Notice of Meeting Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 26 November 2020 at 10.00 am
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.

Membership

Chairman - Councillor Arash Fatemian
Deputy Chairman - City Councillor Nadine Bely-Summers

Councillors:	Kevin Bulmer	Jeannette Matelot	Alison Rooke
	Mark Cherry	Susanna Pressel	Vacancy
District Councillors:	Paul Barrow	David Bretherton	
	Jill Bull	Kieron Mallon	
Co-optees:	Jean Bradlow	Dr Alan Cohen	Barbara Shaw

Notes: ***Date of next meeting:*** *4 February 2021*

What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

For more information about this Committee please contact:

Chairman - Councillor Arash Fatemian
Email: arash.fatemian@oxfordshire.gov.uk
Policy & Performance Officer - *Samantha Shepherd Tel: 07789 088173*
Email: Samantha.shepherd@oxfordshire.gov.uk

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

Yvonne Rees
Chief Executive

November 2020

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking 'outwards' and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 5 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

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, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

2. Declarations of Interest - see guidance note on the back page

3. Minutes (Pages 1 - 16)

To approve the minutes of the meeting held on 24 September 2020 (**JHO3a**) and to receive information arising from them.

For ease of reference when considering the Matters Arising from the minutes, a list of actions is attached at the end of the minutes (**JHO3b**).

4. Speaking to or Petitioning the Committee

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 20 November 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.

5. Forward Plan (Pages 17 - 20)

10:15

The Committee's Forward Plan is attached for consideration.

6. Oxfordshire Health and Care System COVID-19 Update (Pages 21 - 124)

10:20

This item will provide a report on the key issues for the Oxfordshire system.

7. Comfort Break

11:50

8. COVID-19 Research (Pages 125 - 130)

11:55

Locally-led research being undertaken on COVID-19 treatments.

9. Community services strategy (Pages 131 - 144)

12:25

Update from Oxford Health on the progress of the community services strategy.

10. Lunch break

13:05

11. Proposed changes for health scrutiny (To Follow)

13:45

Update on proposals for scrutiny of issues at a BOB-wide level (Bucks, Oxon, Berks West).

12. Healthwatch Report (Pages 145 - 154)

14:15

Report on views of health care gathered by Healthwatch Oxfordshire.

13. Chairman's Report (Pages 155 - 212)

14:25

To include an update on Population Health and Care Needs Assessment in OX12

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.

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 24 September 2020 commencing at 10.00 am and finishing at 2.15 pm

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair
	Councillor Kevin Bulmer Councillor Mark Cherry Councillor Hilary Hibbert-Biles Councillor Jeannette Matelot Councillor Laura Price Councillor Alison Rooke District Councillor Paul Barrow District Councillor Jill Bull City Councillor Nadine Bely-Summers (Deputy Chairman) District Councillor Kieron Mallon
Co-opted Members:	Dr Alan Cohen Barbara Shaw Jean Bradlow
Officers:	
Whole of meeting	Ansaf Azhar, Corporate Director for Public Health; Samantha Shepherd, Policy Team Leader; Martin Dyson, Policy Officer; Colm Ó Caomhánaigh, Committee Officer

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting, together with a schedule of addenda tabled at the meeting and agreed as set out below. Copies of the agenda, reports and additional documents are attached to the signed Minutes.

28/20 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Councillor Kevin Bulmer attended as a temporary appointment.

District Councillor David Bretherton was unable to join the virtual meeting due to technical difficulties.

The Chairman welcomed three new members to the Committee:

District Councillor Jill Bull, representing West Oxfordshire
District Councillor Kieron Mallon, representing Cherwell
Jean Bradlow, co-opted member, a former Director of Public Health.

29/20 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Dr Alan Cohen is a trustee of Oxfordshire Mind.

Councillor Alison Rooke is a trustee of Vale House Alzheimer's Home.

Jean Bradlow is a volunteer with Oxford University working on a COVID early alert system. Her husband is consultant rheumatologist at Royal Berkshire NHS Foundation Trust.

District Councillor Jill Bull runs independent services for people with learning disabilities in West Oxfordshire.

30/20 MINUTES

(Agenda No. 3)

The minutes of the meeting held on 25 June 2020 were approved.

On Item 18/20, Forward Plan, Councillor Alison Rooke asked for an update on the Action noted in the final paragraph regarding the Committee's volume of work. The Chairman responded that the feedback he received from members indicated a wish to handle the workload within the existing programme of meetings rather than adding extra meetings. COVID-19 will be a standing item on the agenda as long as it is needed.

31/20 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following requests to speak at this meeting:

Agenda Item 6 – County-wide community services
Julie Mabberley
Councillor Jane Hanna
Councillor Jenny Hannaby

Agenda Item 7 - System-wide update on the COVID-19 response and recovery
Liz Peretz
Councillor Jane Hanna

Agenda Item 14 – Chairman's Report
Councillor Jane Hanna
Councillor Jenny Hannaby

32/20 FORWARD PLAN

(Agenda No. 5)

The Chairman noted that committee members had made the following suggestions for the Forward Plan in advance of the meeting:

- COVID-19: public health messaging targeted at BAME communities and current testing capacity.
- Waiting times on cancer operations in Oxfordshire including delays due to COVID-19.

Councillor Hilary Hibbert-Biles asked that Chipping Norton Hospital be added as an item to be discussed. She was concerned that more peripheral clinics were going to the health centre which was a private business and that there will not be enough services left to keep the hospital going. She noted that local people had fought hard to keep it open.

It was **AGREED** to add these items to the plan.

33/20 COUNTY-WIDE COMMUNITY SERVICES

(Agenda No. 6)

The Chairman stated that he would take the public speakers after the statement had been read out to give them an opportunity to comment on it.

Nick Broughton, Chief Executive of Oxford Health Foundation Trust, read a prepared statement. He noted that for several years, there have been calls to refresh and update a county-wide approach to community-based care, in order to deliver a vision of more integrated care, closer to home, but, due to various circumstances, attempts to progress this work have been repeatedly frustrated. At the same time, locally-focused work intended to respond to healthcare challenges in parts of the county, such as the OX12 project, have also been delayed. These false starts and recurrent delays have resulted in damage to relationships and an understandable loss of trust from the public, which Oxford Health regrets.

The experience of responding to the COVID-19 pandemic has taught some useful lessons in how to improve services in an effective and timely way. Rather than spending a prolonged period on developing another transformation plan that is likely to fail to deliver, they propose to adopt a more rapid approach to service improvement, making small changes with involvement from patients and the public and refining them with ongoing feedback. They have set themselves an ambitious target to have produced a strategic development and quality improvement plan for community services at the end of this year.

Dr Broughton, on behalf of the Trust, apologised for the delays in completing the long-overdue work to upgrade the plumbing systems at Wantage Community Hospital and expressed regret at the long period of time that it has taken to resolve the unsatisfactory situation with the inpatient ward that has been closed at Wantage since 2016.

He announced that services were able to restart, including maternity care from the midwife-led unit. Deliveries will be re-starting in the unit from 1 October. Also a new, local podiatry clinic at the Hospital will open and the school nursing team are also working there, busily organising vaccinations for local school children.

However, looking at the output from the application of the health and care needs framework in OX12 and based on the bed occupancy rates in other hospitals, the Trust believes that re-opening the general inpatient ward at Wantage would not be a sustainable plan or the best way to use NHS resources at this time. Instead, they would like to progress new opportunities for developing a wider range of outpatient, community outreach and other daytime services at the Hospital which will be of greater benefit to local residents, such as mental health services for children and younger people and new ways of providing care for those who are older and frail.

He recognised the need for the NHS family to follow a formal process involving local people to deliver this type of change and will work with the clinical commissioners to undertake this as soon as the current restrictions relating to the COVID-19 pandemic allow.
The Trust commits to working with local residents and other key partners to co-develop and pilot services in and around the Hospital that will provide benefits for the local community and are in line with the latest clinical recommendations and care pathways. Their aim is to see the Hospital thrive once again and enter a new chapter in its long and cherished history.

Julie Mabberley welcomed the news that the plumbing problem had been resolved. She was very concerned at the proposed closure of the inpatient facilities and emphasised that a full consultation would be necessary to do that. The issue had been addressed by the Committee 42 times since the closure of the beds was first considered but there has been no discussion as to whether the closure of the beds should take place or how they should be replaced by other services. There is a need for rehabilitation services particularly in the wake of the Covid-19 pandemic.

Councillor Jane Hanna welcomed Dr Broughton's recent meeting with the OX12 Task and Finish Group and his positive tone and intention. However, she was shocked at the announcement of the closure of the inpatient beds, especially coming before he had met with the Wantage Town Council Health Committee or the stakeholder group that had worked so hard on the pilot framework. She believed that Covid-19 had changed the situation. There was a need for step-up and step-down beds. The situation regarding public consultation under COVID-19 needed to be clarified urgently in order to protect the democratic process. She asked that the OX12 report be thrown out as she believed it was no longer valid.

Councillor Jenny Hannaby stated that it appeared that a strategy for community hospitals may be finally coming about but there was still no solution for Wantage Community Hospital's inpatient beds. The OX12 report had been accepted despite all the requests from local people to reject it. The population is likely to double and it is not clear how local health services will cope with that. She believed that the origins of the problem could be traced back to the decision not to provide an extension for the GPs. She noted that the funds for the refurbishment of the maternity unit had been raised by the local community. Local people will be very disappointment at the decision on the inpatient beds. She believed that democracy was seeping out of the system.

Dr Broughton responded by reiterating that it is their intention to set out a vibrant vision for the hospital in Wantage. It will involve a wider range of services than it

currently provides and an ability to meet increasing demand from an increasing population. With regard to the inpatient beds, the statistics show that there are currently too many inpatient beds across the county and significant problems staffing the units.

Dr Ben Riley, Managing Director Primary and Community Services, Oxford Health, added that he was fully behind the vision. He stressed that the decision had not been taken on inpatient beds but the demand was reducing. With COVID-19, there was a greater emphasis on getting people home and home care services have been enhanced. He fully accepted that there would have to be proper consultation on any decision to close the beds,

Councillor Hilary Hibbert-Biles asked for more information on the Rapid Access Care Unit. Dr Riley responded that they would be providing the same services as before although the model may be slightly different. It would be like a hybrid between hospital- and home-based care. He did not want to be too prescriptive at this stage as there would be local engagement and co-design involved.

District Councillor Paul Barrow expressed concern that a full county-wide review would be very difficult to complete in three months. He said that the Committee would like to be invited to become involved and asked would OX12 continue to be a pilot or would it be just another postcode in the overall review.

Dr Riley confirmed that they would like the Committee to be involved. He stated that they were looking at a more rapid improvement cycle – making small changes and getting public feedback quickly, rather than waiting to have one master plan for the whole county.

Councillor Jeanette Matelot recounted the experience in Thame where they lost the inpatient beds but gained a lot more, for example consultant clinics where patients would otherwise have to travel to Oxford. She believed that it now provided more services for more people than before.

Dr Alan Cohen asked if all of the service partners are as enthusiastic about this as Oxford Health. Dr Broughton responded that they are all as one in terms of providing comprehensive out-of-hospital care across the county and making the most efficient use of assets such as community hospitals.

Councillor Alison Rooke asked, if there had been no problem with the plumbing and the hospital had been functioning for the last four years, would Oxford Health still be proposing the closure of the inpatient beds. She also asked if public consultation on that point was going to make any difference or if the decision had already been made.

Dr Broughton stated that, as of now, they do not see that re-opening the beds is sustainable. However, they would engage with the community before making a decision and that engagement would be meaningful. Any formal consultation will follow the usual process. They have to look at the best way to configure beds across the county and the smaller 12-bed facility at Wantage is suboptimal and more resource intensive.

Diane Hedges, Chief Operating Officer and Deputy Chief Executive, Oxfordshire Clinical Commissioning Group, confirmed that they were supportive of the proposed process of engagement and consultation. She noted that she was receiving many requests for space at community hospitals for out-patient services and she was convinced that there was a vibrant future for those hospitals.

The Chairman welcomed the positive tone and what he believed was the first expression of regret for what had happened and an apology for the delays in correcting the plumbing problem at Wantage Hospital. He thanked the representatives of Oxford Health for their time and their sentiments.

34/20 SYSTEM-WIDE UPDATE ON THE COVID-19 RESPONSE AND RECOVERY
(Agenda No. 7)

The Chairman introduced the item stating that, by agreement with the Chief Executives of Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group (OCCG), this will be a standing item on the Committee's agenda until COVID-19 ceases to be a substantial problem.

Liz Peretz, representing Keep Our NHS Public, stated that local test trace isolate and support schemes are necessary if we are to navigate our way through the pandemic. She was much encouraged by comments from the Director of Public Health that we are moving towards a local scheme – run in harmony with the national one. A number of people such as active, retired staff from the NHS and local authorities want to offer their services as tracers and contactors. She asked the Committee to ensure that this will happen in Oxfordshire.

Councillor Jane Hanna supported the call for local testing. She believed that the national system was not working with many people in her area of Grove and Wantage unable to access tests. She had also heard reports of people seeking testing at the Dalton Barracks site mingling due to the absence of signage. She was also concerned with the lack of engagement with the public and asked what the plan is for engagement, which will become particularly important if there is a second wave or difficulties with supplies of medicines or equipment following Brexit.

The Chairman stated that he wished to deal with the Winter Plan separately and concentrate on the overall COVID situation first.

COVID-19

Diane Hedges, Chief Operating Officer and Deputy Chief Executive, OCCG, described the plan to restore services to near-normal levels. With GP services there had been a move away from face-to-face contact and separation of COVID and non-COVID patients. A lot of work is going on to bring numbers back up towards normal. There will be a challenge with the increased numbers seeking flu vaccination.

Community services have been reopening premises getting people back in safely. There is a move towards community hospitals providing more support for out-patient services.

There has been a lot of new learning across the system most particularly around using digital solutions and the need to improve engagement around inequalities, for example with BAME communities. The OCCG has laid out an extensive engagement plan to help understand the patient experiences. Healthwatch has been very helpful in this regard.

Ansaf Azhar, Corporate Director for Public Health, outlined the current situation. The numbers of cases are rising across Europe. In Oxfordshire the Health Protection Board, involving all partners, meets weekly. There is also a surveillance unit analysing data on a daily basis, giving an early warning of problems. It also provides a dashboard where the public can see the number of cases at a district level.

There have been two areas of concern: East Oxford in July and more recently among young people. These were tackled by expediting testing through local mobile units.

He recognised the frustration with availability of testing. He is working with the BOB partners (Bucks and Berkshire West) at providing key-worker testing. There is likely to be a high demand for testing as we enter the flu season. A task and finish group has done a lot of work with the universities on the safe return of students. A local enhanced system of contact tracing will be ready to start in mid-October. This needs to be authorised by the national system and will focus on cases where the national system has failed to contact.

In summary, while they are escalating issues such as testing to a national level where necessary, they are also working on local and regional solutions. It is a fast-changing picture but they will react decisively when needed through the strong governance structure.

The Chairman welcomed the provision of local testing to tackle clusters and added that it was evidence of how the Oxfordshire system was learning as the situation develops.

Councillor Mark Cherry asked that the council communications teams promote the track and trace phone app and the importance of flu vaccination as much as possible.

Councillor Laura Price was critical of the national online booking system for tests. There were a lot of bugs in the system and it often failed to provide the necessary QR code at the end. She also asked about visiting in care homes and hospitals. The former depends on the individual care home. Many people have had a prolonged period now with no visits. People can be a long time awaiting an assessment in hospital with no visits allowed.

On the test booking system, Ansaf Azhar acknowledged the problems outlined. Much of it was related to the national limit on the number of tests. Areas with a high number of cases were being prioritised. Oxfordshire currently has a lower rate so it is more difficult for people to access testing. He has escalated the matter particularly in relation to the return of students.

The issues of care home visiting have been discussed nationally. The current evidence indicates that visiting is not a problem but it is curtailed in homes where

there are more than one case. Visiting is particularly important in end-of-life (EOL) cases and he would not like to see a blanket ban introduced.

Stephen Chandler, Corporate Director for Adult Services, acknowledged that there is a risk either way – a risk of infection versus the risk of detrimental impact of not being able to see loved ones.

Sam Foster, Chief Nurse, Oxford University Hospitals, added that while there is the 'rule of 1', there is discretion allowed regarding patients who have carers; with learning disabilities or mental health issues; and EOL. The government has enabled local trusts to make their own decisions. Family liaison teams are building relationships with families. All staff have been provided with iPads to enable patients to teleconference.

Members of the Committee asked for more communication around visiting policies and Sam Foster **AGREED** to provide the Committee with more information about the family liaison team and teleconferencing options.

City Councillor Nadine Bely-Summers stated that people in East Oxford find it difficult to access testing and get results quickly. They cannot work or go to school while they are waiting for results. She suggested that there should be more local communications on outbreaks. She also believed that, in relation to the cluster at BMW, there were too many different agencies involved.

Ansaf Azhar responded that the Public Health team was a small team receiving a large number of queries. The operational cell includes representatives from districts, police, GPs, hospitals, laboratories etc. Each is responsible for messaging to their own sector.

When there is a local outbreak, there is a clear communications plan. Mobile testing is brought in. He believed that the BMW outbreak was handled well in cooperation with the City Council – everyone was tested within half a day.

He stated that he was not happy with the national situation on testing which is why he is working towards local and regional solutions. The government has announced that financial support is available for people self-isolating and losing income.

Barbara Shaw noted that communications on GP services varies. It is difficult to get face-to-face visits. She believed that EOL services are overwhelmed. She would like more information on excess deaths. She also asked if it was possible that dental services could cease again.

Diane Hedges acknowledged that the situation for GP surgeries is challenging. All initial contact has to be by phone and then face-to-face consultations are available where necessary. They are working with Healthwatch and Patient Participation Groups (PPGs) to make this work.

She is not aware that EOL services are overwhelmed but if anyone has any evidence of that she would like to receive it. Hospice facilities have been extended and more people are being supported at home.

The OCCG does not oversee dental services - they are commissioned by NHSE. Her understanding is that services are returning to normal.

Ansaf Azhar responded on the point of excess deaths. This is being monitored because it takes into account deaths that may be occurring indirectly from COVID-19. The Oxfordshire figures are in line with the national trend. They are also watching non-COVID deaths which rose at the peak of the pandemic but have now reduced.

The Chairman AGREED to pursue the dental issue outside of the meetings for now.

Dr Alan Cohen noted that the GP federation in Oxford (OxFed) will cease trading. He asked what would be the implications; if a similar situation might occur in the north of the county; the impact on Primary Care Networks (PCNs); if money assigned to the federation will continue to be spent on primary care; and if there is nothing between PCN level and county-wide level. He also asked if the high number of transfers from hospital to care homes without COVID screening had any impact on the number of cases in care homes.

Stephen Chandler replied that he did not have the transfer figures to hand but they had already been presented and he AGREED to circulate them to the Committee and would be happy to take any questions Committee members may have after seeing them.

Diane Hedges agreed that the closure of OxFed was disappointing. OCCG are working with them on the transfer of services and staff. There will be changes to the dynamics of funding flows but the money will stay within primary care. Developing PCNs is the key to shaping future services. The federation in the north is still vibrant and there are other ways of delivering services at a level between PCN and county-wide. It was **AGREED** to follow up on the OxFed issue between meetings.

Councillor Alison Rooke asked about the availability of flu vaccines. Ansaf Azhar responded that this was a regional and national issue. At this time last year there had been a take-up of 4,000 through community pharmacies in the Thames Valley region and this year it is already 17,000. He has raised it with the local health resilience partnership.

