low priority services, based on patient need and vulnerability
Providing :	A list of care tasks has been developed so all services understand their high priority tasks such as giving insulin daily or end of life care. These tasks will be protected and carried out without fail. Enhanced 7 day community services to keep patients safely at home and avoid unnecessary admission Proactive prevention to address health inequalities ahead of winter (e.g. pulmonary rehab) Tehmeena know what we want to do- might not be enough to add in here. Rapid access to a multi-professional post COVID rehabilitation team

SCAS Covid & Non Covid Activity Plan

Organising our clinical areas to ensure safe cohorting of patients; to support safe social distancing and to create additional respiratory surge capacity:

Overview & Principles:	• Ensure safe and effective service from 999, 111 and PTS. • Increasing staffing within both Clinical and non clinical • Creating Covid Surge Escalation Plan • Utilisiation additional support from both Military and Fire and Rescue Service
Providing safe and effective non-COVID-19 care:	• Sourcing Additional PTS resource overnight to facilitate additional Discharges overnight. • Providing additional 4x4 support for any inclement weather • Embedding and Improving Patient Pathways to wards with in the acute and community to avoid Emergency Department when clinically appropriate • Utilising additional Clinical decision making support from Consultants on Ambulatory Assessment Unit.
Providing safe and effective COVID-19 care:	• Ensuring PPE is managed centrally and distributed locally as per learning from first wave • Adhering to national transport guidelines • Adherence to National Ambulance REAP and Escalation plans • Implementation of local REAP Covid Plan
Additional Support	• Agreement in place with Military for recall of original staff who assisted in first wave to be deployed with SCAS within 2 weeks to provide: 1. PTS driving Assistance 2. 999 driving Assistance 3. Control Centre Dispatch Assistance • Oxfordshire Fire and Rescue Service to provide additional Staff to 999 for driving Assistance
Additional Service :	• SCAS is currently developing an Adult Critical Care transport Service to cover Thames Valley and Hampshire and Isle of Wight in collaborative with the Critical Care Network. • This will provide 12 hour a day 7 days a week transport service across area. • Doctor lead working with Paramedics • Transporting patients within region to ensure Critical Care Capacity across region. • Based at Oxford John Radcliffe and Southampton University Hospital • Plan to be live for Winter

OUHFT Covid & Non-Covid Activity Plan on a Page

Organising our clinical areas to ensure safe cohorting of patients; to support safe social distancing and to create additional respiratory surge capacity:

Overview & Principles:	• The COVID-19 plan for any future wave will follow the overarching clinical strategy of the first peak. • It is unclear if the acuity and admissions to intensive care will follow the pattern in the first wave, so we will continue to monitor available modelling and data to ensure we are able to adapt accordingly. • We will continue with the principle of cohorting COVID-19 patients and non-COVID-19 patients on specified wards, and as far as is possible, on specified sites.
Providing safe and effective non-COVID-19 care:	• **Inpatient Care:** The Nuffield Orthopaedic and the Churchill sites will be categorised as non COVID-19 sites. • **Elective capacity** will be maintained on the NOC, Churchill, children's and West Wing • **Critical Care:** Neuro Intensive Care and Churchill Intensive care will care for patients who require level 3 care and do not have COVID-19.
Providing safe and effective COVID-19 inpatient care:	• The John Radcliffe building (JR1 and JR2 stack) and Horton General Hospital will have patients who are suspected and confirmed COVID-19. • Patients who have suspected or confirmed COVID-19 will be cared for in dedicated COVID-19 wards or in side rooms within a speciality (if the patients main reason for admission is not related to COVID but the speciality in which they need to be cared for). • As with the COVID-19 initial Peak Plan, a detailed escalation plan is being developed to set out the thresholds for moving through the plan and onto different wards.

Organisation of JR2 stack:	• Following a reorganisation of the John Radcliffe Hospital stack (JR2 stack), services are broadly be organised as follows:
	  • **JR2 Level 1:** Emergency Assessment Unit **-** 31 beds
	  • **JR2 Level 4:** Ambulatory Care – AAU; COVID-19 care on John Waring Ward (JWW= 15 beds but can escalate to 19)
	  • **JR2 Level 5:** Flexible respiratory capacity, with side rooms for COVID-19 - 24 respiratory and 38 medical short stay beds)
	  • **JR2 Level 6:** General Surgical, Trauma, Gastroenterology and Vascular capacity = 112 beds
	  • **JR2 Level 7:** Complex Medicine, incl. stroke care; PPE training facility – 94 beds

Providing safe and effective COVID-19 critical care:	• Any patient requiring level 3 care who have suspected or confirmed COVID-19, will be admitted to Adult Intensive Care Unit (AICU) on the JR site. On AICU, two side rooms and adjacent beds are being kept empty for any COVID-19 positive patients requiring critical care. • Each of the bays within the unit (A, B and C) have been adapted to ensure that they can now function as self-contained units, enabling each of them to become a safe COVID-19 unit if required. The escalation route within AICU will be Unit A > Unit B > Unit C. • Following reaching capacity within AICU, it is expected that the escalation approach will follow the strategy of the peak plan

Infection and Prevention and Control Plan (setting specific)

Acute settings	• *As per national guidance*
	• *Further detail:*
	  • Continue universal level 1 PPE for all patient contacts, unless level 2 indicated, in line with government guidelines.
	  • Continue to triage all acute patients according to symptoms of possible COVID-19, with correct patient placement. Include the possibility of atypical presentations in the elderly.
	  • Establish social distancing wherever feasible for all patients (in-patients, day cases, out-patients).
	  • All visitors and out-patients to be given a face mask if they arrive on site without a face covering
	  • Re-invigorate training and safety huddles focused on PPE. Introduce PPE safety team (PPEST) – complete.
	  • Await Government recommendations regarding BAME staff working in acute settings – Ensure risk assessments have been completed and appropriate actions taken for all vulnerable staff including BAME staff.
	  • Reinforce the requirement for social distancing between staff at all times – Implement universal mask wearing as per Government guidelines, in order to reduce staff to staff transmission; Establish 'COVID-secure' areas for all staff in order to allow periods of rest, and the ability to eat and drink. Reinforce the importance of social distancing between staff and their contacts outside the workplace; Contact trace and require to self-isolate all contacts of newly identified COVID-19 positive staff; In line with Government advice, promote home working
	  • Distribute hand sanitiser and Clinell wipes to all office areas if hand washing facilities not accessible within the office.
	  • Maximise the use of rapid diagnostics and lab capacity – Continue to offer the asymptomatic staff testing programme; Continue admission and weekly patient COVID-19 screening in all areas
	  • Review cleaning procedures - frequency and areas cleaning (focus on high touch points etc.)

Social Care settings	• Continue universal level 1 PPE for all patient contacts, in line with government guidelines. • Continue to cohort/isolate all COVID-19, within care home settings. • Establish social distancing wherever feasible • All visitors to be given a face mask if they arrive without a face covering
Community settings	• Continue universal level 1 PPE for all patient contacts, in line with government guidelines. • Continue to triage all patients requiring assessment according to symptoms of possible COVID-19, • Establish social distancing wherever feasible for all patients . • All visitors to be given a face mask if they arrive on site without a face covering

Primary care

- Aim- reducing crowding in clinical areas through better management of resources throughout the day reduces the risk of infection.
  - Total Triage - Remote clinical triage and a booked face to face appointment slot only where clinically indicated.
  - Improve patient experience by minimising time spent waiting in healthcare settings.
  - Additional capacity through COVID-19 clinics at 3 sites in North Oxfordshire, South Oxfordshire and City (October 2020 – March 2021 inc) supported by a visiting service for those unable to travel.
  - PPE – supplies available through normal supplies, national PPE portal and National Supply Disruption Response for both primary care and care homes.
  - Testing Capacity in Oxfordshire:
  - The testing services in Oxfordshire is comprised of a combination of local and national services. National testing is accessible through:
    - Regional testing centres in Oxford and Milton Keynes.
    - Mobile testing units (MTU) which are deployed in various locations in the County for a few days at a time.
    - Postal/ courier swab sampling kits
  - There are 2 reserve MTUs in Thames Valley which can be deployed in >12 hours' notice in the event of an outbreak and a testing site being identified by the relevant local authority.
  - MTUs can be at a site between 1-3 days before they're deployed elsewhere to meet demand. Local Testing Sites are fixed locations.
  - Routes into testing are;
    - Acute hospital and community and mental health patients (including those who are asymptomatic, where indicated by clinical need) can be tested in a hospital setting.
    - Outbreak testing- at the point of notification, PHE will request testing of symptomatic individuals where appropriate, in order to inform an outbreak management in various settings including care homes, prisons and hostels.
    - Care home and NHS staff can access testing for asymptomatic and symptomatic staff and residents via the gov.uk site.
    - Essential workers can be access tests directly via gov.uk site
    - Symptomatic residents can apply via the NHS website or by telephoning 119, to be tested at either a regional testing site, mobile testing unit or receive a home swab kit.

Care homes

- Continuation of Care Home Cell throughout Winter: weekly review of trends, emerging issues and solutions. Focus on continuing communication with care homes and partners.

- Monitoring of key indicators and identification of services requiring support. This includes daily review of the national capacity tracker and outbreak reports.

- Ongoing monitoring of staffing trends and challenges, with system response to support safe staffing levels in the sector.

Additional training and support regarding Infection Control, including ongoing support to maintain excellence in standards and bespoke support in response to outbreaks. Recruitment underway for additional Infection Control staffing capacity, to be in place before winter.

- Link with flu vaccinations program to deliver high levels of vaccination amongst staff and residents.

- PPE stocks are in place. Supply chains continue to be monitored and communication routes for providers to request support with PPE remain in place, with capacity for urgent response and support.