Diane Hedges added that NHSE is buying as much vaccine as it can. People should not be concerned that it has run out – more is arriving all the time and another cohort is expected in November.

District Councillor Paul Barrow asked if there was now a standard protocol for care homes and a standard protocol for discharges from acute hospitals to care homes. He also asked if care homes who previously refused to accept transfers will now be pressurised to take them.

Stephen Chandler responded that there had been a standard discharge protocol since April. There must be a negative COVID test result before discharge can happen. Infection control protocols are evolving. They are addressing the risk of staff transferring infection. There is a low level of risk in Oxfordshire but he is

monitoring it closely. The government have announced a further allocation of £5.4m for infection control in Oxfordshire.

He did not believe that any of the stories about care homes being pressurised relate to Oxfordshire but if anyone has evidence of it, they should let him know. Most patients are now discharged to home and if not, then to hub beds rather than directly to a care home.

Jean Bradlow asked what the impact of COVID had been on immunisation and screening programmes; the plans to catch-up; and onward referral for cancer screening programmes.

Ansaf Azhar agreed that there had been a reduction in numbers though he did not have the specific numbers. The increase in provision of preventative measures is part of the recovery plan. They will be more targeted towards groups where the uptake has been lowest.

The Chairman asked that the issue of cancer referrals be addressed under Agenda Item 10.

Winter Plan
The Chairman asked if there is likely to be less flu this year given that all of the measures people are taking to reduce the spread of COVID-19 should also reduce the spread of flu. He emphasised that he would still urge everyone to get the flu vaccine anyway.

Ansaf Azhar responded that we do not know how effective current measures will be. Even if there is less flu the burden of COVID on the system will still be very high. There is also the question of amplification if somebody has flu and COVID.

Stephen Chandler noted that the government had published a winter plan for adult social care on the previous Friday and the local winter plan would need to be updated to account for that.

It was **AGREED** to take the Winter Plan as an item at the next Committee meeting but that the updated Winter Plan could be circulated to Members at any time and did not need to wait until the next meeting.

The Chairman asked the Chief Executive if a letter from the Committee to the Department of Health on the issue of testing would help. Yvonne Rees responded that every channel possible is being used to escalate the matter. A letter from the Committee will support the Director for Public Health and will be listened to. There is a problem with laboratory capacity at the moment and new labs will not come on stream until the end of October.

It was **AGREED** that the Chairman will write to the Department of Health. The Chairman thanked all of the officers across the system for coming to the Committee and responding to their questions.

35/20 COVID-19 RESEARCH

(Agenda No. 9)

As the representatives of Oxford University Hospital had to leave soon to attend a board meeting, it was **AGREED** to take the report as read and move on to Agenda Item 10.

36/20 ROUTINE REFERRALS

(Agenda No. 10)

Dr Raman Nijjar, Chairman of the Oxfordshire Local Medical Committee shared the views from GPs on the restart and recovery of routine appointments at Oxford University Hospitals (OUH). He noted that NHSE had asked, about five months ago, that all services be reinstated but this had not happened in Oxfordshire. Patient care was deteriorating as a result of routine referrals not taking place. He believed that patients were not being prioritised as they were in neighbouring counties.

Dr Nijjar had raised it with OCCG and had a meeting with them but OUH were unable to attend. At that meeting he said that services needed to resume by the end of July or mid-August but seeing no movement on this, he decided to go to the press. He was aware of a number of case studies of appalling care. GPs were doing their best with limited tools but they could not refer to a number of services.

Lisa Glynn, Interim Director of Clinical Services, OUH, stated that referrals were open for cancer and other services had started to reopen but capacity was restricted. Unfortunately for a number of services this had been particularly problematic. They were monitoring the volume of patients and the timeline from referral to booking and when that goes below 12 weeks they could look at reopening the waiting list. This would be expected to happen between now and February/March. They were working across BOB (Bucks, Oxon, Berks West) to improve availability and working with the independent sector too. Urgent patients were being prioritised.

Dr Bruno Holthof, Chief Executive, OUH, added that they were serving patients across the Thames Valley area with a population of 3 million. Patients who were clinically urgent could always be referred. If there was a second wave of COVID-19, he did not expect that services would close but they would have to readjust.

Barbara Shaw stated that, even pre-COVID, women had to go out of county for routine gynaecological referrals. She understood there were recruitment issues and asked if this was expected to continue. The report suggested that some patients were having to wait 52 weeks.

Lisa Glynn responded that there was a community service in place now with patients requiring acute services being referred to OUH. They restarted a few weeks ago. There had been improvements in recruitment and some short term support had been provided. In the gynaecologic oncology sub-specialty there had been recruitment advances as well as partnering with private general gynaecologist services in Berkshire which had brought about improvement.

Dr Alan Cohen asked if the capacity was restricted by space or personnel and if local sites could be used. Lisa Glynn replied that both were an issue. They were using space from local providers but there were a limited number of consultants and they needed to use them most efficiently. They were looking at using weekends and evenings to reduce the backlog.

Dr Holthof stated that they were having a lot of non-attenders. There was good uptake of digital consultation and they were using community centres.

Dr Nijjar stated that the numbers waiting for referrals were not small. ENT (Ear, Nose, Throat), for example, had issues pre-COVID. It was estimated that 7,000 patients may be waiting. GPs were open but secondary care was not happening for many. He said that he had not heard why Oxfordshire was different from other areas.

Barbara Shaw asked about dealing with the backlog when waiting lists reopen. Diane Hedges agreed that nobody was very happy with the situation. For example, triage was being developed for ENT which already had long waiting times pre-COVID. They were looking at alternative providers but it may mean people having to travel further. In BOB they were examining a possible cataract service. She **AGREED** to share the waiting times with the Committee.

The Chairman expressed concern that the real scale of the problem was not known because the waiting lists were closed and also that looking at out-of-county solutions might not be impactful as many people will have difficulty travelling.

Barbara Shaw agreed that it was necessary to know the real scale of the problem and asked what the medium term plan was to deal with the backlog and the long term plan for reinstatement of normal services. Jean Bradlow asked if it was possible to contract in consultants rather than sending patients out of county.

David Walliker, Chief Digital and Partnership Officer, OUH, stated that the waiting time for ophthalmology was 32 weeks. When they stopped taking referrals there were 1500 on the list. If they had continued taking referrals the list would have increased by 335% assuming previous rates of referral.

The problem for ophthalmology was that it was not easy to set up alternative centres because of the diagnostic equipment required which was based in the John Radcliffe Hospital. Safe waiting areas had to be set up, mindful that most people come with a partner or helper. They were working hard with partners to put a sustainable system in place.

City Councillor Nadine Bely-Summers stated that it was disappointing that a relatively rich county like Oxfordshire should have so many enormous waiting lists. She noted that there had not been any COVID-19 admissions to the JR since June so it was very disconcerting that so many services appear to be overwhelmed.

Dr Nijjar commented that it seemed to him that figures were regarded as more important than people. He could not fathom why there was a refusal to put people on the waiting list. He was also concerned that there was no quality data – only taking historical pre-COVID data which may not be relevant anymore.

The Chairman **AGREED** to write to OUH and OCCG asking for more information on the points raised in the discussion. He hoped that it would be possible to deal with this further between Committee meetings because there were long-term implications for people's health and the health system.

37/20 PROPOSED CHANGES FOR HEALTH SCRUTINY

(Agenda No. 12)

This item had been deferred.

38/20 HEALTHWATCH REPORT

(Agenda No. 13)

Rosalind Pearce, Chief Executive, Healthwatch Oxfordshire, introduced the report, giving apologies for Tracey Rees, Chair, who was not well.

She noted that Healthwatch were presenting a report to the Health and Wellbeing Board the following week on nine surveys they conducted related to COVID-19. It was **AGREED** to circulate that report to members of the Committee.

Healthwatch is talking with OCCG and other services on engagement around the impact of COVID-19 on primary and secondary services. They are particularly concerned about alternatives for those who cannot, or do not wish to, use digital options. They believe that the NHS should be considering what travel support they give to people who choose to take up referrals out of county.

With regard to referrals, she understood that the position was that GPs can refer, it's just that for some services the only referrals available are out-of-county. She called on the hospitals and GPs to work together to solve these problems.

She supported earlier comments regarding the negative impact of banning visits to care homes on both patients and families. She believed that, given the measures taken on infection control and the prioritisation of testing for keyworkers, it should be possible to allow visits. She hoped that the Council would ensure that care homes complied with the advice on this.

Their feedback from heads of care homes was that one felt under pressure to take transfers from hospital and one said that they closed their doors to transfers. The Chairman urged her to pass on any information about care homes to the Director for Adult Services.

Healthwatch have heard that it is possible to access private dental health but not NHS services. They are taking this matter to the NHS Commissioner.

Healthwatch are recruiting two positions to work with the BAME communities and develop innovative methods of outreach.

City Councillor Nadine Bely-Summers asked about the difficulties being experienced by some Patient Participation Groups (PPGs) and the situation regarding BOB-ICS (Bucks, Oxon, Berks West Integrated Care System).

Rosalind Pearce reported that some PPGs are finding it difficult to re-engage with GPs and some are not functioning fully due to individuals isolating. This is also a challenge for Primary Care Networks (PCNs) who have a responsibility to engage more widely. Healthwatch is talking to OCCG to see how they can help and to PPGs about how they can support re-engagement with GPs.

District Councillor Jill Bull said that she was hearing reports of problems with dosetted medication. Rosalind Pearce responded that she had not heard of any problems but any information should be passed on to her. She was aware of problems with small pharmacies closing and was keeping that monitored.

Barbara Shaw called for support for PPGs to engage at PCN level. They no longer get support from the CCG and there is a legal obligation on PCNs to engage with the local communities.

Rosalind Pearce responded that Healthwatch have a resource to support PPGs and have been brokering meetings with practices. The picture varies across the county. PPGs in the north are working well together with their PCNs. Healthwatch will get out into the community again, taking all necessary precautions, but the fact that many organisations are only meeting virtually provides a challenge.

The Chairman thanked Rosalind Pearce for her report.

39/20 CHAIRMAN'S REPORT

(Agenda No. 14)

Councillor Jenny Hannaby spoke regarding the letter from the Chairman on the OX12 report. If the inpatient beds are closed at Wantage Hospital then people, including many elderly people, will have to travel 30 miles and be more remote from family and friends leading to a risk of depression. She warned that other community hospitals may follow if they close Wantage. She believed that Oxford Health and the OCCG were not paying attention to the democratic wishes of local people. She thanked the Chairman for keeping this issue on the agenda for so long.

The Chairman responded that the position appeared to be that Oxford Health does not currently see the business case for keeping the inpatient beds but that they are open to exploring it further.

..... in the Chair

Date of signing .....

HOSC Actions from 24th September 2020 **JHO3b**

Item	Action	Lead	Progress update
Forward Plan	• Covid-19, public health messaging targeted at BAME communities and current testing capacity. • Waiting times on cancer operations in Oxfordshire including delays due to Covid-19 • Update on Chipping Norton Hospital • Winter Plan update to come to the November HOSC meeting.	Martin Dyson	Complete - added to Forward Plan
COVID-19	a) Comms to be shared with committee members around the OUH Family Liaison Service b) Dentistry query to be followed up with NHS England dentistry commissioners; What has the impact been of stopping dental services on dental health, and is there the possibility of it stopping again if there is a second wave of the virus? c) Performance Scrutiny information/presentation on DTOC figures to be passed around to committee members. d) GP Federations (OxFed) to be followed up with the CCG. e) Follow up with the CCG on the catch up plan for cervical screening.		a) Family Liaison Service information circulated to HOSC members. b) Dentistry query passed on and awaiting a response from NHSE. c) Performance Scrutiny information was shared with HOSC at their meeting in June 2020. d) OxFed briefing shared with HOSC members. e) Cervical screening briefing shared with HOSC members.
COVID-19	• Letter to be written from HOSC to Department for Health encouraging an increase in testing capacity in Oxfordshire.	Cllr Fatemian	In progress
Routine referrals	• Letter to be sent from the Chairman, to OUH and CCG, following up on points raised in the meeting.	Cllr Fatemian	In progress
Healthwatch	• Healthwatch report to the HWB to be shared with committee members	Martin Dyson	Completed

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HOSC Forward Plan – November 2020

The scrutiny work programming guide was shared in July 2017 and is designed to help assess the relative merits of topics brought forward in order to prioritise areas of focus for scrutiny through a transparent and objective process. The "PICK" methodology can help scrutiny committees consider which topics to select or reject. This is:

Public interest	➢ Is the topic of concern to the public? ➢ Is this a "high profile" topic for specific local communities? ➢ Is there or has there been a high level of user dissatisfaction with the service or bad press? ➢ Has the topic has been identified by members/officers as a key issue?
Impact	➢ Will scrutiny lead to improvements for the people of Oxfordshire? ➢ Will scrutiny lead to increased value for money? ➢ Could this make a big difference to the way services are delivered or resource used?
Council performance	➢ Does the topic support the achievement of corporate priorities? ➢ Are the Council and/or other organisations not performing well in this area? ➢ Do we understand why our performance is poor compared to others? ➢ Are we performing well, but spending too much resource on this?
Keep in context	➢ Has new government guidance or legislation been released that will require a significant change to services? ➢ Has the issue been raised by the external auditor/ regulator? ➢ Are any inspections planned in the near future?

Meeting Date	Item Title	Details and Purpose	Organisation
Feb 2021	Community Services Strategy	• Update on the progress of the community services strategy.	Oxford Health
Feb 2021	Covid-19	• Update on the system response to Covid-19.	System-wide

Last updated: 17 Nov 2020

Meeting Date	Item Title	Details and Purpose	Organisation
Future Items			
TBC	PET Scanning	• This item will provide follow-up information following the change of provider of PET scanning services for patients outside of Oxfordshire (but within the Thames Valley region). This item will report to the committee on the clinical pathways followed as a result of the change, the numbers of patients and patient flows. • It will also include any information on serious incidents which are reported.	
	Adult Social Care Green Paper	• The potential implications of the ASC Green paper on the local health and social care system	System-wide
	Health in planning and infrastructure	• How is NHSE engaging in the planning process, incl. the Health approach to CIL and s.106 funding • Learning from Healthy New Towns. • Impact on air quality and how partners are addressing this issue. • How can HOSC best support the planning function	CCG, NHSE, Districts/City Planners, PH, OCC Infrastructure
	Healthcare in Prisons and Immigration Removal Centres	• More in depth information on performance and how success is measured. • New KPIs in place from April 2017	NHS England
	Pharmacy	• Levels of access and changes to pharmacy provision, incl. mapping provision and impact on health inequalities	
	Social prescribing	• The roll out and outcomes of social prescribing pilots and learning that can be shared. (Berinsfield vs. Cherwell) • How District Councils and other partners link with and support social prescribing	

Last updated: 17 Nov 2020

Meeting Date	Item Title	Details and Purpose	Organisation
	Health support for children and young people with SEND	• How is Health contributing to improving outcomes for children and young people with Special Educational Needs and Disabilities and working with partners in Education and Care? • Linked to outcomes of SEND Local Area Inspection	OH, OUH
	Priorities in Health – Lavender Statements	• How the CCG manages competing priorities – Thames Valley Priorities Forum	CCG
	Commissioning intentions	• Committee scrutinises the CCG Commissioning Intentions	CCG
	Optometry	• Provision of optometry in Oxfordshire. • Trends and issues in the provision of optometry services. • How best practice and innovation from elsewhere are used within the services in the county. • To include a summary of the pathway and waiting times for NHS cataract surgery.	CCG
	Chipping Norton Hospital	• Update on the hospital and any planned move of clinics into the nearby Health Centre, and the potential impact on the hospital.	OH?
June 2021	HWBB Annual Report	An annual report to HOSC on the activity of the HWBB, covering: • Activity of the Board over the financial year 2019/20 in pursuit of the Health and Wellbeing Strategy • Performance against aims and objectives during that period, including an overview of performance for all the sub-partnerships of the Board (e.g. HIB/Children's Trust & Integrated Systems Delivery Board). • Plans for 2021/22.	HWBB
April 2021	Quality reports	• Progress against stated priorities from providers	OUH/OH

Last updated: 17 Nov 2020

Last updated: 17 Nov 2020

Oxfordshire Health and Care System COVID-19 Update for Oxfordshire Health Overview and Scrutiny Committee meeting on 26 November 2020

1. Outbreak Management

1.1 The number of infections, hospital admissions and deaths related to COVID-19 is closely monitored by Oxfordshire Public Health Team. The team work closely with partners in all local authorities and the NHS through Multi Agency Outbreak Control (MAOC) and the Health Protection Board to review and respond appropriately. They provide advice to local organisations when small outbreaks occur and provide the local test and trace service working closely with the national test and trace service.

1.2 The data is gathered on a weekly basis and this is a fast moving situation. To ensure members of HOSC are discussing the very latest situation, a presentation with the latest data will be presented at the meeting including information up to Wednesday 25 November 2020.

1.3 CALM Clinics

1.3.1 GPs and NHS providers continue to care for patients affected by COVID-19 and this includes rehabilitation for those who were worst affected. In planning for winter, additional capacity has been put in place to support primary care with the second surge.

1.3.2 The Oxfordshire CALM service is additional face-to-face capacity for primary care which will see the most infectious COVID-19 patients in a dedicated clinic or via a home visit. It is a whole county service, comprising three clinics across Oxfordshire: in Wallingford, Banbury and Oxford (Woodfarm), supported by a visiting service for those unable to travel. There will be a maximum of 150 appointments per day made available.

1.3.3 GP practices can book patients into a slot at any one of the three clinics or visiting service. NHS 111 can also book patients into the clinics; they are not a walk in service.

1.4 Launch of local COVID-19 contact tracing system

1.4.1 A local COVID-19 contact tracing system for Oxfordshire is in place, designed to provide another layer of support to help control the virus. Collectively, Oxfordshire's six councils are working to contact people who the NHS test and trace national system is unable to reach. People contacted will be advised to isolate, talked through how to access local support when isolating and asked about details of their close contacts so these can be followed up by the national team. The service runs seven days a week, with calls coming from the council using a local (01865) phone number. Text messages will also be sent to people with mobile phones telling them to expect a call. It is important to recognise that high case numbers in Oxfordshire impact the workload of the tracing team; as such resourcing will be reviewed across Councils on a regular basis.

1.5 Communications campaign

1.5.1 Communications is a key aspect of our local response to COVID-19, and our partnership approach involves colleagues from across health, local authorities, Thames Valley Police and the universities. With the rise in COVID-19 levels across the county, the system has significantly increased communication activity and have been adjusting its approach with every new set of information. This includes trialling new social media channels such as Tiktok and Snapchat to reach younger audiences, and carefully selecting outdoor advertising sites where they will have the most impact. We are also partnering with local influencers such as Oxford United football club to encourage the use of face coverings by the 18-24 age group. You can watch one of our videos featuring Oxford United coaches here. An extension of this campaign is also targeting children (aged 12-17) to encourage the use of face coverings on school transport.

1.5.2 Currently our #StopTheSpread campaign is focusing on:

- Encouraging uptake of the NHS COVID-19 app
- Recognising the key symptoms of COVID-19 and when to get tested
- Encouraging the use of face coverings among young people
- Encouraging behaviour change in light of rising cases across Oxfordshire – both general messaging and targeted messaging aimed at 18 to 24-year-olds

1.5.3 Oxfordshire County Council are also working closely with local businesses. A communications toolkit and social media toolkit has been shared with businesses, containing messaging, graphics, and newsletter copy; and a range of assets – including graphics and posters – can be downloaded from the Oxfordshire Local Enterprise Partnership (OxLEP) website: www.oxfordshirelep.com/local-authority-support.