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NHS
Oxfordshire
Clinical Commissioning Group

A system approach to cardiovascular disease and inequalities: a summary

The Oxfordshire Prevention Framework developed last year identified the top causes of premature death and illness in Oxfordshire. One of the top causes identified was cardiovascular disease (CVD). This has become a key focus of work in order to improve health outcomes in Oxfordshire.

This plan aims to improve cardiovascular disease (CVD) outcomes in Oxfordshire, and in particular focusing on hypertension, atrial fibrillation and high cholesterol. This ties in with national targets set by NHS England and Improvement and Rightcare. For example, Rightcare has set aggressive 10 year targets for hypertension identification and management. Our work on hypertension under this program is aimed to address this target, aiming for incremental improvement to meet the 10 year goal.

Areas of deprivation will be given particular focus as people in these areas have poorer outcomes from CVD when compared to more affluent areas, showing individuals experience fewer years of good health, a lower life expectancy and higher emergency admission rates from CVD.

There is a strong prevention focus of this work at an individual, primary care and population health level. For example, ‘upstream’ measures include healthy place shaping, resumption of the NHS Health Checks Programme and the launch of the Oxfordshire Tobacco Control Strategy 2020-2025. More ‘downstream’ measures include new projects for home monitoring of blood pressure and AF detection. It will also build on existing programs of work.

This is a ‘whole system approach’ with each part of the system recognising where it can add value. It builds on the work of the Oxfordshire Prevention Framework, the identification of ‘Prevention Champions’ from across NHS, local government and third sector organisations and the recent Joint Strategic Needs Assessment. The work will also link closely with the Thames Valley CVD Clinical Group’s work as well as the upcoming CVD Primary Care Network contract specifications.

Outcomes will be measured through a range metrics including participation of practices in the program and quality of life and clinical outcome measures. The outcome measures need to be developed further to reflect the whole system approach.

Dr Kiren Collison
Clinical Chair

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Health & Wellbeing Performance Framework: 2020/21
September 2020 Performance report

	Measure	Target	Update	Q1 Report		Q2 Report		Q3 Report		Q4 Report		Notes
				No.	RAG	No.	RAG	No.	RAG	No.	RAG	
A good start in life	1.1 Reduce the number of looked after children to 750 by March 2021	750	Q1 2020/21	762	A							Figure is 2% lower than same time last year against a national increase
	1.2 Maintain the number of children who are the subject of a child protection plan	550	Q1 2020/21	504	G							Figure is 18% lower than the same time last year.
	1.3 Increase the proportion of children that have their first CAMHS appointment within 12 weeks to 75%	75%	Feb-20	35%	R							Local and national reporting suspended in March 2020 to allow greater focus on managing Covid.
	1.5 Reduce the number of hospital admissions as a result of self-harm (15-19 year) to the national average (rate: 617 actual admissions 260 or fewer)	260	Q1 2020/21	35	G							19/20 30 admissions better than target. Q1 performance better than target and last year
	1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths	73%	19/20 ac yr	n/a								Test results not available for 19/20
	1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	43%	19/20 ac yr	n/a								Test results not available for 19/20
	1.8 Reduce the persistent absence rate from secondary schools	12.2%	Term 4: 19/20	15.9%								At the end of term 4 we were at target level. However the impact of lockdown meant that traditional school attendance measures made no sense. We are still unclear on how the school system will reset
	1.9 Reduce the number of permanent exclusions	66	Term 4: 19/20	66								
	1.10 Ensure that the attainment of pupils with SEND but no statement or EHCP is in line with the national average	tbc	19/20 ac yr	n/a								Test results not available for 19/20
	1.11 Reduce the persistent absence of children subject to a Child Protection plan	tbc	Q3 2018/19	32.8	R							Data available annually only. This is for 2018/19 accademic year. Figure not expected for 19/20 due to lockdown
	1.12 Reduce the level of smoking in pregnancy	7%	Q4 2019/20	7.1%	A							Year to date figure
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	95%	Q4 2019/20	93.1%	A							
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	95%	Q4 2019/20	92.5%	A							
	1.15 Maintain the levels of children obese in reception class	7%	2018/19	7.6%	G							Cherwell 7.9%; Oxford 9.0%; South Oxon 7.3%; Vale 7.0%; West Oxon 6.3%. This will not reach target as programme stopped due to Covid
	1.16 Reduce the levels of children obese in year 6	16%	2018/19	15.7%	G							Cherwell 17.8%; Oxford 16.4%; South Oxon 13.0%; Vale 15.7%; West Oxon 15.2%. This will not reach target as programme stopped due to Covid
	Surveillance measures											
	1.4 Increase the number of early help assessments to 1,500 during 2019/2020	Monitor only	Q1 2020/21	222								Target removed for year because of the impact of lockdown. Figures in Q1 are 48% below the same period last year. Before lockdown early help assessments were rising by 25% and it would be expected that without lockdown this trajectory would continue.
	Monitor the number of child victims of crime	Monitor only	Q1 2020/21	651								15% reduction compared with Q1 last year. 28% reduction on Q4 2019/20
	Monitor the number of children missing from home	Monitor only	Q1 2020/21	292								54% reduction compared with the Q1 last year. 26% reduction on Q4 2019/20
	Monitor the number of Domestic incidents involving children reported to the police.	Monitor only	Q1 2020/21	1669								15% increase compared with Q1 last year. 2% increase on last quarter. In line with the rest of TVP area. Increase in part about increased confidence to report and improved recording
	2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average	86%	Q1 2020/21	92%	G							June 2020; 92 % of health & social care providers in Oxfordshire are good or outstanding compared with 83% nationally. Routine inspection on hold, inspecting only where a concern Is raised
	2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	22%	May-20	12%	R							This is a nationally set target. Current performance affected by Covid

2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	75%	May-20	98%	G							
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours)	95%	Q1 2020/21	98% (JR) 100% (ORH)	G							Figure for June 2020
2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	95%	Dec-19	96%	G							Reporting currently on hold due to Covid
2.10 The proportion of people experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care.	56%	Dec-19	83%	G							Reporting currently on hold due to Covid
2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020	75%	Dec-19	17%								Reporting currently on hold due to Covid. Figure not rated till the end of the year
2.12 The number of people with severe mental illness in employment	18%	Dec-19	22%	G							Reporting currently on hold due to Covid
2.13 The number of people with severe mental illness in settled accommodation	80%	Dec-19									Replace with Care Home admission
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020	10	Q1 2020/21	0	G							6 people in placement but no new admissions for 18 months
2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	< 175	Q1 2020/21	165	G							
2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	18.6%	Nov-19	17.8%	A							Cherwell 19.6%; Oxford 14.1%; South Oxfordshire 18.9%; Vale of White Horse 14.8%; West Oxfordshire 23.1%
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	> 2,337 per 100,000*	Q4 2019/20	3,562	G							
2.18 Increase the level of flu immunisation for at risk groups under 65 years	55%	Sept 19 to Feb 20	53.2%	A							
2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)	97%	Q1 2020/21	no data								Targets will be set when the national guidance is received on restarting the programme and when/if local suppliers are prepared to commence delivery
2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	49%	Q1 2020/21	no data								Targets will be set when the national guidance is received on restarting the programme and when/if local suppliers are prepared to commence delivery
2.21 Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)	80%	Q3 2019/20	68.6%	R							
2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years	80%	Q3 2019/20	76.6%	R							

Ageing Well	3.1 Increase the number of people supported to leave hospital via reablement in the year	Targets to be set in Q2	Q1 2020/21	139									
	3.2 Increase the number of hours from the hospital discharge and reablement services per month	Targets to be set in Q2	Q1 2020/21	7297									
	3.3 Increase the number of hours of reablement provided per month	Targets to be set in Q2	Q1 2020/21	5090									
	3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	>18.8%	Q1 2020/21	20%	G								
	3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	> 69.9%	Feb-20	74%	G								National social care user survey February 2020.3%pts increase in year
	3.6 Maintain the number of home care hours purchased per week	21,779	Q1 2020/21	22,480	G								
	3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	24,550 or fewer	Q1 2020/21	23,640	G								23,640 for June; 21,460 year to date
	3.8 90th percentile of length of stay for emergency admissions (65+)	18 or below	Q1 2020/21	11	G								Year to date to Nov
	3.9 Reduce the average number of people who are delayed in hospital	TBC	Q1 2020/21	20	G								National publication suspended in March. Local figure for end of June reported here
	3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week remains below the national average	14	Q1 2020/21	5	G								
	3.13 Increase the Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85% or more	Oct - Dec 2019	67.2	R								Figure fell in year, possibly as people with higher needs were supported
	3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	3.3% or more	Oct - Dec 2019	1.75%	A								Figure increased in the year from 1.7 to 1.75 but remains below the national average of 2.8%
	3.15 Increase the estimated diagnosis rate for people with dementia	67.8%	Q1 2020/21	61.3%	R								
	3.16 Maintain the level of flu immunisations for the over 65s	75%	Sept 19 to Feb 20	76.3%	G								
	3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	60% (Acceptable 52%)	Q3 2019/20	67.4%	G								
	3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	80% (Acceptable 70%)	Q2 2019/20	69.2%	R								Cherwell 78.1%; Oxford 70.3%; South Oxfordshire 77.8%; Vale of White Horse 80.5%; West Oxfordshire 79.8%

Tackling Wider Issues that determine health	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	>208	Q4 2019/20	198	G							Cherwell 41; Oxford 93; South Oxfordshire 19; Vale of White Horse 19; West Oxfordshire 26
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	<75%	Q2 2019/20	87.9%	G							
	4.3 Maintain numbers of rough sleepers in line with the baseline “estimate” targets of 90	>90	Q3 2019/20	80	G							Cherwell 11; Oxford 62; South Oxfordshire ; Vale of White Horse ; West Oxfordshire
	4.4. Monitor the numbers where a “prevention duty is owed” (threatened with homelessness)	Monitor only	Q4 2019/20	377								Cherwell 83; Oxford 56; South Oxfordshire 92; Vale of White Horse 72; West Oxfordshire 74
	4.5 Monitor the number where a “relief duty is owed” (already homeless)	Monitor only	Q4 2019/20	159								Cherwell 41; Oxford 40; South Oxfordshire 17; Vale of White Horse 28; West Oxfordshire 33
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	Monitor only	Q4 2019/20	5								