1.5.4 Oxfordshire's Director of Public Health has written to businesses across the county asking for their continued support in helping suppress the spread of the virus and drawing their attention to new Government guidance and legislation around control measures.

2. Winter

2.1 The Oxfordshire Winter Plan (Appendix A) was shared with HOSC members at the September meeting but there was no time for discussion so it is shared again here. The plan is a system plan setting out the approach for managing the additional pressures expected over the winter months. The continued pressures of the COVID-19 pandemic are also part of the context of the plan. Since its publication, Oxfordshire County Council has also published the Oxfordshire Adult Social Care Winter Plan (Appendix B & C). Implementation of the plan is well underway and significant deliverables include launch of the NHS111 First service and launch of the flu vaccination campaign.

2.2 Flu Immunisation programme

2.2.1 OCCG has been working with GP practices and providers to plan and prepare for the second wave of the pandemic and any future surges as well as increases in activity that is expected this winter. For flu, there is also a strong system approach, support for risk stratification and vulnerable patient identification with good cross working with local authority partners.

2.2.2 The public flu campaign has been focussed on encouraging people who are at risk of suffering severe complications from the flu to get their vaccine. We have published press releases and issued social media posts specifically targeting those aged over 65 and with long term conditions as well as pregnant women and parents of two and three year olds. This has also included contacting every registered nursery and child-minder with information about the importance of getting children vaccinated. The school immunisation team leader was also on BBC Radio Oxford discussing the importance of getting children vaccinated. The national advertising campaign launched on 26 October and will run until December and we are supporting this locally. The staff flu vaccination campaign for healthcare workers is currently running across the system. There have been some shortages in vaccine supply but these have been rectified and staff are still being encouraged to get vaccinated.

2.2.3 Flu vaccination clinics have been extremely popular and GP practices have had to take extra precautions to ensure that the vaccinations are carried out safely and been creative in how they carry out their flu clinics to ensure that they maintain social distancing. For the week ending 1 November, OCCG is slightly above the Thames Valley average for flu vaccination update with 70.5% of those over 65 years old having had theirs (against a target of 75%). The focus for the next week is going to be on pregnant women and under 65s who are in at risk categories.

2.3 Targeted communication with our Black and Minority Ethnic (BAME) communities and vulnerable people

2.3.1 As part of the campaign to encourage people to have their flu vaccination we have been working with members of BAME communities in their roles as community champions to help us to reach more 'seldom heard groups' with our messaging, especially groups of people who don't tend to access healthcare services. This follows on from our work last year where these communities told us they didn't like to go to their GP so this year we are trying use this opportunity to break down barriers even more and encourage people who are at risk of complications from the flu to get their vaccination and also offer reassurance that it is safe to do so. Various community and faith leaders have used our script to speak directly to their own communities in Urdu, Bengali, Pashto, Arabic, English and Filipino. They have also helped us to share this message throughout their own communication channels as well as those of the system. The videos have had thousands of views on social media and have been featured in articles in local print and broadcast media.

2.3.2 The videos are available on to the flu page on OCCG's website here. They have also been shared with colleagues across Buckinghamshire and Berkshire West and with the NHS across the South-East.

2.3.3 Work is ongoing to reach out to BAME and other potentially isolated communities with information about the wider winter campaign. Supplies of the advice card with contact details for local services are being shared with community groups and community shops to support a wider distribution of key information during lock down.

3. Cancer waiting times

3.1 Purpose

3.1.1 The purpose of this part of the paper is to update the Oxfordshire Health Overview and Scrutiny Committee for meeting on 26 November 2020 as to **waiting times on cancer operations in Oxfordshire, including delays due to COVID-19, and any associated recovery plans.**

3.2 Background

3.2.1 In recognition of the COVID-19 pandemic, cancer systems have been under significant pressure to deliver treatment for all patients. Working to a prioritisation framework in line with the Phase 3 response to the pandemic, Oxford University Hospitals NHS Foundation Trust (OUHFT) has been working to the following priorities for cancer:

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

3.2.2 In respect of Cancer services, OUHFT is working collegially with the Thames Valley Cancer Alliance (TVCA) in the development of the phase 3 recovery plan for cancer services with the aims of:

- Reducing unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels;
- Managing the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service;
- Thereby reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for those waiting longer than 104 days.

3.3 Cancer waiting times OUHFT

3.3.1 **Cancer waiting times September 2020 (Month 6)** OUHFT achieved 3 out of 9 cancer waiting time (CWT) standards in September 2020.

Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
At least 93% of patients referred from a GP with suspected cancer will be seen within 2 weeks of referral	96.30%	96.10%	92.80%	94.80%	95.50%	94.10%	95.20%	94.30%	95.30%	95.60%	96.90%	94.20%	93.00%	94.60%	86.90%	70.30%	73.40%	71.70%
At least 93% of patients referred from a GP with breast symptoms but not suspected cancer will be seen within 2 weeks of referral	97.30%	96.00%	93.50%	95.80%	97.30%	95.30%	96.40%	95.70%	100.00%	100.00%	100.00%	98.40%	82.00%	90.40%	95.60%	27.40%	7.60%	6.10%
At least 75% of patients referrred from GP with suspected cancer, with breast symptoms, or from a cancer screening programme will be informed of a diagnosis or ruling out of cancer within 28 days of referral													74.70%	88.50%	83.40%	81.90%	80.20%	77.20%
At least 96% of patients will receive first definitive treatment within 31 days of decision to treat	95.70%	96.50%	93.70%	96.00%	93.60%	91.00%	87.60%	89.10%	87.40%	85.40%	87.90%	94.10%	97.50%	96.00%	94.60%	94.70%	93.40%	92.80%
At least 94% of patients will receive subsequent treatment with surgery within 31 days of deecision to treat	96.30%	95.10%	98.20%	95.50%	85.00%	95.90%	89.40%	89.30%	82.40%	78.70%	86.50%	90.90%	94.40%	94.40%	88.00%	86.00%	83.70%	88.50%
At least 98% of patients will receive subsequent treatment with anti-cancer drug regimen within 31 days of decision to treat	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.10%	98.50%	100.00%	100.00%	99.30%	98.70%	99.40%	100.00%	98.40%	100.00%
At least 94% of patients will receive subsequent radiotherapy within 31 days of decision to treat	99.50%	99.50%	99.50%	99.20%	99.50%	100.00%	98.60%	98.20%	95.80%	100.00%	98.00%	98.80%	96.70%	95.50%	98.00%	98.10%	99.00%	100.00%
At least 85% of patients will receive their first treatment within 62 days of referral from GP	74.00%	69.60%	69.70%	69.20%	70.90%	64.40%	66.80%	60.80%	65.80%	65.90%	65.40%	76.90%	76.80%	77.20%	75.70%	75.50%	78.40%	76.70%
At least 90% of patients will receive their first treatment within 62 days following referral from a screening service	74.10%	75.50%	59.50%	44.00%	66.70%	73.90%	54.90%	45.80%	54.50%	30.40%	46.80%	82.40%	66.70%	25.00%	0.00%	23.10%	100.00%	88.20%

To note: In the last line of the above table, the variation in relation to the screening compliance is a direct result of small patient numbers.

3.3.2 **Two-week-wait (2ww) from GP referral:** This standard was not achieved in September, reporting 71.7% against

93% threshold– as in August this was primarily due the Breast and Lower GI pathways. Breast referrals were 26.4% against target primarily due to capacity issues in both radiology and outpatients that have been further restricted due to Infection, Prevention and Control (IPC) guidance post COVID-19. The service has an action plan in place to address these issues which are making an impact - improvement is expected through Q3 and achievement of target in Q4.

3.3.3 The Lower GI pathway continues to be challenged by the impact of faecal immunochemical tests (FIT) tests being sent to patients by OUHFT during the pandemic – performance was 51.2%. FIT testing in primary care resumed on 17th August but the service continues to have a backlog of patients requiring tele-med consultations for FIT negative patients. Discussions are now in place between service and OCCG – it is expected that actions from these will result in a return to compliance by the end of Q3/Q4.

3.3.4 **2ww Breast Symptomatic:** This standard was not met for the same reasons as those referred on the 2ww urgent breast pathway, and as per August – performance against standard was 6.1%. These patients are also included in the action plans for breast 2ww hence improved performance is expected through Q3/Q4.

3.3.5 **31day decision to treat:** This target remains static over the last three months – total of 33 patients breached – in most pathways it equates to one or two patients but the majority of the breaches are in the urology pathway which is challenged with surgical capacity for both diagnostics and treatments.

3.3.6 **31 day subsequent treatment (surgery):** The majority of breaches are a consequence of surgical capacity for both diagnostic investigations and treatment in the urology pathway.

3.3.7 **62 Day from GP referral:** The number of completed pathways rose to 224 from 204 in August with 52 breaches. This resulted in a 62 day CWT performance of 76.7%.

3.3.8 **62 day tumour site performance July to September 2020**

	Jul-20				Aug-20				Sep-20			
Tumour Site	Total	Within	Breach	%	Total	Within	Breach	%	Total	Within	Breach	%
Breast	29	28	1	96.6%	28	20	8	71.4%	37	29	8	78.4%
Gynae	7	5.5	1.5	78.6%	8	6	2	75.0%	4	3	1	75.0%
Haem	10	6	4	60.0%	6.5	6	0.5	92.3%	13	11.5	1.5	88.5%
H & N	8.5	5	3.5	58.8%	12.5	7	5.5	56.0%	10.5	5	5.5	47.6%
Lower GI	14	5	9	35.7%	17	13	4	76.5%	17.5	10	7.5	57.1%
Lung	11.5	8	3.5	69.6%	11	8	3	72.7%	11.5	6.5	5	56.5%
Sarcoma	2.5	1.5	1	60.0%	2.5	1.5	1	60.0%	9.5	4.5	5	47.4%
Skin	52	52	0	100.0%	57.5	57.5	0	100.0%	64	63	1	98.4%
Upper GI	14.5	7	7.5	48.3%	17.5	13	4.5	74.3%	20	14.5	5.5	72.5%
Urological	23.5	12	11.5	51.1%	42.5	27	15.5	63.5%	32.5	22.5	10	69.2%
Total	**172.5**	**130**	**42.5**	**75.6%**	**203**	**159**	**44**	**78.4%**	**219.5**	**169.5**	**50**	**76.7%**

To note:

- 0.5 of a breach is indicative of a shared breach between OUH and another referring Trust in accordance with cancer waiting times reporting criteria.
- H&N - head and neck.

3.4 Steps taken during Covid-19 – first phase

3.4.1 The following were put in place as a result of national guidance and necessary clinical review of patients on cancer pathways to ensure the risk: benefit of cancer treatments were considered for every patient prior to treatment.

3.4.2 **Pathway Changes:** As a result of the COVID-19 pandemic, many of the Cancer multidisciplinary teams (MDTs) made significant changes to their cancer pathways as a result of loss of capacity (particularly for surgery related to theatre, intensive care unit (ICU) and bed capacity) and also changes in the risk: benefit balance of the treatments with the added risk of COVID-19 infection. These changes were necessary:

- To free up capacity to manage the pandemic
- To prioritise treatment when resources are scarce

- To take into account different risk vs benefit considerations

All stages of the Cancer Pathway were reviewed, and changes made as appropriate:

- 2 week wait
- Outpatient Consultations
- Diagnostic tests
- Staging investigations
- MDT meetings
- Surgical treatment
- Oncological treatment
- Palliative treatment

3.4.3 The "**Evidence" base** for changes were:

- Agreed through consensus locally, nationally and internationally
- Based on experience (Italy, China, London) and shared learning via Webinars, Journals, and International / national data sources
- Informed by Specialist Associations (Association of Cancer Physicians (ACP), Association of Upper Gastrointestinal Surgeons (AUGIS), British Association of Urological Surgeons (BAUS), British Association of Head and Neck Oncologists (BAHNO), British Gynaecological Cancer Society (BGCS), Association of Breast Surgery (ABS), Society for Cardiothoracic Surgery (SCTS), British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), British Association of Dermatologists (BAD)) and Royal College Guidance
- Developed through informal specialty groups

3.4.4 **Introduction of cancer surgery priority panel:** As a result of loss of capacity (particularly for surgery related to theatre, Intensive Care Unit (ICU) and bed capacity) and also changes in the risk: benefit balance of our treatments with the added risk of COVID-19 infection, there was a clear need to prioritise cancer surgical operations. We set up a cross-specialty panel (including members of the Trust Ethics Committee) to prioritise cancer surgeries according to the following categories:

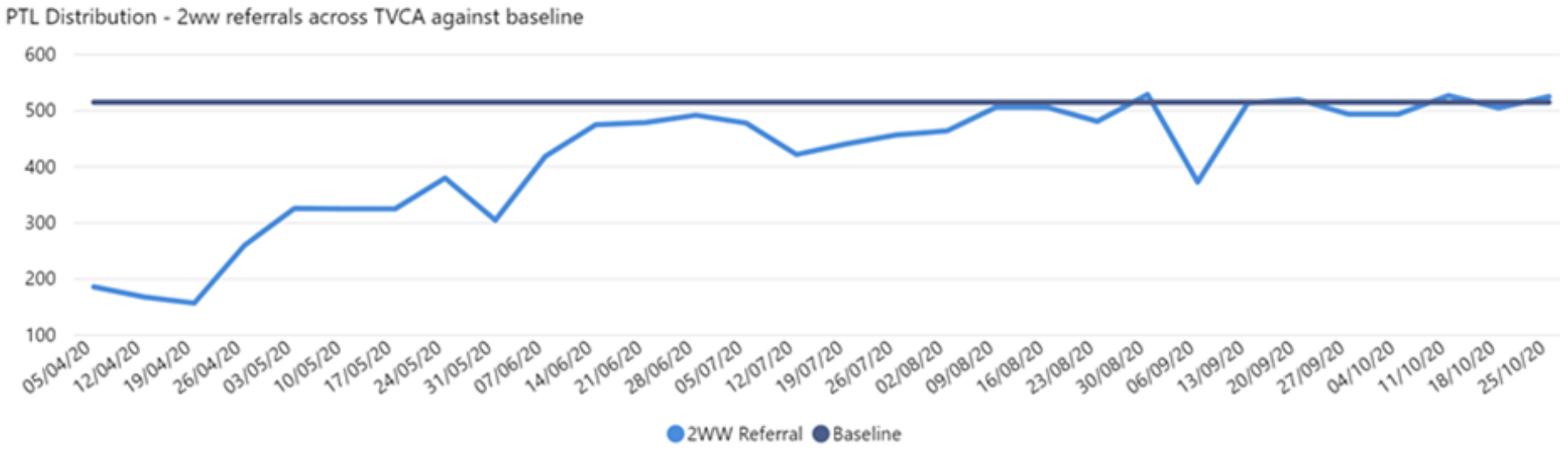
- NHSE COVID Guidance for Cancer Surgery prioritisation categories
- Cancer factors (stage, prognosis, alternative treatments available, risk of progression if delay)
- Patient factors (age, co-morbidities, risks posed by COVID infection)

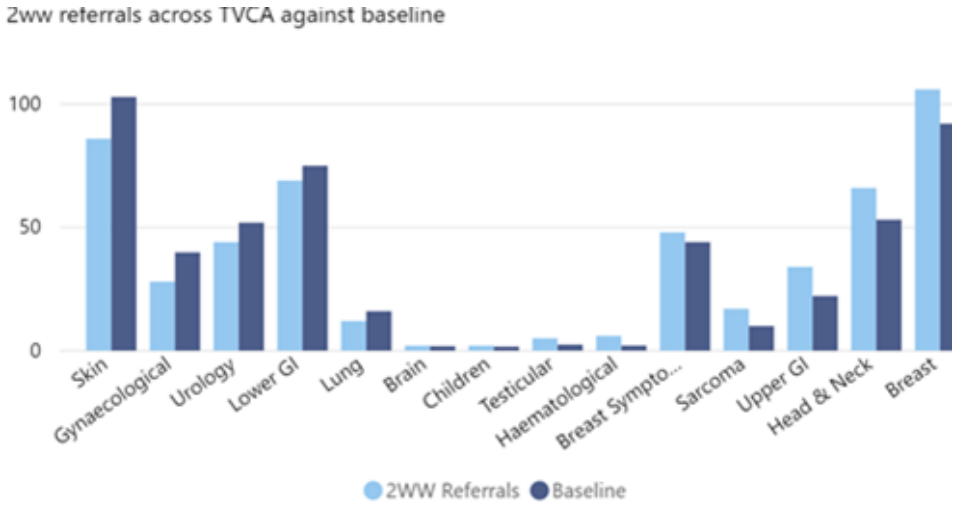
- Surgical factors (length of operation, surgical/anaesthetic availability with appropriate subspecialty expertise, level of care for postop, risks of complications etc)
- Institutional factors (theatre, ICU, bed capacity)

3.4.5 **Weekly Senior clinical review:** As part of the recovery stage, the OUHFT Cancer Management team introduced senior clinical reviews of all patients on day 40 (and above) of a cancer pathway – initially this was to ensure those patients 'deferred' during the pandemic were moved through their pathway as quickly as possible when it was safe to do so. Importantly, this process has continued to ensure patients who are not moving through their pathway are expedited where necessary.

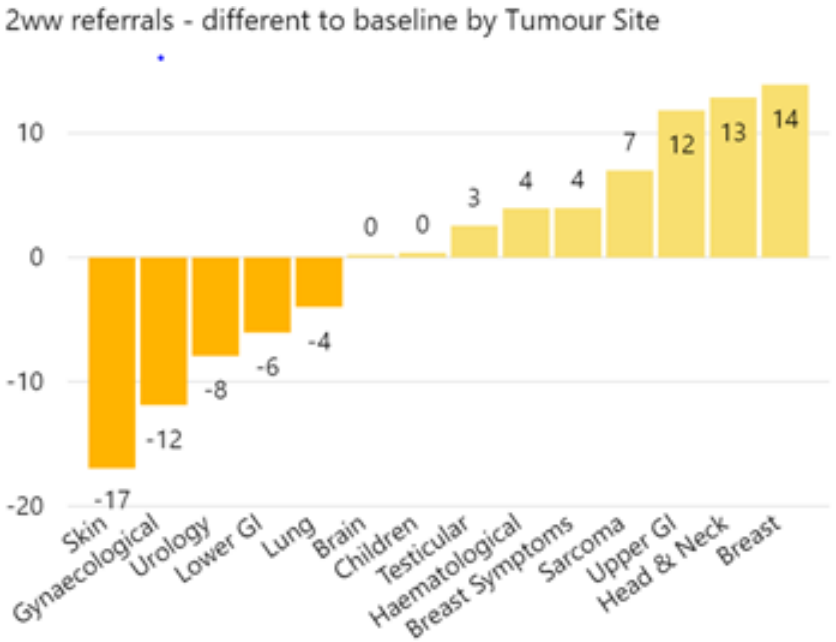
3.5 Impact during COVID-19 on cancer performance

3.5.1 The referrals on the **2 week wait** pathway decreased during the pandemic but as the graph below shows the total 2ww referral activity has now returned to baseline (2019) for OUHFT.





The bar graph shows referral comparison by tumour site against baseline at end of October for OUHFT.

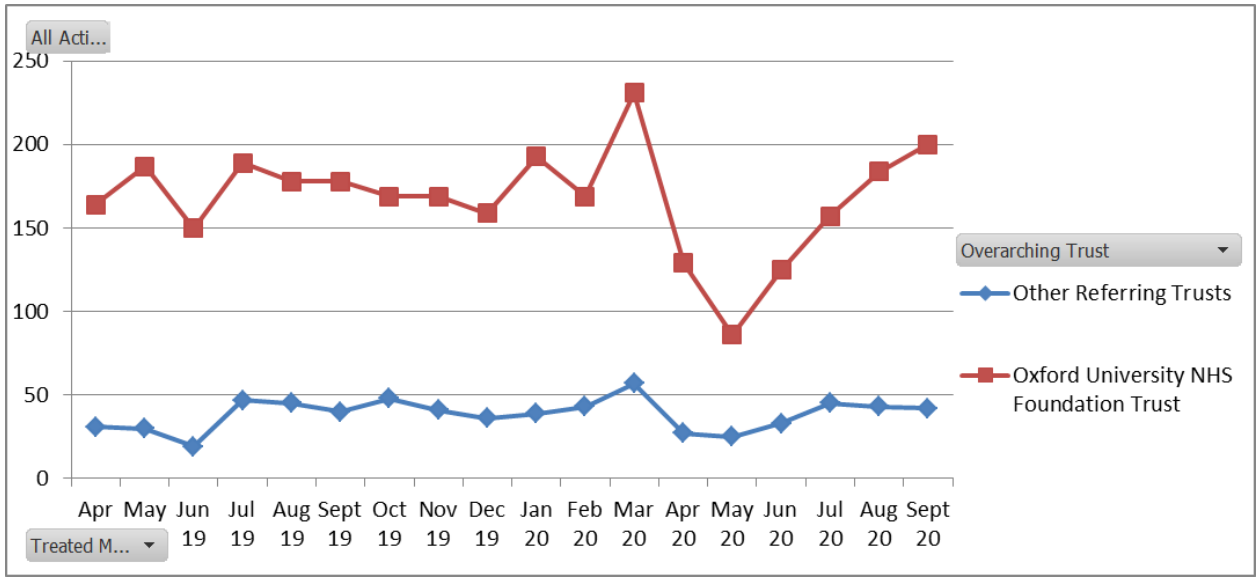


This bar graph shows the detail of the variance by tumour site against baseline at the end of October.

3.5.2 Treatments for patients on **62 day pathways** were sustained throughout the first phase of COVID-19 where at all possible, in line with the risk: benefit for the patient. Further to aligning with national pathway changes and the outcome of surgical priority panel decisions, clinicians met with patients (and their relatives where appropriate) via virtual platforms or by telephone. They explained the reason for deferral/ change in original pathway and what the next steps would be in the best interest of the patient. The virtual appointment/ telephone call was then followed up by a letter to the patient.

3.5.3 The below table shows the number of treatments provided from April 19 to September 20 split between OUHFT and other referring providers – with exception of the three month dip at the height of the pandemic this reflects a sustainability of treatments for patients on cancer pathways.

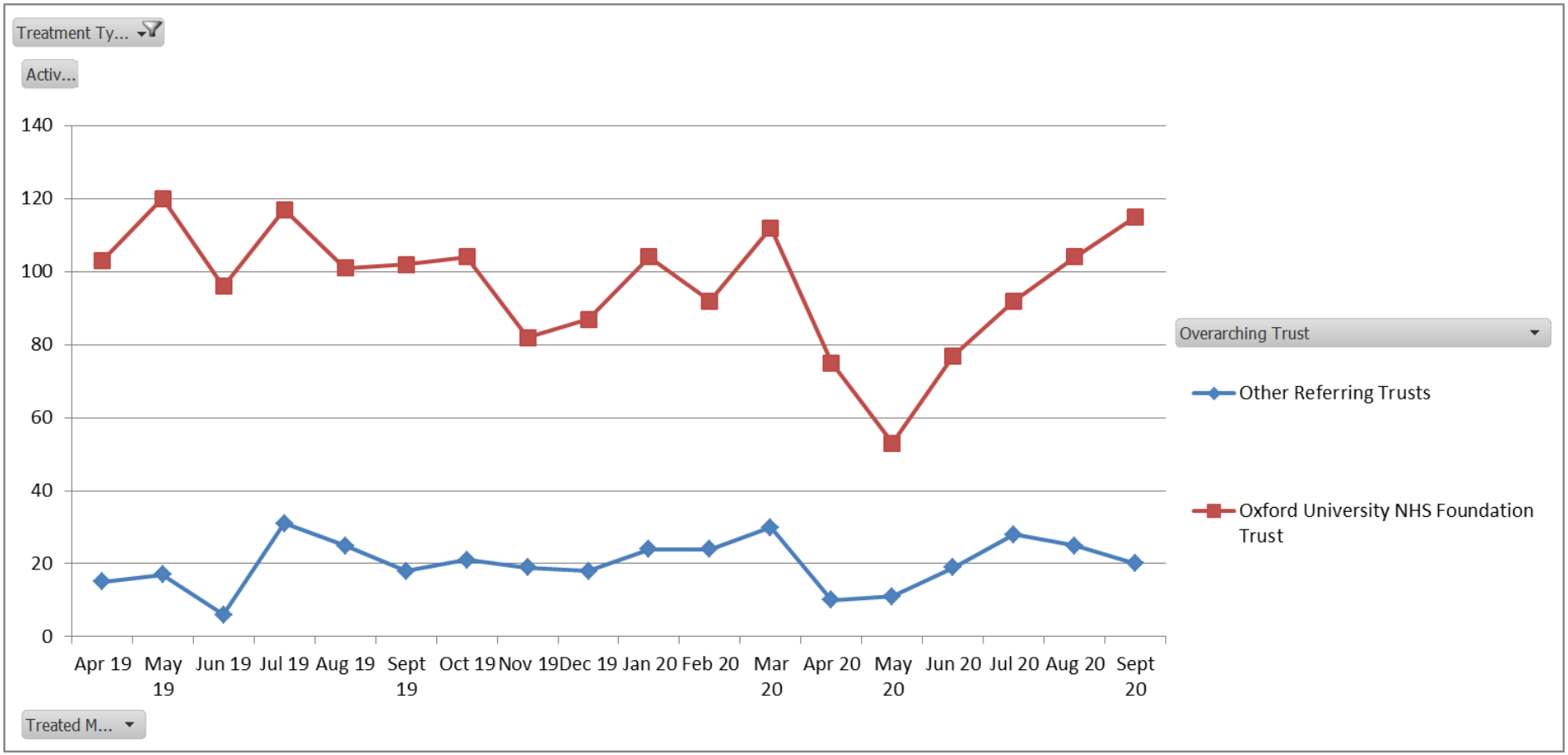
3.5.4 **Total cancer treatments April 19- Sept 20. The red line represents Oxfordshire patients and the blue line represents referrals from other trusts.**



3.5.5 As above a similar picture is shown in the table below of the surgical activity over the same timeframe - split to show

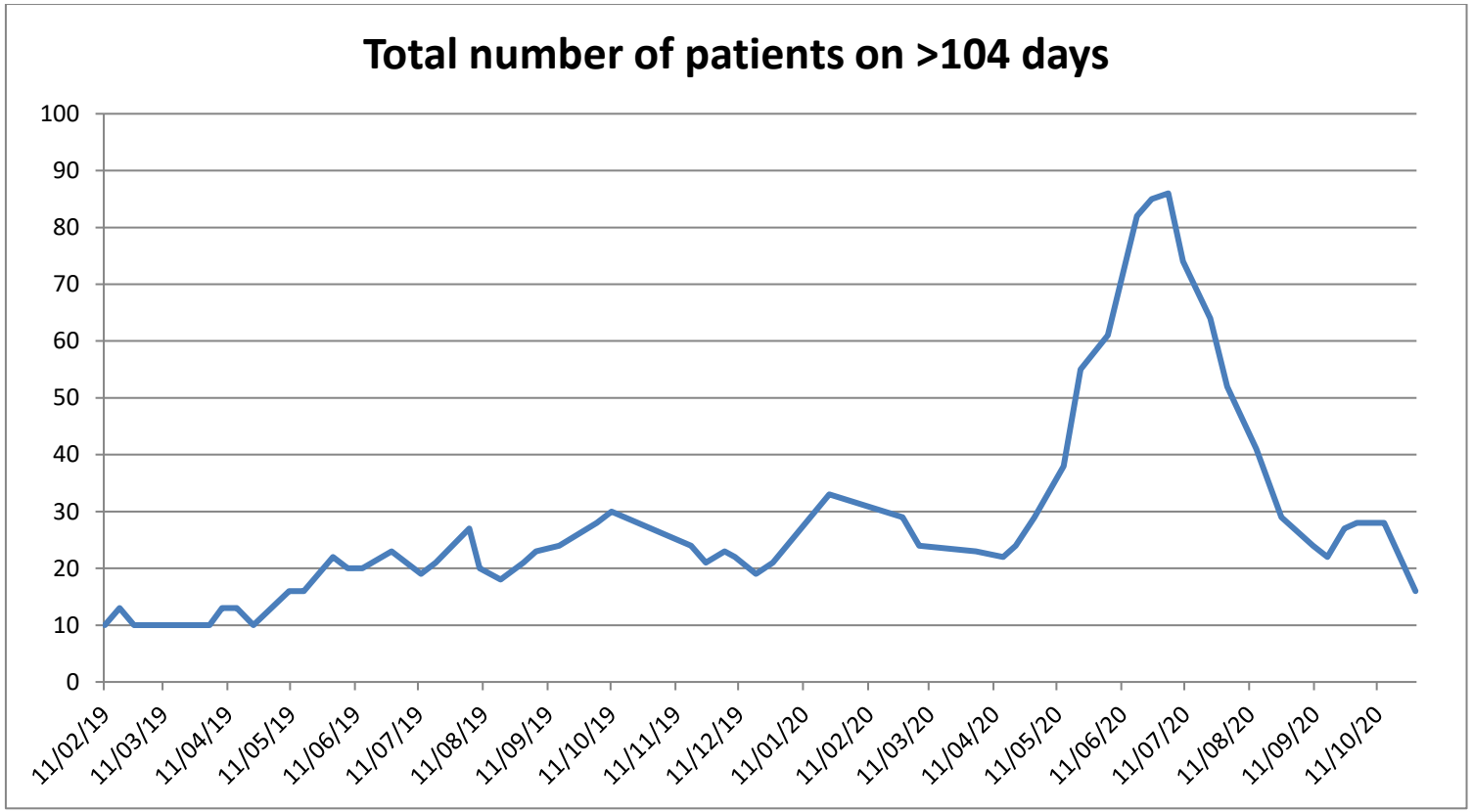
OUHFT and other referring providers.

3.5.6 **Surgical cancer treatments April 19-Sept20. The red line represents Oxfordshire patients and the blue line represents referrals from other trusts.**



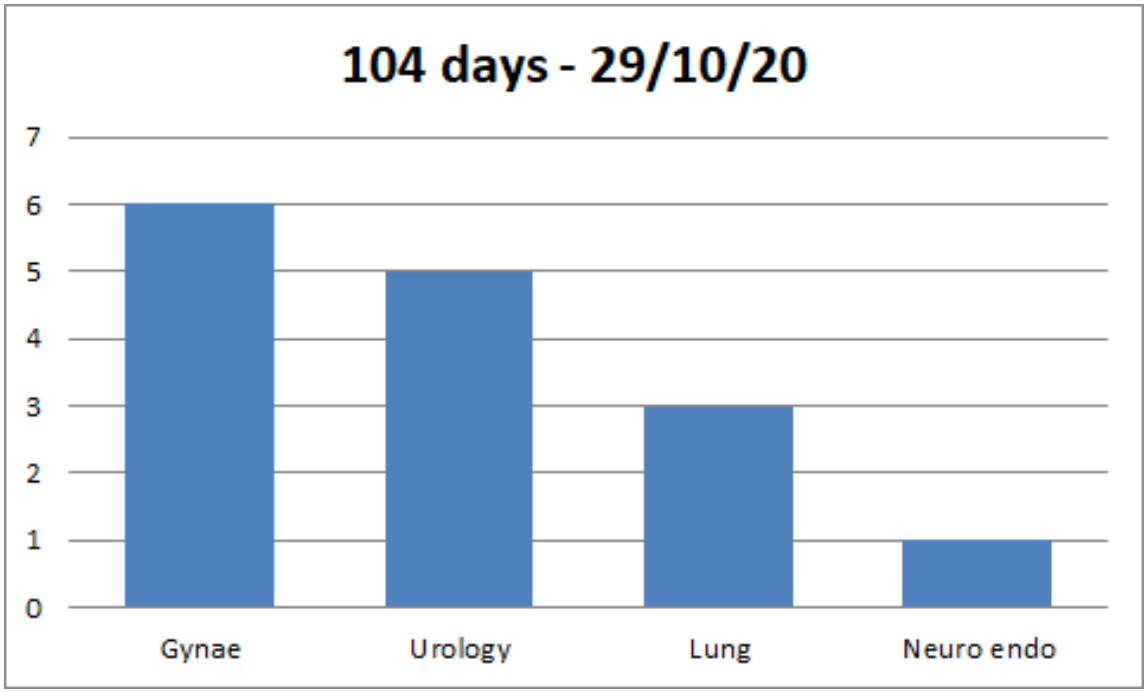
3.5.7 **Patients waiting over 104 days for diagnosis** and **treatment:** The impact on patients waiting over 104 days for diagnosis and treatment as a result of the pandemic is visible in the table below. This included a high proportion of patients with suspected cancer who had investigations deferred in accordance with national risk versus benefit guidance. OUH have worked hard to reduce these numbers as quickly as possible by adopting additional measures; for example the introduction of weekly clinical reviews of patients and this is reflected in the steady reduction.

3.5.8 Clinical harm reviews are completed for those confirmed with cancer once treatment has commenced by the treating consultant and signed off by the Cancer Clinical Lead. No evidence of harm has currently been identified in those patients reviewed during Quarter 1 and Quarter 2.



The current breakdown (29/10/2020) of the 104 day total is shown by tumour site.

Patients >104 days who are untreated = 16 Confirmed cancer = 6 Suspected cancer = 10



3.5.9 As part of the Thames Valley Cancer Alliance (TVCA), OUHFT have contributed significantly to the overall reduction of the 104+ day position. At its peak, at the end of June, OUHFT recorded a position in excess of 80 patients in the 104+ day position alone. Dedicated focus has seen this position continue to decrease into November 2020.

3.5.10 The table below provides an overview of the national position, broken down to Alliance level. At its peak the TVCA was recording a position of 417 patients in the 104+ day backlog. At Trust level for the same reporting period, OUH had reduced the number of patients waiting over 104 days to 16.

3.5.11 **Backlog overview by Cancer Alliance – w/e 29/10/2020**

Region	Cancer Alliance	>62 days					>104 days		
		Number	Number added in last week	Number removed in last week	Overall % change in last week	% change since w/e 15th March	Number	Overall % change in last week	% change since w/e 15th March
	1. England	17,472	4,194	3,868	+2%	56%	4,274	+1%	60%
East of England	3. East England (North)	1,226	302	250	+4%	57%	315	+6%	41%
	4. East England (South)	725	176	197	-3%	56%	148	-3%	25%
London	6. North Central London	620	123	141	-3%	83%	114	-12%	153%
	7. North East London	737	131	201	-9%	36%	241	-4%	121%
	8. North West & South West London	1,381	312	317	-0.4%	38%	397	-8%	90%
	9. South East London	590	125	118	+1%	20%	175	-3%	18%
Midlands	11. East Midlands	800	195	240	-5%	36%	151	-13%	0%
	12. West Midlands	2,214	588	593	-0.2%	38%	525	+4%	35%
North East & Yorkshire	14. Humber, Coast & Vale	608	142	60	+50%*	70%	160	+28%*	33%
	15. North East & Cumbria	1,048	289	308	-2%	54%	244	-5%	47%
	16. South Yorkshire & Bassetlaw	693	179	176	+0.4%	169%	178	-5%	158%
	17. West Yorkshire	615	124	13	+22%*	128%	153	+68%*	151%
North West	19. Cheshire & Merseyside	981	225	246	-2%	152%	277	-1%	183%
	20. Greater Manchester	1,397	329	-90	+43%*	150%	342	+38%	180%
	21. Lancashire & South Cumbria	406	104	114	-2%	54%	110	-7%	96%
South East	23. Kent & Medway	249	70	83	-5%	-25%	34	-17%	-21%
	24. Surrey & Sussex	1,170	248	373	-10%	231%	330	-16%	385%
	25. Thames Valley	314	90	171	-21%*	-22%**	59	-26%	-42%**
	26. Wessex	509	134	134	0%	45%	59	-11%	-39%
South West	28. Peninsula	258	78	78	0%*	-43%**	30	-6%*	-77%*
	29. SWAG	931	230	265	-4%	35%	205	-2%	38%

3.5.12 As we move into COVID-19 Wave 2, the OUHFT and its cancer services are prepared to instigate the significant learning from Wave 1 of COVID-19 to mitigate the impact to patients being diagnosed and treated on cancer pathways. OUHFT in partnership with TVCA are focused on ensuring that the public continue to present with signs and symptoms of cancer, with a dedicated public awareness focus on harder to reach groups with prostate and lung cancer symptoms.

3.5.13 A TVCA system wide plan to ensure cancer diagnostics and treatment can be maintained across Oxfordshire and the wider Thames Valley has been developed to ensure COVID-19 secure pathways are in place and where necessary mutual aid can be achieved across COVID-19 secure sites. The clinical and operational leadership of Oxfordshire health system have been instrumental in developing this plan with the Churchill site at OUHFT described as one of the South Easts' COVID-19 secure cancer hubs.