HWB13a

Report to the Health and Wellbeing Board

Report from	Children's Trust Board (Chair – Cllr Steve Harrod)
Report Date	21st September 2020
Dates of meetings held since the last report: 24th June 2020 (Virtual meeting due to COVID-19 lockdown)	
HWB Priorities addressed in this report • A Healthy Start in Life	
Link to any published notes or reports: Children & Young People's Plan 2018 - 2022	
Priorities for 2019-20	**Be Successful** 1. Have the best start in life. 2. Access high quality education, employment and training that is motivational. 3. Go to school and feel inspired to stay and learn. 4. Have good self-esteem and faith in themselves. **Priority focus for 2020/21: Focus on children not engaged in education**
	Be Happy and Healthy 5. Be confident that services are available to promote good health and prevent ill health – early in life and before crisis. 6. Learn the importance of healthy, secure relationships and having a support network. 7. Access services to improve overall well-being. 8. Access easy ways to get active. **Priority focus for 2020/21: Focus on social, emotional, physical & mental well-being**
	Be Safe 9. Be protected from all types of abuse and neglect. 10. Have a place to feel safe and a sense of belonging. 11. Access education and support about how to stay safe. 12. Have access to appropriate housing. **Priority focus for 2020/21: Focus on domestic abuse**
	Be Supported 13. Be empowered to know who to speak to when in need of support and know that they will be listened to and believed. 14. Access information in a way which suits them best. 15. Have inspiring role models. 16. Talk to staff who are experienced and caring.

1. Progress reports on priority work to deliver the Joint HWB Strategy

Priority	**Be Successful**
Focus	Children not engaged in education (change of title explained section below) – update in June 2020 meeting
Deliverable	See Children and Young People Plan for list of deliverables.
Progress report	There was a proposal to change the title as "children missing out on education" was confusing with the technical term for children who do not have education places. The anticipation is that in September 2020 there will be more blended learning opportunities for children and families, to be offered through school with a range of providers, including online providers. There is also the likelihood of an increase in elected home education and in applications for flexible schooling arrangements that essentially are the same as reintegration reduced school timetables. The focus should be a whole system approach to ensure that children are safe and have the best education opportunities, bearing in mind that there may be some very anxious children and parents returning to the new normal. This also links to the focus on well-being and mental health.

Priority	**Be Healthy**
Focus	Social, emotional, physical and mental well-being (it was agreed to include 'physical' from the March 2020 meeting) – update in June 2020 meeting
Deliverable	See updated Children and Young People Plan for list of deliverables.
Progress report	This focus is a whole system approach taking into consideration the number of children and families that have been through traumatic experiences dealing with COVID-19. The importance of the system and services providing support quickly and in a multi-agency way. There is a commitment to co-ordinate prevention and early help across the system. The intention is to use the school survey to share findings and to identify needs to support the planning around recovery. There are 3 new established early help multi-agency networks that are there to support schools to identify children as early as possible to provide that support in a timely and co-ordinated manner to children and families. There is also a gap analysis which will be undertaken to understand what additional capacity will be needed. Practitioners are taking a trauma informed approach to work.

	There is an opportunity to influence a more child-centred culture and the pandemic has accelerated this.

Priority	**Be Safe**
Focus	Domestic Abuse – update in June 2020 meeting
Deliverable	This is being measured via the outcome of a peer review audit, alongside a separate report which will evaluate the Domestic Abuse training outcomes.
Progress report	There has been progress made in the last year with the Oxfordshire Domestic Abuse Strategy. The priorities are building on those priorities identified in the Strategy and are also focusing on recovery. There is a multi-agency Domestic Abuse recovery cell which has been very effective over the period of the pandemic with real results in bringing organisations together and making resources available. They have looked at what the barriers are for people accessing support and what support can be provided. Some programmes supporting young people directly, will no longer run but there is a need to look at the gaps and which resources are needed going forward. Therefore, as part of a recent mapping exercise to look at recovery programmes available to support victims of domestic abuse in Oxfordshire we looked at programmes that have run previously here as well as those running currently. In the past CSC had commissioned PACT to run Bounce Back 4 Kids a programme for primary school age children who had suffered domestic abuse. This was discontinued as it was found not cost effective and was unable to meet the identified need. The techniques from this training continued to be used in one to one support. We are now piloting new recovery programmes to help inform future commissioning in this area. The pilots will cover adults, 5-11s and 11 – 17s and there will also be recovery programmes piloted that take a "whole family approach". Pilots will run between 1 October 2020 and 31 March 2021. With Operation Encompass, notifications are sent to schools on whether there have been Domestic Abuse incidents, so schools are aware of the children's vulnerability. 100% of schools have now signed up in Oxfordshire. The intention this year is to look at the effectiveness of notifications, what schools are doing with these notifications along with the support provided. The implementation of the Family Safeguarding Plus Model (FSPM) – *now called **'Family Solutions Plus'** (to be launched in October/November)* will have Domestic Abuse workers for adults in the family. The idea is to see what the offer is going to be to children who live in families where Domestic Abuse

	occurs, as they make up a significant proportion of the statutory family workload.