4. OUHFT Elective Position update

4.1 Elective Position Update October 2020 (Month 7)

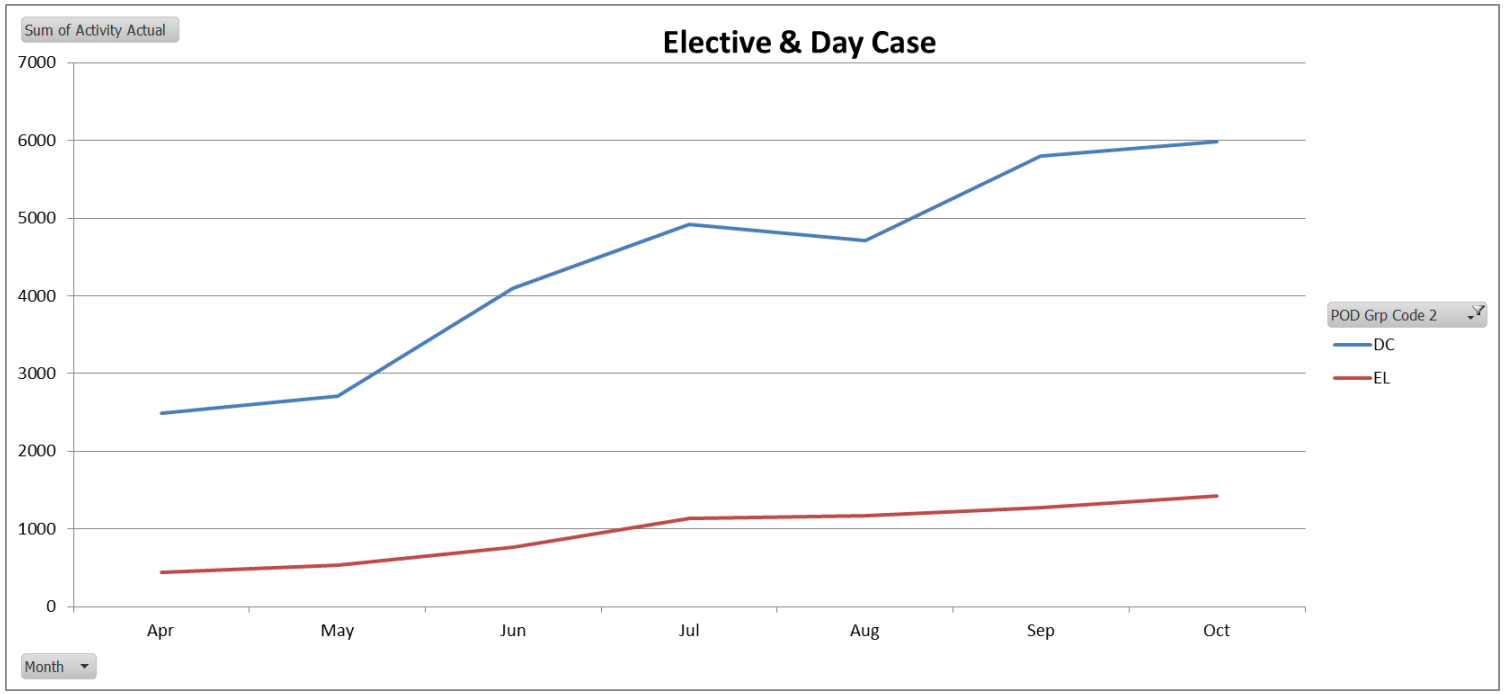
SLAM[1] activity represented below is taken from a provisional Month 7 position.

OUHFT has continued to recover its elective position since the onset of COVID-19 Wave 1. The charts below evidence an increase in activity during this period.

Elective & Day Case activity April to October 2020:

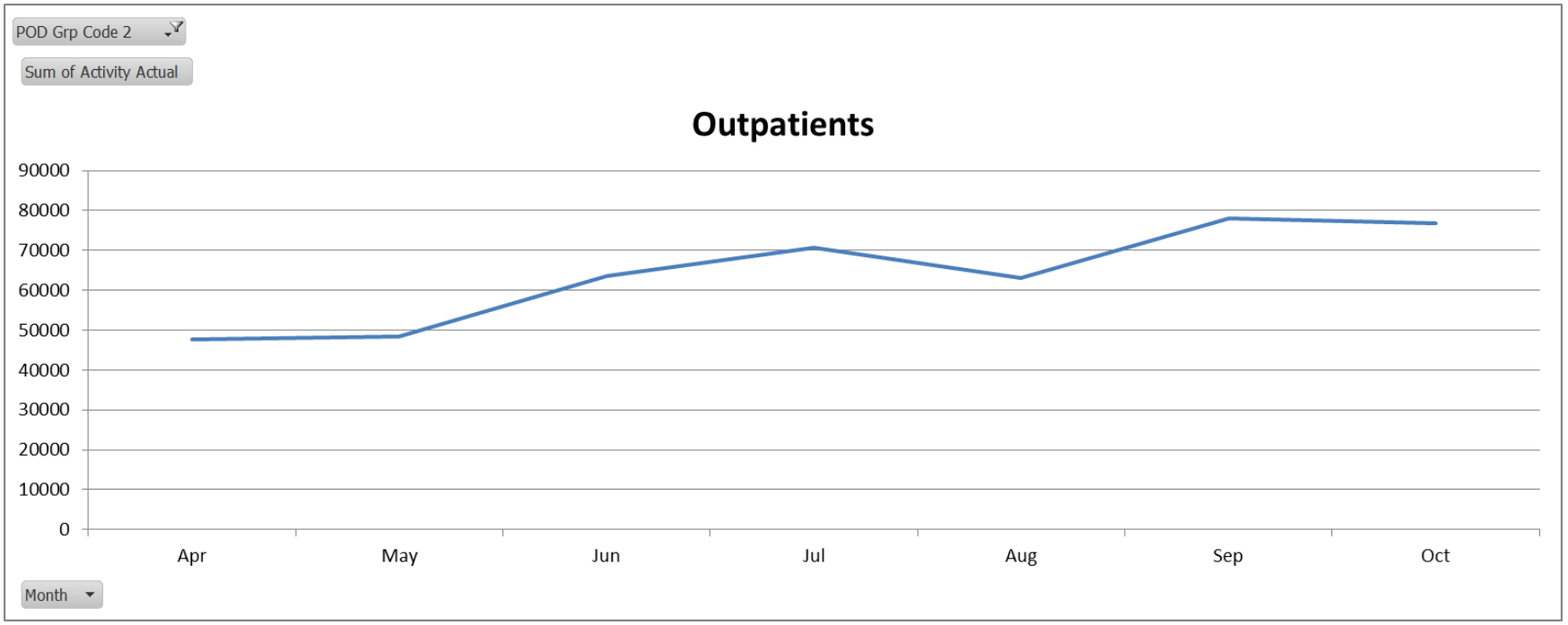
Sum of Activity Actual	POD	
Month	DC	EL
Apr	2492	438
May	2714	533
Jun	4104	768
Jul	4926	1140
Aug	4711	1169
Sep	5799	1271
Oct	5982	1430

[1] Service Level Agreement Monitoring (SLAM) data contains all activity data



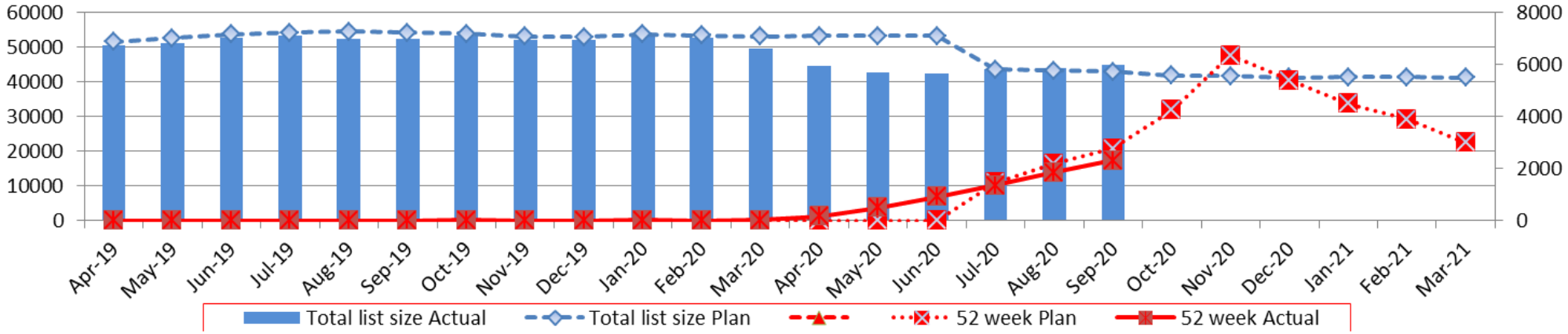
Outpatient Activity April to October 2020:

POD Grp Code 2	Outpatients
Month	**Sum of Activity Actual**
Apr	47718
May	48336
Jun	63555
Jul	70779
Aug	63180
Sep	77948
Oct	76875


POD Grp Code 2
Sum of Activity Actual
Outpatients
90000
80000
70000
60000
50000
40000
30000
20000
10000
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Month

4.2 Elective Care September (Month 6)

4.2.1 Both Total Waiting List Size increased and the number of 52 week waiters continues to increase in September as the profile of the waiting list ages.



4.2.2 Trust performance against the overall **18-week incomplete** Referral to Treatment (**RTT) standard** was **59.21%** in September**,** an improvement from the **50.43%** reported in August.

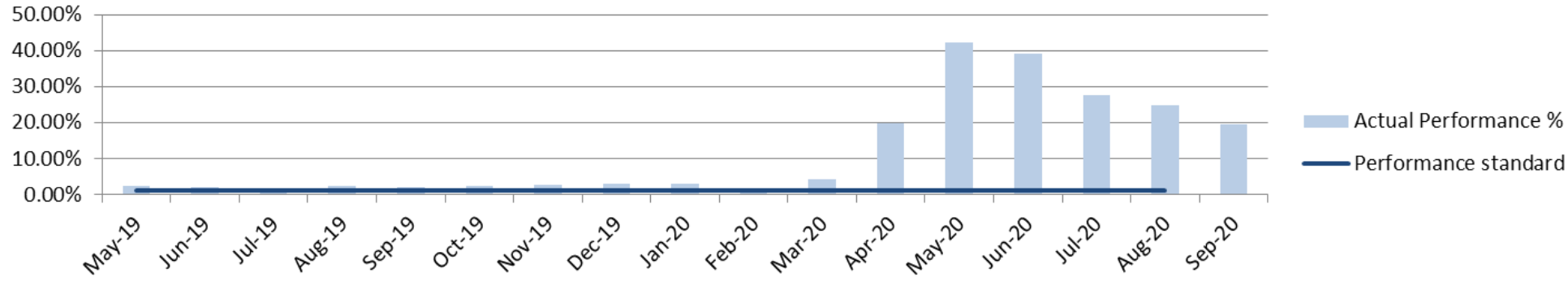
4.2.3 The **total waiting list size for September is 44,900,** an increase of 827 pathways on the previous month.

4.2.4 **52 week wait position month 6:** There were **2,321** patients waiting over 52 weeks for first definitive treatment at the end of September 20, this represents an increase of **458** patients when compared to previous months performance position. The Trust met its Phase 3 52 week waiting time trajectory for September (2,772), and is currently on track to meet 52 week trajectory in October 2020.

4.2.5 There are **7,169** patients waiting **over 40 weeks** in September 2020 which represents an **increase** of 826 patients when compared with previous month. The number of patients waiting over 26 weeks reduced to 16,843 patients (a decrease of 1,044 patients compared to previous month)

4.2.6 **Clinical Harm Reviews:** The Patient Safety team has oversight of the Clinical Harm Review process for which the clinical Divisions are responsible. The Harm Review process is being further reviewed alongside the requirement of the national clinical review programme to report against the clinical prioritisation cohorts.

4.2.7 COVID-19 pressures have impacted the OUHFT diagnostic waiting times, but an improving trend is seen **% patients waiting over 6 weeks for a diagnostic procedure**



5. What have we learnt so far from patients and the public around changes made during COVID-19?

5.1 In response to COVID-19 health and social care organisations have made rapid changes to how services are accessed and delivered. Many of the changes have been intended to reduce the face-to-face contact which in turn reduces the risk of spreading the infection. Changes have included introducing telephone triage so that GP practices talk to all patients over the phone first. Many are then provided with the advice and care they need without needing to visit the practice. For patients with the relevant technology, appointments have been available using video conferencing so that they can see, as well as speak to the doctor. Some services were stopped for a period of time. This included some screening and routine referrals for hospital care. These services have re-started but the way they are delivered may be different than before.

5.2 By necessity, these changes were introduced rapidly, following national guidelines, to best protect patients and health and care staff. The urgent need for action and new ways of working allowed little time or opportunity to engage with the people affected by the changes, as would be the case in 'normal' times.

5.3 As services that were paused have restarted, albeit in the throes of a second COVID-19 wave, we want to gauge the impact of these changes and what we can learn from our experiences over the past few months. We are all keen to understand what could be successfully adopted as a way of working into the future and what barriers there are to implementing these changes for the longer term.

5.4 The Oxfordshire health and care system has continued to seek feedback from patients on their experience of services and of accessing them in new ways during the pandemic.

5.5 Oxford University NHS Foundation Trust continued to gather data on patient experience via email and SMS when use of paper forms was halted during the peak of the pandemic, while Oxford Health NHS Foundation Trust maintained FFT reporting for many services throughout the COVID-19 outbreak and has continued to investigate complaints.

5.6 During May 2020 Healthwatch Oxfordshire contacted all Patient Participation Groups (PPGs) in the county to hear how the COVID-19 pandemic had impacted on their activity. Of the 71 PPGs contacted, 18 completed the online survey. Five of the PPGs were still meeting. Most PPGs who responded (10) were still in touch with their surgery and six were still supporting their practice.

5.7 The themes highlighted by the PPG feedback included:

- 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.
- Existing patients who had been offered social prescribing are being telephone called by the Social Prescribing services on a regular basis; however new patients were receiving social prescribing
- PPG raised concerns about uncertainty and worry about the information on the pandemic outcomes, risks etc and that people are 'switching off' and not listening or indeed understanding all the information being published by Government and media.
- Concerns expressed about prescriptions and worry about going into hospital or approaching their GP for non COVID-19 symptoms.
- Some patients were not happy with Advance Care Planning calls and being asked wishes without prior warning.
- Responses from the PPGs that GPs have listened to them and made changes to their websites and produced newsletters for their patients explaining Covid-19.

5.8 OCCG has continued to receive and respond to concerns from patients, clinicians and the public about patient experience during the COVID-19 period, although there was a reduction in contacts received by the Patient Services team.

5.9 In addition, we have also analysed feedback from patients in primary care who used *eConsult*, an advice and online appointment system. *eConsult* is a form-based online consultation platform the collects a patient's medical or administrative request and sends it through to your GP practice to triage and decide on the right care for the patient.

2020	Number of eConsults submitted to practices	Number of Oxfordshire practices live with eConsult	Number times feedback left for those submitting a request to the practice	% all requests submitted leaving feedback	Number of times those leaving feedback answered the question - Were you satisfied with eConsult?	% of those leaving satisfied to previous question responding - very satisfied/fairly satisfied
April	10629	47-50 over the month	485	5%	408	84%
May	11320	52	583	5%	541	85%
June	9802	52	560	6%	463	83%
July	11805	52	585	5%	554	74%
Aug	14489	52	356	2%	263	74%
Sep	13265	52		0%		
Oct	17053	52	964	6%	657	68%

5.10 Overall the themes from the comments received in April 2020 were generally positive; reflecting the 84% of very satisfied or fairly satisfied responses. However, despite the high rate of satisfaction, 82 comments reflected concerns with the questionnaire element of the system and 33 comments related to the accessibility of the system. 20 comments stated that they preferred face-to-face contact, and 15 comments stated that they had not yet received a response from the service. 10 comments felt that their enquiry had not been resolved and eight felt the service was poor. In July 2020, 74% of comments were either very satisfied or fairly satisfied.

5.11 In October 2020, OCCG gathered together the feedback received by our providers and Healthwatch Oxfordshire during the course of the pandemic. The many different approaches in attempting to measure patient experience include the national drivers for patient experience and complaints i.e. the Friends and Family Test (FFT), NHS Complaints, the Care Quality Commission, the National Patient Survey programme and the Equality Act. Much of this activity is yet to return to the pre-COVID-19 levels.

5.12 The report on this analysis will be published next month on the OCCG's website: https://www.oxfordshireccg.nhs.uk/get-involved/talking-health.htm.

5.13 The key themes from all this feedback data will be taken forward to underpin a more in-depth period of engagement which OCCG, in partnership with providers, this will be undertaken over the coming months.

5.14 We recognise that while it is relatively straightforward to reach out to patients who are digitally enabled, there are still many people across Oxfordshire who for a variety of reasons cannot access online services: deprivation, disability, age, language barriers. Our aim is to try to connect with these groups to find out how they are experiencing service changes and how we can move forward so these groups are not disadvantaged or excluded. At the same time, our engagement needs to be compliant with the restrictions related to COVID-19 and so there will be no face to face meetings or focus groups set up.

5.15 OCCG is working with Healthwatch Oxfordshire and two co-production champions to develop the engagement materials including a questionnaire and toolkit. The purpose of the toolkit is to encourage household groups and families (and community groups when possible) to have discussions using a key set of questions and feedback to us. In addition, we are also commissioning Healthwatch to undertaken telephone interviews and undertake some outreach work with BAME communities and with isolated and vulnerable people.

OXFORDSHIRE SYSTEM
Winter Plan
2020-21

OXFORDSHIRE COUNTY COUNCIL

Oxford Health NHS Foundation Trust

South Central Ambulance Service NHS Foundation Trust

Oxford University Hospitals NHS Foundation Trust

Oxfordshire Clinical Commissioning Group

Oxfordshire age UK

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

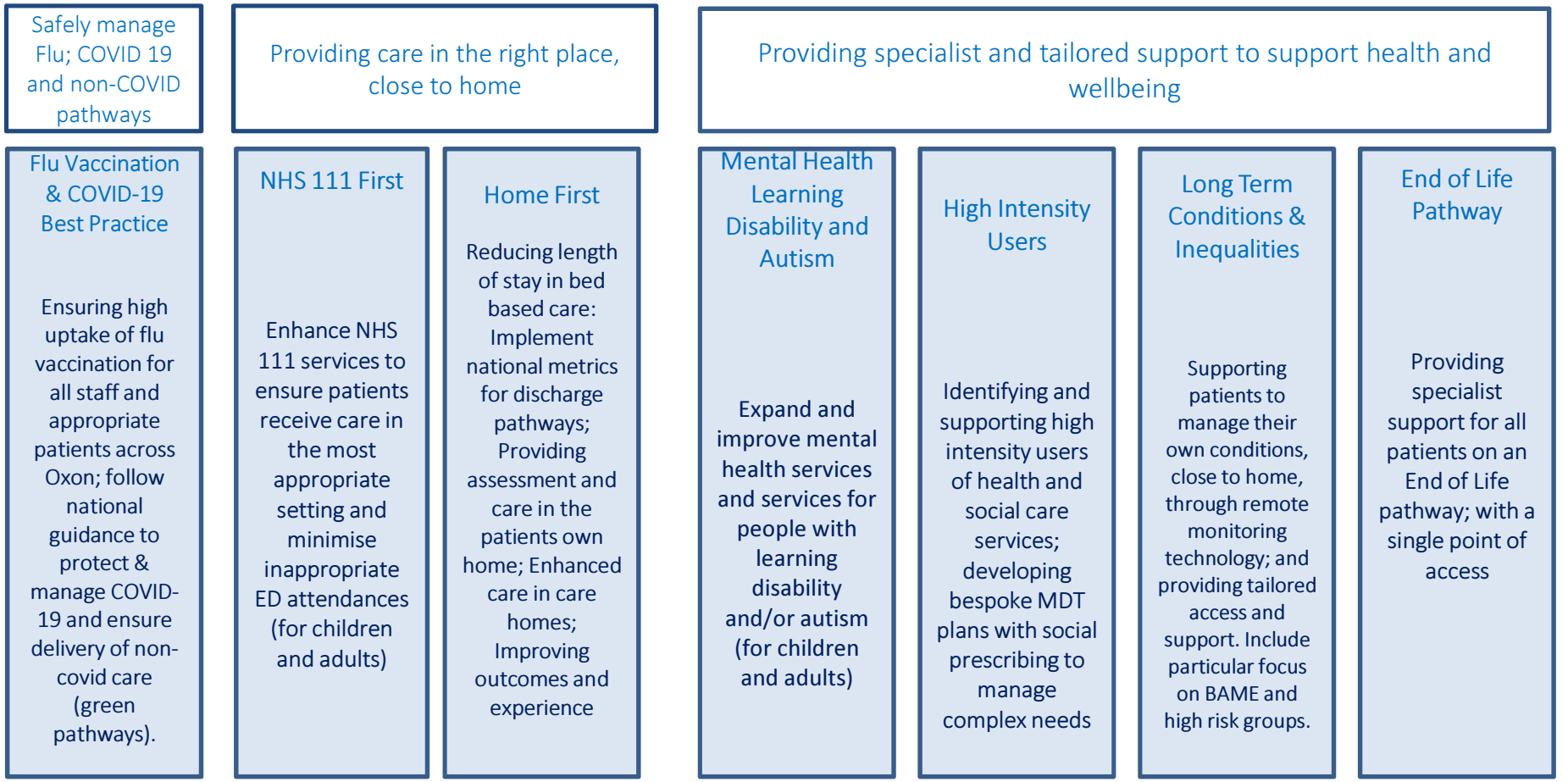
6. Acute Care – Embedding learning about a) how to cohort patients across ED, wards and intensive care settings; b) escalation levels to respond to changing shape of pandemic c) how to safely maintain non-COVID-19 care and green pathways; d) how to safely protect, support and redeploy staff to meet demand

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:



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.

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

OXFORDSHIRE COUNTY COUNCIL

Oxford Health NHS Foundation Trust

South Central Ambulance Service NHS Foundation Trust

Oxford University Hospitals NHS Foundation Trust

Oxfordshire age UK

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	£31.4k	NHSI/E	NHSP		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.
		OH	£26.1k		PO		
		OCC	£14.7k		PO		
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 COVID-19 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.

Oxfordshire County Council
Adult Social Care
Winter Plan 2020-21

Report by the Corporate Director of Adults and Housing

Background

This winter is likely to place unique pressures on the health and care system. COVID-19 will be co-circulating with seasonal flu and other viruses, and transmission may increase over the winter period. In addition, there are longstanding ongoing local factors including an ageing population and increasing numbers of people with a long term health condition which means that demand for both health and social care is increasing. Even without Covid these pressures typically increase during winter months.

As a result, the government has created a national Covid-19 Winter Plan. It sets out the key elements of national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations and social care providers, including in the voluntary and community sector.

The Covid-19 Winter Plan sets out an expectation that Local Authorities must put in place their own local winter plans for Adult Social Care and write to DHSC to confirm they have done this by 31 October 2020. It states that local winter plans must incorporate the recommendations set out in the national Covid-19 winter plan.

In summary Local Authorities should:

- Work with NHS colleagues to ensure primary and community services are supporting local providers, as well as social care services and voluntary organisations to ensure people can access the help and support they need.
- Ensure providers are kept up to date with the local guidance and there is weekly communication from the Director of Adult Social Services and Director of Public Health.
- Maintain oversight of the care home support plan, ensuring providers are well supported to prevent infection outbreaks in care settings.
- Act as lead commissioners for those discharged from hospital using the Treasury/NHS money, unless otherwise agreed.
- Remain responsible for providing alternative accommodation in the event that a care home is unable to cope with the impact of the person's COVID-19 illness safely.

- Distribute funding made available through the extension of the Infection Control Fund to the sector as quickly as possible, and report on how funding is being used, in line with the grant conditions
- Continue to put co-production at the heart of decision-making, involving people who receive health and care services, their families, and carers.
- Ensure providers are aware of the suite of national offers available to support with staff recruitment, induction, training and wellbeing.

The Oxfordshire ASC Winter Plan Gap Analysis

A template document has been produced which allows local authorities to compare the requirements set out in the national winter plan compared to what's happening locally. The template asks authorities to highlight any gaps and set out what actions they intend to take to fill those gaps.

The actions set out in the template align to five key themes which are:

- Theme A - Overarching work
- Theme B - Preventing & controlling the spread of infection in care settings
- Theme C - Collaboration across health & care services
- Theme D - Supporting people who receive social care, the workforce and carers
- Theme E – Supporting the system

In drafting Oxfordshire's response to the winter plan, we have sought input from colleagues across commissioning, operational social care, public health and the NHS.

Whilst there is no requirement to formally submit the Winter Plan template, it has proven to be a useful analysis of the current position in Oxfordshire. The template demonstrates the considerable amount of collaborative work that has already taken place across the system in response to the Covid-19 pandemic.

As a result, many of the actions set out in the plan are either complete or well under way as part of local plans and where there are gaps, there are plans in place to close these.

Monitoring and Review

Performance of the Oxfordshire system is kept under review on a daily basis via a system call chaired by the Corporate Director of Adults and Housing. This focuses on patient flow and service capacity and provides the earliest indication of emerging challenges, and the earliest opportunity for corrective action.

Regular review of system pressures are also undertaken by the Urgent Care Delivery Group and the A&E Delivery Board also provide system oversight of whole system management.

Adult Social Care DLT meetings will provide the ongoing focus on winter pressures, performance and business continuity arrangements.

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Adult Social Care Winter Plan

2020 – 2021

Gap analysis on current state and implementation

Actions and requirements

v1

KEY: Y = FULLY MET N = ONLY PARTIALLY MET, GAPS TO ADDRESS

THEME A: OVERARCHING WORK

1. OVERARCHING ACTIONS FOR LOCAL AUTHORITIES AND NHS ORGANISATIONS						
Ref.	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**HOW TO CLOSE THE GAP**	**WHO'S THE LEAD?**	**BY WHEN?**
1.1	Local authorities and NHS organisations should continue to put co-production at the heart of decision-making, involving people who receive health and care services, their families, and carers	Co-production forms an integral part of the Adult Social Care approach, led by the designated Co-production Team who are supporting the delivery of the approach.	Y		Director of Adult Social Care	
1.2	Local authorities and NHS organisations should continue to recognise the importance of including care provider representatives in local decision-making fora, ensuring they are involved throughout	Oxfordshire has two care provider associations. Weekly meetings are in place to link with these associations, and representation is included in specific workstreams, including the weekly Care Home Cell, the Learning Disability Provider Forum, and the Day Services Provider Group. Alongside this we have meeting with Home Care providers to consider Winter Plan measures that are also attended by both care providers and care association representatives. All actions to continue	Y		Deputy Director, Commissioning	

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1.3	Local authorities must put in place their own winter plans, building on existing planning, including local outbreak plans, in the context of planning for the end of the transition period, and write to DHSC to confirm they have done this by 31 October 2020. These winter plans should incorporate the recommendations set out in this document. NHS and voluntary and community sector organisations should be involved in the development of the plans where possible	The Adult Social Care winter plan and winter actions are in place.	N	Plan to be finalised and agreed in order for assurance to be provided to DHSC. NHS and third sector involvement to be provided.	Director of Adult Social Care	31st October
1.4	Local authorities and NHS organisations should continue to address inequalities locally, involving people with lived experience wherever possible, and consider these issues throughout the implementation of this winter plan	Addressing inequalities is a key priority for the council on a corporate level as well as for Adult Social Care. Co-production is at the heart of Adult Social Care in Oxfordshire. The Co-production Team-up board seeks to work with a diverse group of people to ensure their voice is heard when developing new services and in response to changes made due to Covid. We work closely with the Oxfordshire Family Support	Y		Director of Adult Social Care	Ongoing

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		Network to support families of people with learning disabilities through independent information, advice and training, and to ensure that their voices are heard by those who provide services. Addressing inequality will continue to be a key priority.				
1.5	Local authorities must distribute funding made available through the extension of the Infection Control Fund to the sector as quickly as possible, and report on how funding is being used, in line with the grant conditions	The first round of Infection Control Funding has been allocated. Confirmation regarding the second-round criteria is imminently expected.	N	Communication issued to providers with first round of funding. Second round of funding being issued to providers.	Director of Adult Social Care	29th October December 2020
1.6	Local authorities must continue to implement relevant guidance and promote guidance to all social care providers, making clear what it means for them	All communication is issued to providers on a regular basis via the Council's Provider Hub and dedicated email address. The dedicated Coronavirus support for providers webpage is updated on an ongoing basis. All communication is shared with provider associations.	N	Revised and updated guidance to be communicated with providers on an ongoing basis.	Deputy Director, Commissioning	Ongoing
1.7	Local systems should continue to take appropriate actions to treat and investigate cases of COVID-	All cases within care homes are reported. Local lists of outbreaks are maintained with same day clinical follow up	Y		Director for Adult Social Care	

	19, including those set out in the contain framework and COVID-19 testing strategy. This includes hospitals continuing to test people on discharge to a care home and Public Health England local health protection teams continuing to arrange for testing of whole care homes with outbreaks of the virus	regarding infection control and outbreak management. All hospital discharges to care homes are tested. Care homes are advised to report any non-compliance with this via OUHFT, OCC and the capacity tracker. There have been no instances of this since the testing requirement was introduced. Pillar 2 testing is in place, some delays are reported in test results being received.				
1.8	Local authorities should ensure, as far as possible, that care providers carry out testing as set out in the testing strategy and, together with NHS organisations, provide local support for testing in adult social care if needed	All staff and care home residents are offered tests as per the national testing strategy. All hospital discharges to care homes are tested. Care homes are advised to report any non-compliance with this via OUHFT, OCC and the capacity tracker. There have been no instances of this since the testing requirement was introduced. Pillar 2 testing is in place, some delays are reported in test results being received which is beyond the control of local system.	Y		Director for Adult Social Care	

1.9	Local authorities should provide free PPE to care providers ineligible for the PPE portal, when required (including for personal assistants), either through their LRF (if it is continuing to distribute PPE) or directly until March 2021	The Thames Valley LRF has 'stood down' for the time being so Oxfordshire County Council is maintaining its existing contact points, stock control and distribution systems to other relevant services e.g. • Local authorities (including children and adult social care workers) • Mental health community care • Personal assistants (LA, CCG commissioned, personal health budgets) • Domestic violence refuges • Rough sleeping services • All education (and childcare) services (full details tbc by DoE as it is undertaking some demand modelling) Dedicated provider hub email address and team, for PPE requests to be submitted. OCC infrastructure enabling local supply of PPE.	N	Continued mapping of Personal Assistants and promotion of service to ensure that all are aware of PPE availability.	Director for Adult Social Care	Ongoing
1.10	Local authorities and NHS organisations should work together, along with care providers and voluntary and community sector organisations, to encourage	Oxfordshire's flu plan has been designed by all system partners, including the communication strategy which is underway.	N	Local monitoring of uptake is in development, prior to national monitoring via the capacity tracker.	Director for Adult Social Care	31st October

	those who are eligible for a free flu vaccine to access one			Remedial action to be taken to support providers where uptake is low.		
1.11	Local authorities should work with social care services to re-open safely, in particular, day services or respite services. Where people who use those services can no longer access them in a way that meets their needs, local authorities should work with them to identify alternative arrangements	Adult Services has established a fortnightly Day Services meeting to work with the care sector and provide mutual support to help reopening. Care providers are offering alternative to building based services such as outreach when appropriate and safe to do so. Any issues arising from this in terms of operational and service user safety are escalated to the Council as appropriate. These actions to continue.	Y		Deputy Director, Commissioning	
1.12	Local authority directors of public health should give a regular assessment of whether visiting care homes is likely to be appropriate within their local authority, or within local wards, taking into account the wider risk environment and immediately move to stop visiting if an area becomes an 'area of intervention', except in exceptional circumstances such as end of life	Infection levels are monitored on an ongoing basis, including weekly review of care home outbreaks. Guidance for care homes regarding visiting arrangements has been drafted and is ready for circulation.	N	This item is a standing item for discussion at the weekly care home cell, allowing for weekly and ongoing review of the local position.	Director for Public Health.	Ongoing

THEME B: PREVENTING & CONTROLLING THE SPREAD OF INFECTION IN CARE SETTINGS

3. PREVENTING AND CONTROLLING THE SPREAD OF INFECTION IN CARE SETTINGS (LOCAL AUTHORITES & NHS)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**HOW TO CLOSE THE GAP**	**WHO'S THE LEAD?**	**BY WHEN?**
3.1	Continue to implement relevant guidance and circulate and promote guidance to adult social care providers in their area, including for visitors	All communication is issued to providers on a regular basis via the Council's Provider Hub and dedicated email address. The dedicated Coronavirus support for providers webpage is updated on an ongoing basis. All communication is shared with provider associations.	N	Revised and updated guidance to be communicated with providers on an ongoing basis	Deputy Director, Commissioning	Ongoing
3.2	Directors of public health should work with relevant partners including Public Health England and local health protection boards to control local outbreaks and should refer to the contain framework	The Director of Public Health works closely with all relevant partners through the Covid-19 Health Protection Board which he personally chairs. The Board is responsible for strategic oversight of Covid-19 in Oxfordshire, including prevention, surveillance, planning and response. The Board is also supported by a Multi-agency Operational Cell (MOAC) with various workstreams specific to COVID outbreak prevention and control. In addition the board works in collaboration with Oxfordshire system wide	Y		Director of Public Health	

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		recovery coordination group (Gold), linked to the Thames Valley Local Resilience Forum and the Oxfordshire System Leadership Group to ensure political oversight and public accountability. Public Health England are key partners in all these processes.				
3.3	Support care homes, working with local partners to carry out learning reviews after each outbreak to identify and share any lessons learned at local, regional and national levels.	All local outbreaks are reviewed by the Care Home Support Service.	N	Learning from outbreaks to be compiled in overarching document. Regional and national learning to take place via ADASS and BCF links.	Deputy Director, Commissioning	31st October 30th November

5. MANAGING STAFF MOVEMENT (LOCAL AUTHORITIES AND NHS)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**HOW TO CLOSE THE GAP**	**WHO'S THE LEAD?**	**BY WHEN?**
5.1	Distribute money from the Infection Control Fund, and submit returns on how the funding has been used in line with the grant conditions	The first round of Infection Control Funding has been allocated. Confirmation regarding the second round criteria is imminently expected.	N	Communication issued to providers with first round of funding. Second round of funding issued to providers.	Director for Adult Social Care	29th October December 2020
5.2	Consult the guidance available on redeploying staff and managing their movement, and support	Guidance is available to care providers on this issue. The weekly call involving the Care Association has been	N	Regular communication and discussion with individual providers to continue.	Deputy Director, Commissioning	Guidance is available to care providers on this issue.

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	providers in their area to access other initiatives – for example Bringing Back Staff	supported since its inception by a representative from Public Health. There are opportunities to discuss and advise and consider solutions as a wider group. The initiative is also supported through requirements and conditions laid down as part of the Infection Control Fund (Round 2) Regular reviews of Capacity Tracker to identify and support care providers experiencing workforce challenges.				The weekly call involving the Care Association has been supported since its inception by a representative from Public Health. There are opportunities to discuss and advise and consider solutions as a wider group. The initiative is also supported through requirements and conditions laid down as part of the Infection Control Fund (Round 2) Regular reviews of Capacity Tracker to identify and

						support care providers experiencing workforce challenges.
5.3	Continue to review contingency arrangements to help manage staffing shortages, within social care provision, through the winter, with the aim of reducing the need for staff movement	Contingency arrangements remain in place. These include: - Local agencies - Mutual aid with neighbouring authorities - Local system partners	N	To be reviewed in line with the system workforce resilience plan.	Deputy Director, Commissioning	29th October
5.4	Provide clear communication to social care providers regarding the importance of implementing workforce measures to limit COVID-19 infection, signpost relevant guidance, and encourage providers to make use of additional funding where appropriate,	All communication is issued to providers on a regular basis via the Council's Provider Hub and dedicated email address. The dedicated Coronavirus support for providers webpage is updated on an ongoing basis. All communication is shared with provider associations	N	Revised and updated guidance to be communicated with providers on an ongoing basis.	Deputy Director, Commissioning	Ongoing
5.5	Actively monitor Capacity Tracker data to identify and act on emerging concerns regarding staff movement between care settings, including following up with care providers who are not limiting staff movement	Weekly review with direct follow up with providers who are reporting issues.	Y		Director of Adult Social Care	

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7. PPE (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
7.1	Provide PPE for COVID-19 needs (as recommended by COVID-19 PPE guidance) when required, either through the LRF (if in an area where they are continuing PPE distribution), or directly to providers (if in an area where the LRF has ceased distribution)	The Thames Valley LRF has 'stood down' for the time being so Oxfordshire County Council is maintaining its existing contact points, stock control and distribution systems to other relevant services e.g. • Local authorities (including children and adult social care workers) • Mental health community care • Personal assistants (LA, CCG commissioned, personal health budgets) • Domestic violence refuges • Rough sleeping services • All education (and childcare) services (full details tbc by DoE as it is undertaking some demand modelling) Dedicated provider hub email address and team, for PPE requests to be submitted. OCC	N	Continued mapping of Personal Assistants and promotion of service to ensure that all are aware of PPE availability.	Deputy Director, Commissioning	Ongoing

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		infrastructure enabling local supply of PPE.				
7.2	Report shortages to the LRF or to DHSC	There are established lines of communication to do this. Any shortages are identified through feedback from providers, and from assessing the demand that is coming through in terms of requests for additional PPE support. Weekly circulars requesting orders are sent out to care providers and any responses are scrutinised for themes. Arrangements to continue	Y		Deputy Director, Commissioning	

9. COVID-19 TESTING (LOCAL AUTHORITIES, NHS & PH)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
9.1	Ensure positive cases are identified promptly, make sure care providers, as far as possible, carry out testing as per the testing strategy and together with NHS organisations, provide local support for testing in adult social care, if needed	As far as possible we carry out testing as per the testing strategy. Cases of COVID-19 in care settings are notified to the Public Health team and the to the Adult Social Care Commissioning team on a daily basis. Care homes with	Y		Director for Public Health	

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		cases of COVID receive appropriate advice and support from our local health protection team. The ASC commissioning team follow up on all outbreaks by contacting the care home and monitor the situation through the system tracker. Local lists of outbreaks are maintained with same day clinical follow up regarding infection control and outbreak management. We are in the process of appointing an infection control specialist to provide additional infection control support to care homes during the winter period and possibly beyond.				
9.2	Actively monitor their local testing data to identify and act on emerging concerns, including following up with care homes that are not undertaking regular testing, as per the guidance	The Public Health team is actively monitoring: • Daily notification by PHE of outbreaks of COVID-19 in care settings and dissemination of information to ASC commissioning team for further follow-up and support • Local lists of outbreaks are maintained with same day clinical follow up regarding infection control	Y		Director for Public Health	

		and outbreak management. We monitor the following data on a regular basis: • P1 and P2 testing data and positivity rates on a regular basis. • Number and rates by upper and lower level LAs and cluster of cases by LSOA. • Breakdown of cases by age group • PHE notifications of coincidence or high risk settings • daily exceedance reports from PHE that show if an area is potentially higher than expected based on the model • NHS containment dashboard				
9.3	PHE Health Protection Teams (HPTs) should: • continue to deliver their testing responsibilities, as outlined in the testing strategy. This includes continuing to arrange testing for	All staff and care home residents are offered tests as per national testing strategy. All hospital discharges to care homes are tested. Care homes are advised to report any non-compliance with this via OUHFT, OCC and the capacity tracker. There have been no	Y		Director for Public Health	

	outbreaks in care homes and other adult social care settings, as appropriate	instances of this since the testing requirement was introduced. Pillar 2 testing is in place, some delays are reported in test results being received which is beyond the control of local system				
9.4	PHE Health Protection Teams (HPTs) should: • advise care homes on outbreak testing and infection prevention and control measures	The local health protection team works closely with the Oxfordshire Health Protection Board, the Multi-agency Operational Cell and the various subgroups including the Social Care Bronze Cell and appropriate advice and support is provided on a regular basis. In addition, webinars for providers are organised with input from the Health Protection team.	Y		Director for Public Health	

11. SEASONAL FLU (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
11.1	Support communications campaigns encouraging eligible staff and people who	System flu plan has been developed with all system partners, including communication strategy.	Y		Director for Adult Social Care	

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	receive care to receive a free flu vaccine					
11.2	Direct providers to local vaccination venues	Providers have received all appropriate information and guidance with regard to flu vaccinations and we will continue to monitor of the Capacity Tracker to ensure compliance	Y		Director of Adult Social Care	
11.3	Work with local NHS partners to facilitate and encourage the delivery of flu vaccines to social care staff and residents in care homes	The delivery of flu vaccine in care homes is prioritised by the Oxfordshire System. All care home residents and staff have been encouraged to have the vaccination and we will continue to do this. Care homes are also required to update the Capacity Tracker weekly with numbers of staff and residents who have been vaccinated. We will continue to monitor of the Capacity Tracker to ensure compliance	Y		Director of Adult Social Care	
11.4	GPs and pharmacists will coordinate and deliver vaccinations to recipients of care and staff, alongside care providers' existing occupational health programmes (below), and should consider how best to ensure maximum uptake,	All care home residents will receive their flu vaccination through their contracted GP. Care Home staff are eligible for vaccinations, but pharmacists have not been contracted by NHS-E to deliver this in care homes.	N	Nurses within Care Homes have been enabled to deliver vaccinations to staff members. This is being supported by the Care Home Support Service and Oxford Health who are creating bespoke solutions for staff.	Director of Adult Social Care	Ongoing

	including through delivering the vaccines in care homes.					