Priority	**Be Supported**
Focus	Listen to the feedback from young people in Oxfordshire – update in June 2020 meeting
Deliverable	This deliverable is measured by a standing agenda item, to hear feedback from young people via VOXY. Additionally, via the "Be Supported Survey"
Progress report	Following on from the 'Be Supported Survey' where findings were presented from the full report at the Children's Trust meeting in March 2020, a summary has now been compiled. These are published on the updated Children & Young People's Plan webpages. Links for both are provided: VOXY 'Be Supported' 2020 Full Report VOXY 'Be Supported' 2020 Summary

2. Note on what is being done in areas rated Red or Amber in the Performance Framework

Performance remains affected by COVID-19. There were no educational results last academic year and traditional attendance measures were redundant from Easter. So, it is not known what the vision of well-functioning education in COVID-19 looks like, as the previous traditional measures are not appropriate for the current world. Some health reporting was suspended included Child and Adolescent Mental Health Service timeliness.

Nationally Police Chiefs Council identified 6 key threats to the vulnerable from the pandemic: Domestic Abuse, Online Child Sexual Abuse and Exploitation, Intrafamilial Child Sexual Abuse, Mental Health, County Lines and Missing Persons. Quarter 1 this year saw a 50% increase in domestic crimes involving children and a 15% increase in domestic incidents compared to the same period last year. This is part of a wider local, regional and national trend and may reflect increased confidence in reporting and improved reporting. March 2020 saw a fall in domestic abuse incidents across Thames Valley but May saw the second highest figure for domestic abuse incidents in the last 3 years. Partnership work reached out to vulnerable people during lockdown and feedback indicates no substantive evidence of hidden harm being uncovered.

Since lockdown there have been more contacts to the Multi Agency Safeguarding Hub than in January to March 2020. The number of child protection investigations post lockdown is close to the pre-lockdown level and as in previous years increased before the school holidays. The number of children starting a plan has been consistent both pre and post lockdown. Activity levels for child protection are as we would expect. However, early help and child in need assessments are much lower than pre-lockdown. This may lead to escalations in difficulties that families' experience that in a few months become a significant concern. We might therefore expect more demand in 6 months' time than we would have expected without the pandemic.

Indicator Number	RAG	What is being done to improve performance?
1.1b increase the proportion of children that have their first appointment (with CAMHS) within 12 weeks.	R	Performance on the 12-week wait for CAMHS continues to be below target. November and December saw an improvement in performance, but this dropped again in January and February to 35% by end of February. Reporting suspended since February. 24/7 advice and consultation line has been in place since the start of lockdown.
2.5 Reduce the persistent absence of children subject to a Child Protection plan	R	Figures released in March for the 18/19 academic year showed persistent absence of children the subject of a child protection plan to be 3 times more likely to be persistently absent than other pupils in Oxfordshire. Work is being undertaken across education and children's social care to address these issues. Following COVID-19 traditional measures of school attendance became redundant.
3.14 Reduce the number of 'Children We Care For' (previously looked after children) to 750 by March 2021	A	At the end of June, the number of children we cared for was 762 – 2% lower than the end of June 2019. The latest national figures (March 2019) showed a 4% national rise. The council is introducing a Family Solutions Plus model. This will • Rebalance the safeguarding system to help keep more families together where this can be achieved safely • Develop a system based on working with family's strengths • Encourage professional relationships that are empowering and help families to make positive changes • Ensure interventions are timely, focused and intense • Work in a holistic way supporting parents to address problems that impact on their ability to look after their children • Reduce demand safely and appropriately • Create whole system improvements (e.g. with our partners) • Leads to a safe reduction in the numbers we care for

3. Summary of other items discussed by the board

- Further update on Trans Inclusion Toolkit

As discussed in the Children's Trust Board meeting in March, the Trans Inclusion Toolkit was withdrawn by Oxfordshire County Council and the Oxfordshire Safeguarding Children's Board in the light of a threat of a judicial review. Firstly, there were not enough resources available during the pandemic to manage a judicial review on an issue of that nature. Secondly, national guidelines are expected soon on the subject. Concerns have been raised that children could be subject to

increased bullying and that some children and young people had experienced a sense of abandonment as a result of the removal of the toolkit.
Oxfordshire County Council have tried to address this by meeting with key people to ensure there is some support to those transgender children who are struggling to deal with the consequences of the withdrawal of the toolkit.