THEME C: COLLABORATION ACROSS HEALTH & CARE SERVICES

13. SAFE DISCHARGE FROM NHS SETTINGS AND PREVENTING AVOIDABLE ADMISSIONS (LOCAL AUTHORITIES & NHS)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
13.1	Local authorities and Clinical Commissioning Groups (CCGs) should work together to: jointly commission care packages for those discharged (including commissioning of care home beds). The local authority should be the lead commissioner unless otherwise agreed between the CCG and the local authority	This approach already exists in Oxfordshire and processes are consistently reviewed and improved to ensure effective pathways, system working and joint commissioning	Y		Director for Adult Social Care	
13.2	Local authorities and Clinical Commissioning Groups (CCGs) should work together to: establish an Executive Lead for the leadership and delivery of the discharge to assess model;	Oxfordshire's Homefirst approach – following the principles of discharge to assess – is led by the Director of Adult Social Care.	Y		Director of Adult Social Care	

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13.3	Local authorities and Clinical Commissioning Groups (CCGs) should work together to: establish efficient processes to manage CHC assessments in line with the guidance on the reintroduction of NHS continuing healthcare (as well as the discharge guidance), which includes extending the use of the Trusted Assessor Model and digital assessments	CHC and Social care are actively sharing the list of people who are in need of assessment. Care Act Assessments will run alongside the DST to enable swift transfer to correct funding stream. Digital assessments have been widely employed with the vast majority of assessments being completed via Microsoft Teams which has proven effective and able to involve the person fully in their assessment. Bottlenecks have been removed e.g. the blanket referrals previously sent for FNC payments are now managed via referral at point of admission to care home.	Y		Director of Adult Social Care	
13.4	Local authorities and Clinical Commissioning Groups (CCGs) should work together to: secure sufficient staff to rapidly complete deferred assessments, drawing on discharge funding but without negatively impacting on care home support	Temporary teams have been agreed to address those who are waiting for a CHC assessment in their ordinary nursing home as well as those who are waiting following a discharge from hospital during the emergency period. 3 additional Band 6's and a Band 7 nurse are being sourced 3 additional locum	N	The plan will fully meet the need however recruitment has been slower than anticipated with only 1 30-hour SW due to start on 19th. Interviews continue this week. In the meantime locality staff from adult social care or the hospital social care teams support with the continuation of DST's.	Director of Adult Social Care	December 2020

		Social Workers to support the DST's and accompanying CAA		The additional nursing team are now in place and are working with SW community teams to support the workload at present		
13.5	Local authorities and Clinical Commissioning Groups (CCGs) should work together to: work with partners to coordinate activity, with local and national voluntary sector organisations, to provide services and support to people requiring support around discharge from hospital and subsequent recovery	Third sector support is an integral part of the Homefirst hospital discharge approach. Funding from the system winter allocation is provided to support this.	Y		Director for Adult Social Care	
13.6	Hospital clinical and leadership teams should additionally ensure COVID-19 testing of all people being discharged from hospital to a care home. COVID-19 test results should always be communicated to the care home before the individual leaves the hospital (unless otherwise agreed with the care home) and be included in documentation that accompanies the person on discharge. Care homes have a right to refuse admission to residents and	All hospital discharges to care homes are tested. Care homes are advised to report any non-compliance with this via OUHFT, OCC and the capacity tracker. There have been no instances of this since the testing requirement was introduced.	Y		Director for Adult Social Care	

	should not accept admissions if they cannot safely cohort or isolate them. Where possible hospitals should plan 48 hours in advance of discharge to ensure test results are available and care homes have a chance to plan for a timely discharge.					
13.7	Local authorities additionally: are required to provide appropriate accommodation for people who have been discharged from hospital, if their care home cannot provide appropriate isolation or cohorting facilities, as set out in the Adult Social Care Action Plan. Every local authority should work with their respective CCG, to ensure that they have safe accommodation for people who have been discharged from hospital with a positive or inconclusive COVID-19 test result. Discharge funding has been made available via the NHS to cover the costs of providing alternative accommodation	A designated home has been identified, with sufficient nursing, care and therapy to enable safe transition from hospital back into the community. Additional sites have been identified to manage additional demand. A continual review of demand will allow for fast contracting of additional care home spaces.	Y		Director of Adult Social Care	

13.8	Local authorities additionally: should consider adopting the cohorting and zoning recommendations published by ADASS, working with providers. This should include ensuring early partnership discussions with providers, about the safety and feasibility of implementing these arrangements within their care homes	Care homes are enabled through the infection control fund to create cohorting and zoning within their homes. The council has worked with care homes to ensure these measure are able to be put in place within each home. Each care home is supported by the Care Home Support Service and has received training in Infection Prevention Control, donning and doffing of PPE and in barrier care. We will continue to monitor care homes through daily contact calls, through the capacity tracker and monthly audit of the infection control returns.	Y		Director of Adult Social Care	

21. SOCIAL PRESCRIBING (LOCAL AUTHORITIES AND NHS)						
REF	**REQUIREMENT**	**CURRENT /STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
21.1	Work closely with SPLWs to co-ordinate support for people identified by health and care professionals as most needing it, especially those impacted by health inequalities and autistic	The SPLWs network in Oxfordshire is broad and already embedded into a number of system meetings. During COVID-19 phase 1, the CCG lead commissioner for SPLWs sat on the joint	N	Ensure that a rep of SPLW network Oxon is present in decision making system meetings that discuss health prevention and health inequalities	Director of Adult Social Care	Ongoing

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	people and people with learning disabilities.	districts community hub working group, and members of the Joint community Resilience cell attended SPLW covid meetings.				

THEME D: SUPPORTING PEOPLE WHO RECEIVE SOCIAL CARE, THE WORKFORCE AND CARERS

23. SUPPORTING INDEPENDENCE AND QUALITY OF LIFE-VISITING (PUBLIC HEALTH)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
23.1	Give a regular assessment of whether visiting care homes is likely to be appropriate, within their local authority, or within local wards, taking into account the wider risk environment	• The PH team is using a robust horizon scanning and surveillance process to regularly assess the situation and the need for change in visiting policy. Our process includes: • Actively monitoring of daily notifications of COVID cases in care homes. • Maintaining a list of outbreaks with same day clinical follow up regarding infection control and outbreak management. • Regular monitoring of P1 and P2 test data and positivity rate. • Weekly number and rates of COVID by upper and	Y		Director for Public Health	

		lower level LAs and cluster of cases by LSOA. • Breakdown of cases in staff and residents by day of notification. • Monitoring trends and patterns • PHE notifications of coincidence or high-risk settings • Daily exceedance reports from PHE that show if an area is potentially higher than expected based on the model • The R Number • NHS containment dashboard • NHS containment dashboard - potential Coronavirus symptoms reported through 111				
23.2	If necessary, impose visiting restrictions if local incidence rates are rising, and immediately if an area is listed as 'an area of intervention'.	Guidance for care homes regarding visiting arrangements has been drafted and is ready for circulation. This guidance will be issued with engagement from local provider associations.	N	Position to be kept under review, restrictions will be issued when necessary.	Director for Public Health	Ongoing
23.3	In all cases exemptions should be made for visits to	End of life requirements may not be clear enough.	N	End of life visiting requirements to be made specifically clear.	Director for Public Health	Ongoing

	residents at the end of their lives.					

25. DIRECT PAYMENTS (LOCAL AUTHORITIES AND CCG)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
25.1	Local authorities and CCG commissioners should: consult the new guidance for the actions that they should undertake to ensure that people receiving direct payments, their families and carers are able to meet their care and support needs this winter	New guidance is being complied with and we will continue to ensure people receiving direct payments, their families and carers are able to meet their care and support needs	Y		Director of Adult Social Care	
25.2	Local authorities and CCG commissioners should: give people with direct payments the level of flexibility and control as envisaged in the Care Act and NHS Direct Payment regulations and accompanying guidance, allowing them to stay well, and get the care and support they need	The strategy and model for Direct payments is currently being reviewed in Oxfordshire to maximise choice and control for Direct payment recipients and their carers. Flexible arrangements are in place supporting people through the Covid pandemic with providing additional support where required to ensure people's needs continue to be met whilst some services have been	N	Current policy will be reviewed against new requirements and any changes adopted	Director of Adult Social Care	December 2020

KEY: Y = FULLY MET N = ONLY PARTIALLY MET, GAPS TO ADDRESS

		closed or people have been unable to access support due to concerns around the risk presented by Covid.				

27. SUPPORT FOR UNPAID CARERS (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
27.1	Make sure carers, and those who organise their own care, know what support is available to them and who to contact if they need help	Our carer support service has set up a new phoneline for carers. The council's public website and Live Well Oxfordshire online directory have been updated to include information on support available to people during the pandemic, and both the council and carer support service also use social media to communicate key messages regarding support	Y		Director of Adult Social Care	
27.2	Follow the direct payments guidance and be flexible to maximise independence	Guidance is being followed in Oxfordshire and processes are consistently reviewed to ensure independence is maximised for our residents	Y		Director of Adult Social Care	
27.3	Ensure that assessments are updated to reflect any additional needs created by	Assessments and support plans reflect a person's needs and are updated when	Y		Director of Adult Social Care	Ongoing

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	COVID-19 of both carers and those in need of social care	additional needs become apparent, whatever the reason for those needs. Also, our Carer Support Service is working with carers to develop contingency plans to be used if either the carer or cared for person becomes ill e.g. with COVID-19.				
27.4	Work with services that may have closed, over the pandemic, to consider how they can reopen safely or be reconfigured to work in a COVID-19 secure way and consider using the Infection Control Fund to put in place infection prevention and control measures to support the resumption of services	The Council has scoped the key service areas that have closed during the COVID19 period and they are generally in the area of buildings-based Day Services. The council has established a Day Services Cell to work with such providers, alongside the local Care Association to improve understanding and support safe opening of the same. Alongside this it has utilised funding for greater infection control measures to be put in place to allow recovery and reopening. A dedicated contact point is available to providers. A Service Sustainability Fund is also available for all services to apply to, to help support sustainability and reopening.	Y		Director of Adult Social Care	

27.5	Where people who use social care services can no longer access the day care or respite services that they used before the pandemic, work with them to identify alternative arrangements that meet their identified needs	Our internal day services have continued supporting people throughout the pandemic although not necessarily in the usual way. Everyone is continuing to be supported and many people have now returned to the service. For some this may include more community support to ensure their needs continue to be met. An Oxfordshire Association of Care Providers group has been meeting regularly to look at supporting external day services to reopen. Where services have remained suspended, each person who receives support is being reviewed weekly to ensure their needs continue to be met.	Y		Director of Adult Social Care	

29. END-OF-LIFE CARE (LOCAL AUTHORITY & NHS)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
29.1	Ensure that discussions and decisions on advanced care planning, including end of life, should take place		Y		Director of Adult Social Care	

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	between the individual (and those people who are important to them where appropriate) and the multi-professional care team supporting them. Where a person lacks the capacity to make treatment decisions, a care plan should be developed following where applicable the best interest check-list under the Mental Capacity Act					
	Implement relevant guidance and circulate, promote and summarise guidance to the relevant providers. This should draw on the wide range of resources that have been made available to the social care sector by key health and care system partners and organisations including those on the NHS website and those published by the Royal Colleges of GPs	All communication is issued to providers on a regular basis via the Council's Provider Hub and dedicated email address. The dedicated Coronavirus support for providers webpage is updated on an ongoing basis. All communication is shared with provider associations.	N	Revised and updated guidance to be communicated with providers on an ongoing basis.	Deputy Director, Commissioning	Ongoing
29.2	All organisations should put in place resources and support to ensure that wherever practicable and safe loved ones should be afforded the opportunity to	ASC works closely with the Acute and Community Trusts to ensure that visitation rules when a person is end of life are well understood.	Y		Director of Adult Social Care	

	be with a dying person, particularly in the last hours of life.	We will continue to work with providers to ensure that they have the necessary procedures and PPE to ensure that people can safely visit, particularly in the final hours of life				

31. CARE ACT EASEMENTS (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
31.1	Only apply the Care Act easements when absolutely necessary	Not required at this time	Y		Director of Adult Social Care	
31.2	Notify DHSC of any decisions to apply the Care Act easements	Not required	Y		Director of Adult Social Care	
31.3	Communicate the decision to operate under easements to all providers, people who need care and support, carers and local MPs in an accessible format	Not required	Y		Director of Adult Social Care	
31.4	Meet the needs of all people where failure to do so would breach an individual's human rights under the European Convention on Human Rights	There has been no change to meeting statutory Care Act duties.	Y		Director of Adult Social Care	

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31.5	Follow the Ethical Framework for Adult Social Care when making decisions regarding care provision, alongside relevant equalities-related and human rights frameworks	The five principles out lined in the Ethical Framework: • Respect • Reasonableness • Minimising harm • Inclusiveness • Accountability Are adhered to and audited through BAU as part of the core Care Act requirements.	Y		Director of Adult Social Care	
31.6	Work closely with local NHS CHC teams, to ensure appropriate discussions and planning concerning a person's long-term care options take place, as early as possible after discharge	Adult Social Care are currently working alongside CHC to deliver assessments that have been allocated to a waiting room whilst CHC was suspended during Covid pandemic. Those who are discharged from hospital into hub beds and identified as needing CHC assessment have a SW allocated alongside who will progress the care. Monthly stakeholders group is in situ.	N	Dedicated locum support as above is also being sourced to support CHC assessments waiting.	Director of Adult Social Care	December 2020

33. STAFF TRAINING (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**

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33.1	Ensure providers are aware of the free induction training offer and encourage them to make use of it	Providers are aware of free PPE training Webinars being put on to improve and end enhance Infection Control measures. It also links across to Oxfordshire Association of Care Providers to promote the training that it also puts on, working together on beneficial matters of interest.	N	Continue to promote training opportunities with OACP	Deputy Director, Commissioning	
33.2	Promote and summarise relevant guidance to care providers	Relevant Information and Guidance is circulated to care providers via the Council's webpage or through direct email to suppliers. Links to OACP for inclusion its Weekly Bulletin	Y		Deputy Director, Commissioning	

35. SUPPORTING THE WELLBEING OF THE WORKFORCE (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
35.1	Maintain, where possible, the additional staff support services which they put in place during the first wave of the pandemic	Additional staff support services that were put in place are maintained and under further development across the H&SC system	N	Further communication with Registered Managers through networks and social media groups to ensure they are aware of additional support and how to identify staff in need	Deputy Director, Commissioning	Ongoing
35.2	Review current occupational health provision with	Occupational Health provision varies across providers, largely linked to size of organisation.	N	Close involvement in development of local Resilience Hubs to support provision of OH services	Deputy Director, Commissioning	Ongoing

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	providers in their area and highlight good practice	Additional staff support services that are available to social care providers are promoted.		across the system. Seek out and promote examples of good practice.		
35.3	Promote wellbeing offers to their staff and allow staff time to access support, as well as promoting to providers in their area	Wellbeing offers promoted to staff and provider workforce regularly	N	Continue to promote wellbeing offers	Deputy Director, Commissioning	Ongoing

37. WORKFORCE CAPACITY (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
37.1	Continue to review contingency arrangements to help manage staffing shortages within social care provision through the winter	Contingency arrangements remain in place. These include: - Local agencies - Mutual aid with neighbouring authorities - Local system partners	N	To be reviewed in line with the system workforce resilience plan.	Deputy Director, Commissioning	29th October
37.2	Consult the guidance available on deploying staff and managing their movement, and support providers in their area to access other initiatives – for example Bringing Back Staff	Involved in BOB System NHS Reservists task and finish group (local iteration of BBS initiative), signposting providers via provider associations, exploring potential to use NHS Professionals in case of temporary staff shortages in critical areas	N	Work continues across the system to maximise potential for providers to benefit from initiatives such as BBS	Director of Adult Social Care	Ongoing

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37.3	Consider how voluntary groups can support provision and link-up care providers with the voluntary sector where necessary	The Joint Community Resilience Cell, VCS Intel Hub, and District Hubs Ops, brings together districts, City, county, CCG and VCS to discuss joint arrangements, shared best practice and intel, and identifies gaps in support for the voluntary sector and care providers. (temp covid)	N	Embed this way of working as BAU, strengthen links with care provider forums	Director of Adult Social Care	Ongoing
37.4	Support providers, in their area, to complete the capacity tracker and update their adult social care workforce data set (ASCWDS) records to help ensure effective local capacity monitoring and planning	Weekly review with direct follow up with providers who are reporting issues. Ongoing promotion of value of updating ASCWDS in partnership with Skills for Care and provider associations. We are exploring current ASCWDS return rates amongst IPV sector providers and will continue to develop options to increase provider engagement, working in partnership with provider associations	Y		Director of Adult Social Care	

39. SHIELDING AND PEOPLE THAT ARE CLINICALLY EXTREMELY VULNERABLE (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**

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39.1	Local authorities will coordinate local support if shielding is reintroduced in a local area. This includes provision of enhanced care and support for CEV people on the shielded persons list.	In Oxfordshire, Adult Social Care developed a process for contacting people who were shielding and/or CEV to ensure that they had the support they needed. We coordinated local support through 'Oxfordshire All In' and ensured that people had access to social care teams where required. We would put in place a similar process if required in the future.	Y		Director of Adult Social Care	