- Learning from issues raised by recent national and international events in relation to diversity

The Board were asked how to better address these important issues and to reflect if there are issues of unconscious bias within the partnership, in relation to our collective practices regarding children and young people.

- Children and Young People's Plan 2018-2021:

Review of Implementation Plan 2019-20 **(link below)**
Children and Young People's Plan Year 2 Progress Report 2019-20
This document for Year 2 was agreed by the Board last year and all progress and data has been updated. This has now been signed off and available on the Children & Young People's Plan web page.

Proposed COVID-19 Recovery Plan 2020-21 **(link below)**
Children and Young People's Plan Year 3 COVID Recovery Plan 2020-21
It was agreed at the March Board meeting to keep the same priorities:
- Children not engaged in education
- Social, emotional, physical and mental well being
- Protect children from domestic abuse

This plan was drafted with the support of the leads in the above stated areas. This recovery plan reflects our priorities as we emerge from the pandemic and so the Children's Trust Board is sighted on some of the main areas that support the whole system. This has now been approved and is available on the Children and Young People's Plan web page
Proposal for Refresh of Children and Young People's Plan 2021-24
The current plan is due to expire in 2021, so normally consultation would be starting now but with the current situation it was agreed and approved by the Board that the plan would be extended by a further year to 2022. Therefore, this time next year the Board can hopefully start consultation for a future plan.

- Child Friendly Planning

This report is an analysis of how children's rights are presented within national planning policies. The full report Child Friendly Planning in the UK concluded that children are most notably absent from national planning policies. The narrative is from a town planning perspective but in considering drastic reductions in children's autonomy to move independently since the 70s. Their perspectives should be considered in transport and planning policies, along with wider issues like safeguarding and wellbeing. 'What needs to change' is an article that provides an overview of the findings from the report.

One of the findings of the report is that national policies and guidance are saying very little about children's spatial needs and their rights.

The report recommendations are:
1. The right to gather, play and participate should be central
2. Children should be recognised as a distinct group
3. Focusing planning towards children friendly outcomes

4. Learning and collaboration between the policy spheres.

The Health Place shaping policy is being adopted across Oxfordshire through the Housing and Growth Board based on learnings from the National Health Service Healthy New Town. All Oxfordshire authorities have committed to work and plan together to improve health and wellbeing outcomes for local communities and specifically referred to children and young people.

The Oxfordshire Plan 2050 is currently being development to support the ambitions for communities' healthy place shaping. One way of achieving this is to ensure that a Health Impact Assessment is carried out. Children have been divided into three categories, infants, children and young people in the assessment. Other criterion to highlight is deprivation.

District councils local plan updates now contains a policy requirement for a Health Impact Assessment to be carried out in major developments. Local Transport and Connectivity plans are considering children friendly measures such as School Streets.

As part of the COVID 19 recovery plan, £2.9 million has been allocated to Oxfordshire to make it easier for people to walk and cycle and School Streets are considered a standout priority. There are opportunities to take and develop in this area.

- COVID-19 Implications for Partnerships

All partners updated on implications and progress in dealing with issues raised during the pandemic and the recovery phase since lockdown in order to ensure the partnership is aware of agency priorities and any gaps in provision. Improvements in practice and collaborative working were noted as well as concerns about risk and increased demand in the recovery phase.

4. Forward plan for next meeting

The following items are due to be considered in the forthcoming meeting:

- Children & Young People's Plan Focus Area - Children not engaged in education
- CEF – Recovery Priorities – Outcomes & Performance
- Partnership updates – COVID-19 recovery priorities

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Report to the Health and Wellbeing Board, 1st October 2020

Report from	Better Care Fund Joint Management Group
Report Date	22nd September 2020
Dates of meetings held since the last report: 17th July 2020	
HWB Priorities addressed in this report □ A coordinated approach to prevention and healthy place-shaping. □ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan). □ An approach to working with the public so as to re-shape and transform services locality by locality. □ Plans to tackle critical workforce shortages. □ A Healthy Start in Life □ Living Well □ Ageing Well □ Tackling Wider Issues that determine health	
Link to any published notes or reports: N/a	
Priorities for 2020-21	The Better Care Fund Joint Management Group will deliver the priorities outlined in Living Longer, Living Better: Oxfordshire's Older People's Strategy. The priority themes identified in this strategy are: i. Being physically and emotionally healthy ii. Being part of a strong and dynamic community iii. Housing, homes and the environment iv. Access to information and care

Progress reports on priority work to deliver the Joint HWB Strategy (priority, aim, deliverable, progress report)

1. **Update on COVID-19 spend, infection control fund and associated hospital discharge arrangements**

Priority	N/a
Aim or Focus	The group received an update on areas of financial pressure and additional areas of spend associated with COVID-19. This includes the Infection Control funds received from Government which Local Authorities were required to distribute to local providers.
Deliverable	A final variation to the Section 75 was presented and agreed, to ensure that Commissioning organisations have a shared understanding of financial management of COVID-19 related issues.
Progress report	Spend was noted; it was agreed that this will be a standing item on the agenda for 2020-21

2. **Oxfordshire Joint Strategic Needs Assessment 2020**

Priority	Identify key groups and design integrated services to meet their needs
Aim or Focus	The Joint Strategic Needs Assessment provides information about Oxfordshire's population and the factors affecting health, wellbeing, and social care needs. This enables us to identify key groups and issues which may need to be addressed.
Deliverable	Feeds into commissioning intentions for the Better Care Fund.
Progress report	The JSNA identified where inequalities occur across wards in Oxfordshire, and that satisfaction amongst carers is decreasing more than the national average.

1. **Note on what is being done in areas rated Red or Amber in the Performance Framework**

Indicator Number	RAG	What is being done to improve performance?
3.1	R	This was discussed during the March meeting of the Better Care Fund Joint Management Group, with a system improvement plan in delivery.
3.2	R	This measure is subject to close monitoring and is supported by the system improvement plan.
3.3	A	The level of hours is not delivering the level of cases as the amount of care provided per person is higher than predicted.

3.6	A	Home care homes purchased increased in the quarter but remain below the benchmark.
3.13	R	A lower figure against this measure could imply that more complex cases are support through the HART service.
3.14	A	This measure is a national measure of the proportion of older people who leave hospital with reablement between October and December. A higher figure suggests greater use of reablement.
3.15	R	This measure has been impacted by Covid-19 due to temporary cessation of clinics. This measure is being closely monitored.

2. Summary of other items discussed by the group

N/a

3. Forward plan for next meeting

September 2020	Review of carers services

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Report to the Health and Wellbeing Board, **1st October 2020**

Report from	**Adults with Support and Care needs Joint Management Group**
Report Date	18 September 2020
Dates of meetings held since the last report: 21 July 2020	
HWB Priorities addressed in this report ☐ A coordinated approach to prevention and healthy place-shaping. ☐ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan). ☐ An approach to working with the public so as to re-shape and transform services locality by locality. ☐ Plans to tackle critical workforce shortages. ☐ A Healthy Start in Life ✓ Living Well ☐ Ageing Well ☐ Tackling Wider Issues that determine health	
Link to any published notes or reports:	
Priorities for 2020-21	Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems will live independent, healthy lives and achieve their full potential. To do this we will: • Identify key groups and design integrated services to meet their needs • Improve the satisfaction of service users • Improve access to health screening programmes to reduce health inequalities • Improve access to mental health support • Increase the number of people supported at home • Increase the number of people taking part in meaningful activity • Improve the quality and sustainability of care providers in Oxfordshire • Involve more local people and organisations in the development of services

1. **Progress reports on priority work to deliver the Joint HWB Strategy**

a. Oxfordshire Joint Strategic Needs Assessment 2020

Priority	Identify key groups and design integrated services to meet their needs
Aim or Focus	The Joint Strategic Needs Assessment provides information about Oxfordshire's population and the factors affecting health, wellbeing, and social care needs. This enables us to identify key groups and issues which may need to be addressed.
Deliverable	Feeds into commissioning intentions and Adult's implementation plans.
Progress report	The JSNA identified that people with a learning disability in Oxfordshire have a lower life expectancy, a higher incidence of a range of health conditions, and a higher rate of obesity. There has been an increase in the number of people referred to mental health services, and the number of people diagnosed with depression has increased above the national average.

b. Financial Support to Providers during the COVID-19 pandemic

Priority	Improve the quality and sustainability of care providers in Oxfordshire
Aim or Focus	This report provided an update on the additional financial support for providers during COVID-19 in recognition of their cost pressures caused by the pandemic. This was expected to support costs including: a) higher dependency levels, b) higher staff sickness absence rates, c) higher administration costs due to greater volatility of support packages, and d) costs relating to additional personal protective equipment.
Deliverable	Providers are supported to continue to support vulnerable adults
Progress report	10% uplift was paid to providers for council funded contracted services in April, May and June. The Infection Control Fund was then used to support care homes, domiciliary care and daytime support providers to fund infection control measures. The Service Sustainability Fund is also available for providers in exceptional circumstances, including where a provider is experiencing issues with on-going financial viability and can demonstrate on an open book basis that they are 'at risk' of failure.

2. **What is being done in areas rated Red or Amber in the Performance Framework**

Indicator	Current figure	RAG rating	Update for this Board
2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	12% (May 2020)	Red	National Target is 22%. Local system agreement is target of 19% due to prioritizing current resources to support adult mental health teams' core services. Numbers have fallen below the local target due to reduction in staff capacity due to COVID-19

3. **Summary of other items discussed by the group**

a. Performance, Activity and Finance Report: At each meeting there is review and discussion of the financial position of the pooled budget and the activity driving it.

~~4.~~ **Forward plan for next meeting**

For 29th September 2020:

- Section 75 risk share agreement
- Renewal/extension of section 75 agreement
- Joint Strategic Needs Assessment 2020/21

For 26th November 2020:

- Health checks for people with a learning disability or serious mental illness

Ele Crichton, Lead for Adults Commissioning & Markets

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