41. SOCIAL WORK AND OTHER PROFESSIONAL LEADERSHIP (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
41.1	Directors of Adult Social Services and PSWs, working with other professional leaders, must assure themselves that the delivery of high-quality social work support and interventions remains at the forefront of the local authority's offer in this period. This will include Adult Safeguarding responsibilities as set out in the Care Act, working in	All services within Adult social care remain business as usual, this includes all Care Act duties, including section 42 and Safeguarding Board responsibilities .	Y		Director of Adult Social Care	

	partnership with local multi-agency safeguarding arrangements, including Safeguarding Adult Boards.					
41.2	Directors of Adult Social Services and PSWs should: ensure that their social work teams are applying legislative and strengths-based frameworks (including those based on duties under the Care Act and Mental Capacity Act) and support partner organisations such as the NHS to do the same	ASC teams are delivering all the requirements and duties under the MCA, Care Act and MHA using a Strengths Based framework.	Y		Director of Adult Social Care	
41.3	Directors of Adult Social Services and PSWs should: ensure social work practice is fully cognisant of and acts on the issues of inequality and deprivation and the impact this has on communities and people's access to health and social care services	Inequality and diversity training forms part of the Council's induction. Training available as part of our L&D offer. The Council has an Equality Policy (2018-22) and Equality and Diversity guidance for all staff. There is a commitment to equality and inclusivity Recent information shared by Public Health with all staff around communities and deprivation.	N	Always work to do in this area, for further discussion re the WRES and Anti-Racism group.	Director of Adult Social Care	Ongoing
41.4	Directors of Adult Social Services and PSWs should: understand and address health inequalities across the sector and develop	Risk assessments for individual BAME staff in place. Support for Adults with learning disabilities, autism	N	Frequency of system meetings is currently being reviewed.	Director of Adult Social Care	December 2020

	actions with partners, where required, taking into account the implications of higher prevalence of COVID-19 in Black, Asian and minority ethnic communities and inequalities experienced by people with learning disabilities, autistic adults, and people with mental health difficulties	and mental health difficulties through working with providers and partners. Linking with Family support networks, CSS sites and Primary Care and Community MH Integration framework meetings. Whole health and social care LD/ Autism weekly system meetings were established during the peak transmission period to share issues and concerns to be able to respond quickly. LeDeR whole health and social care system rapid reviews are currently being completed within 2 weeks of an individual's death to highlight any immediate equality issues that need to be addressed and to indicate the need for a full LeDeR review. Families are fully involved where they would like to be.				
41.5	Directors of Adult Social Services and PSWs should: review their current quality assurance frameworks and governance oversight arrangements to ensure	Existing Governance oversight robust and reviewed, ASC continue to provide overall a high quality of Social work practice.	Y		Director of Adult Social Care	

	that winter and COVID-19 pressures do not reduce the ability to deliver high-quality social work practice	This is evidenced through recent case and supervision audits, monthly performance meetings and practice forums.				
41.6	Directors of Adult Social Services and PSWs should: develop and maintain links with professionals across the health and care system to ensure joined-up services	This will continue through a number of mechanisms. JMGs Urgent Care, Care Governance Board BOB etc	Y		Director of Adult Social Care	
41.7	Directors of Adult Social Services and PSWs should: lead local application of the Ethical Framework for Adult Social Care, ensuring that NHS partners fully understand their responsibilities to apply the ethical principles and values as part of discharge to assess delivery.	The five principles out lined in the Ethical Framework: • Respect • Reasonableness • Minimising harm • Inclusiveness • Accountability Are adhered to and audited through BAU as part of the core Care Act requirements.	Y		Director of Adult Social Care	
41.8	Directors of Adult Social Services and PSWs should: ensure that the application of new models and pathways are offering the best possible outcome for individuals, their families and loved ones, advocating for them and advising commissioners where these pathways cause a conflict	The Home First pathway has been launched to ensure that people are assessed for their reablement potential in their own homes. Early indications are of improved outcomes for people via increased reablement and an appropriate length of stay in reablement services.	Y		Director of Adult Social Care	

		PSW and Hospital Service Manager undertook a case audit of 50 cases and found that throughout the pandemic the standard of Care Act Assessments and outcomes remained high.				
41.9	Directors of Adult Social Services and PSWs should: review any systemic safeguarding concerns that have arisen during the pandemic period and ensure actions are in place to respond to them, enabling reediness for any increased pressures over the winter period	This action has been picked up as part of the OSAB through the PIQA sub-group and to be considered as part of any SARs and Serious incidents/ Unexplained deaths through the Internal Governance Board. Also, themes established through audits and complaints. Work also picked up through the Care Governance monthly meetings re quality and any issues related to providers due to Covid. Safeguarding is not at full capacity currently.	N	Ensure full recruitment to safeguarding team to manage any future surge.	Director of Adult Social Care	Ongoing
41.10	Directors of Adult Social Services and PSWs should: support and lead social workers and safeguarding teams to apply statutory safeguarding guidance with a focus on person-led and outcome focused practice	Making Safeguarding Personal is fully embedded into practice and reported on weekly to ensure compliance. Also monitored through the PIQA sub-group, of the OSAB. PSW to continue to	Y		Director of Adult Social Care	

		represent OCC at the SE region SG lead group.				

THEME E: SUPPORTING THE SYSTEM

43. SUPPORTING THE SYSTEM (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
43.1	Provide DHSC with information about how the money Infection Control Fund has been spent by 30 September 2020	This information was provided.	Y		Director of Adult Social Care	
43.2	Continue to maintain the information they have published on their websites about the financial support they have offered to their local adult social care market	This information is available including the first round of the Infection Control Fund.	N	Information regarding the second round of infection control funding will be added	Deputy Director, Commissioning	29th October
43.3	Provide regular returns to DHSC on the spending of the extended Infection Control Fund in line with the grant conditions	This is currently underway and all grant conditions to date have been complied with.	N	All grant conditions will be complied with.	Director for Adult Social Care	29th October

45. MARKET AND PROVIDER SUSTAINABILITY (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**

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45.1	Work with local partners to engage with the Service Continuity and Care Market Review, and – when requested – complete a self-assessment of the health of local market management and contingency planning leading into winter	Work in this area is ongoing underway	N	Response produced with input from partners. Sign off by Chief Executive.	Director for Adult Social Care	21st October
45.2	Continue to work understand their local care market; and to support and develop the market accordingly	Weekly meetings with Provider representatives, including dedicated care home cell. Daily monitoring of outbreaks. Weekly review of capacity tracker. Dedicated provider hub email address and team.	N	All actions in place to continue.	Deputy Director, Commissioning.	Ongoing
45.3	Continue to support their provider market as needed, to secure continuity of care, including promoting the financial support available	Weekly meetings with Provider representatives, including dedicated care home cell. Daily monitoring of outbreaks. Weekly review of capacity tracker. Dedicated provider hub email address and team.	N	All actions in place to continue. Allocation and review of Infection Control Fund – second round.	Deputy Director, Commissioning	Ongoing

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47. CQC SUPPORT: EMERGENCY SUPPORT FRAMEWORK AND SHARING BEST PRACTISE (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
47.1	Work with the CQC to promote and inform providers about monitoring processes	Intelligence is regularly shared with the CQC to monitor processes	Y		Director for Adult Social Care	

49. LOCAL, REGIONAL, AND NATIONAL OVERSIGHT AND SUPPORT (LOCAL AUTHORITIES)						
REF	**REQUIREMENT**	**CURRENT STATUS**	**FULLY MET? (Y/N)**	**ACTIONS TO CLOSE THE GAPS**	**WHO'S THE LEAD?**	**BY WHEN?**
49.1	Write to DHSC by 31 October confirming they have put in place a winter plan and that they are working with care providers in their area on their business continuity plans, highlighting any key issues if needed, in order to receive the second instalment of the Infection Control Fund. These plans should consider the recommendations of this Winter Plan, and involve NHS and voluntary and	The Adult Social Care winter plan and winter actions are in place.	N	Plan to be finalised and agreed in order for assurance to be provided to DHSC. NHS and third sector involvement to be provided.	Director of Adult Social Care	31st October

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	community sector organisations where possible					
49.2	Continue current oversight processes, including delivery of Care Home Support Plans and engagement with regional feedback loops	The Council maintains weekly oversight of provider performance through the national Tracker systems and other contract monitoring work, including maintaining daily oversight through exception reports on financial viability. There are also weekly and monthly formal meetings with the Care Quality Commission when discussions about providers take place. At a Regional level the South East ADASS Commissioning and Market Development Group has an established protocol for "Strengthening market oversight: protocol for regional information sharing & support". At a national level we receive alerts from the Care Quality Commission's Market Oversight function if providers are a concern.	Y		Director of Adult Social Care	
49.3	Continue to champion the Capacity Tracker and the CQC community care survey and promote their	Weekly review with direct follow up with providers who are reporting issues.	Y		Director of Adult Social Care	

	importance as a source of data to local providers and commissioners					
49.4	Establish a weekly joint communication from local directors of adult social services and directors of public health to go to all local providers of adult social care, as a matter of course, through the winter months	Weekly updates are currently being produced with input from relevant partners including Public Health and the NHS	Y		Director of Adult Social Care, Director of Public Health	

COVID-19 RESEARCH

1. INTRODUCTION

Oxford researchers have been at the forefront of national and global efforts to tackle the COVID-19 pandemic, with many high-profile trials and studies being led by Oxford researchers. A large proportion of these are supported by the NIHR Oxford Biomedical Research Centre (BRC), which is based at Oxford University Hospitals (OUH) and run in partnership with the University of Oxford.

The Oxford BRC, whose Steering Committee is chaired by OUH's Chief Medical Officer, played a key role in the early days of the pandemic by releasing funding to kick-start key research projects, including the search of a COVID-19 vaccine.

The Oxford BRC, currently chaired by Prof Helen McShane, was one of the original five BRCs established by the National Institute for Health Research (NIHR) in 2007 to improve the translation of basic scientific developments into healthcare benefits for NHS patients. Every five years, OUH and the University bid for NIHR funding; in the last round, the BRC was awarded £114m for the period 2017 to 2022 to support ground-breaking innovation across its 20 research themes. BRC investigators have dual appointment in the Trust and the University.

Since the start of the COVID-19 pandemic, 2,897 OUH patients have participated in 21 research studies supported by the NIHR Clinical Research Network.

This briefing paper focuses on some of the key COVID-19 research being carried out in Oxford.

1. OXFORD COVID-19 VACCINE TRIAL

The Oxford COVID-19 vaccine trial took a major step forward in July when the results of Phase I/II of the trial showed that not only were there no early safety concerns but also the vaccine induced a strong immune response. The results, published in *The Lancet*, indicate that the vaccine provoked a T cell response within 14 days of vaccination and an antibody response within 28 days.

During the study, participants who received the vaccine had detectable neutralising antibodies, and these responses were strongest after a booster dose. The next step in studying the vaccine is to confirm that it can effectively protect against SARS-CoV-2 infection.

Three leading members of the Oxford BRC's Vaccines Theme are leading the trial: Prof Sarah Gilbert and Prof Adrian Hill of the University of Oxford's Jenner Institute and Prof Andrew Pollard of the University's Oxford Vaccine Group. The BRC provided crucial funding to get the trial up and running and then helped to fund an evaluation of the safety of the vaccine. Under an agreement signed in April, AstraZeneca is responsible for the development and worldwide manufacturing and distribution of the vaccine.

Late-stage clinical trials are taking place in Brazil and South Africa, while trials are also planned for Japan and Russia. A new arm of the trial was launched in the US in early September. In late October, AstraZeneca announced that the vaccine produces an immune response in both young and old adults, and that it also triggers lower adverse responses among the elderly.

Professor Pollard gave a talk in July about the development of the Oxford vaccine candidate and the progress of the trial. It is available on YouTube. The University has produced an animation explaining how they have been able to speed up the process of COVID-19 vaccine development

Health economists supported by the Oxford BRC have published a paper outlining the possible criteria governments might use to prioritise who receives a COVID-19 vaccine once one has been approved for use.

2. RECOVERY TRIAL (exploring potential treatments for COVID-19 symptoms)

Oxford University researchers are leading the RECOVERY trial, the world's biggest trial looking at whether existing treatments can tackle the symptoms of COVID-19. They have found that one of the drugs they were testing, dexamethasone, a cheap and widely available steroid, reduced the risk of death in COVID-19 patients on ventilators by a third, and by a fifth in those on oxygen.

The chief investigators of the trial, Professor Peter Horby and Professor Martin Landray, announced in June that the trial had found no clinical benefit from using two of the other drugs being tested on hospitalised patients with COVID-19: the anti-malaria drug hydroxychloroquine and lopinavir-ritonavir, an antiviral treatment commonly used to treat HIV.

Other treatments being tested by the RECOVERY trial are azithromycin, a commonly used antibiotic; tocilizumab, an anti-inflammatory treatment; and convalescent plasma collected from donors who have recovered from COVID-19. The trial announced in September it would evaluate the potential benefits of an anti-viral antibody cocktail, REGN-COV2, developed by the pharmaceuticals company Regeneron to tackle the virus; and in early November, it was announced that aspirin would be investigated as part of the trial since patients with COVID-19 are at higher risk of developing blood clots.

Since it began in March 2020, the trial, which is supported by the BRC, has recruited more than 17,000 patients across 176 NHS hospitals.

Professor Landray, the BRC's Theme Lead for Clinical Informatics, explained the background to the RECOVERY trial in a talk that is available on YouTube.

3. OTHER TREATMENT TRIALS

- The PRINCIPLE trial is an urgent public health study looking at potential drug treatments for the symptoms of COVID-19, in this case in older people in primary care. The trial is being led by the University of Oxford's Nuffield Department of Primary Care Health Sciences, headed by the BRC's Theme Lead for Multimorbidity, Prof Richard Hobbs.

- Researchers at Oxford Clinical Trials Research Unit (OCTRU) are studying the effectiveness of the arthritis drug, adalimumab, as a treatment for patients with COVID-19 in the community, especially care homes. Recent studies of patients with COVID-19 have shown that patients already taking anti-tumour necrosis factor (TNF) drugs for inflammatory arthritis and inflammatory bowel disease are less likely to be admitted to hospital than those taking other anti-inflammatory drugs. The AVID-CC trial, funded by the COVID-19 Therapeutics Accelerator, will enrol up to 750 patients from community care settings throughout the UK. The trial is led by Prof Duncan Richards, the Oxford BRC's Musculoskeletal Co-theme Lead. This is the first drug trial designed for Acute Hospital at Home services. Oxford Hospital at Home Service receives support from the Oxford BRC.
- University of Oxford researchers will investigate whether administering the anti-inflammatory drug infliximab to patients with COVID-19 can prevent progression to respiratory failure or death. This is one part of the multi-arm, multi-stage CATALYST Trial, led from Birmingham, in collaboration with the NIHR Oxford BRC and NIHR University College London (UCL) BRC. The overall aim is to guide the selection of new drug interventions for large Phase III trials in hospitalised patients with COVID-19 infection.
- Preliminary results of a clinical trial supported by NIHR Oxford BRC researchers have suggested that a new treatment for COVID-19 dramatically reduces the number of patients needing intensive care. The treatment, a protein called interferon beta, has been developed by the UK biotech company Synairgen and scientists at the University of Southampton. Interferon beta, produced naturally by the body when it gets a viral infection, is inhaled directly into the lungs of COVID-19 patients using a nebuliser, with the aim of reducing viral load and stimulating an immune response. The trial has been supported by the NIHR Respiratory Translational Research Collaboration (R-TRC), led by the NIHR Oxford BRC's Prof Ling-Pei Ho.
- The ATOMIC2 trial, which is being led by NIHR Oxford Biomedical Research Centre (BRC) researcher Dr Tim Hinks, is operating across 15 sites and aims to enrol 800 people with COVID-19 who have been assessed in hospital but considered well enough to be cared for at home. It is a clinical trial for the use of Azithromycin. As well as the BRC, the trial has received funding from the University of Oxford and Pfizer. It complements the RECOVERY and PRINCIPLE trials, which are testing Azithromycin in patients in hospital and in general practice respectively.
- The STOIC study is investigating whether the early use of inhaled steroid Budesonide in adult patients in the early stages of a COVID-19 infection reduces the chance of them needing to go to hospital. In early November, the study recruited its 100th participant. It is one of two Oxford studies included in the COVID Symptom Study App.

4. PHOSP-COVID & C-MORE (investigating the long-term health impact of COVID-19)

PHOSP-COVID is a major national research study investigating the long-term health impacts of COVID-19 on 10,000 hospitalised patients. Awarded £8.4 million jointly by UKRI and the NIHR and given urgent public health research status, it is led by the NIHR Leicester BRC with Oxford investigators at the forefront in providing expertise in multi-organ imaging, mental health and lung disease. It involves collaboration between OUH and Oxford Health NHS Foundation Trust and between the NIHR Oxford BRC and the Oxford Health BRC.

Oxford research leads include: Prof Ling-Pei Ho, of the Oxford BRC's Respiratory Theme, Prof Stefan Neubauer, the Oxford BRC Theme Lead for Imaging, and Prof John Geddes, Director of the NIHR Oxford Health BRC.

A key part of PHOSP-COVID is the C-MORE study, led by Dr Betty Raman and Prof Neubauer, both from the University of Oxford's Radcliffe Department of Medicine. This study, which aims to recruit more than 500 patients, will use Oxford's state-of-the art imaging facilities to assess the long-term effects of COVID-19 infection, not only on the lungs but also on the heart, liver, kidney and brain. In October, the team published their initial findings, which showed that a large proportion COVID-19 patients discharged from hospital were still experiencing symptoms of breathlessness, fatigue, anxiety and depression two to three months after contracting the virus. The team detected abnormalities on MRI in multiple organs and believe that persistent or chronic inflammation may be an underlying factor for these changes among COVID-19 survivors.

A related study, C-MORE-POST, led by Prof Fergus Gleeson from the Oxford BRC's Imaging Theme, the first of its kind in Europe to use hyperpolarised Xenon gas with MRI scanning to identify the impact on lung function as patients recover from COVID-19. It has so far identified weakened lung function in all patients who have taken part in the study –damage that would not be visible on a standard MRI or CT scans.

Oxford researchers from the BRC's cardiovascular and imaging themes are playing a key role in the multi-centre COVID-HEART study, a partnership involving the NIHR and BHF. The study aims to assess the demographic, multi-morbidity and genetic impact on cardiac involvement and its recovery.

5. LamPORE test & population study

Oxford scientists, led by the Oxford BRC's Theme Lead for Antimicrobial Resistance and Modernising Microbiology, Prof Derrick Crook, published their evaluation of LamPORE, a novel diagnostic platform for detecting SARS-CoV-2 RNA. This technology has the potential to analyse thousands of samples per day on a single instrument. The collaboration – which involved the university's Nuffield Department of Medicine, Public Health England Porton Down, the University of Sheffield, and the NIHR Oxford BRC - evaluated the performance of LamPORE against RT-PCR, the most commonly-used laboratory test for Covid-19, and was found to have a similar performance.

The Oxford BRC's Co-theme Lead for Antimicrobial Resistance and Modernising Microbiology, Prof Sarah Walker, is the Chief Investigator for a major government study with the Office for National Statistics to track COVID-19 in the general population. The study, which is recruiting a representative sample of the entire UK population by age and geography, aims to help improve understanding around the current rate of infection and how many people are likely to have developed antibodies to the virus. In late October, Prof Walker's team published a pre-print paper saying the study had shown a marked variation in viral load across the UK population, and that the use of cycle threshold (Ct) values could be a useful epidemiological early-warning indicator as the pandemic progresses.

The study is making use of a high-throughput assay developed in Oxford by Prof Crook with support from the BRC Gastroenterology and Mucosal Immunity theme. The test is based on a commonly used assay called enzyme-linked immunosorbent assay (ELISA).

6. OUH STAFF TESTING STUDY

A study at OUH has revealed the different levels of risk faced by healthcare workers during the COVID-19 pandemic – the study, co-authored by a number of Oxford BRC and OUH researchers, was the first to comprehensively investigate all staff groups across an institution, combining data from both symptomatic and asymptomatic staff testing programmes.

Almost 10,000 OUH staff were tested both for presence of the virus responsible for COVID-19 and antibodies to the virus, giving an accurate view of who has had coronavirus infection to date in the OUH workforce. The programme was able to:

- Identify and isolate staff members who had the infection before they developed symptoms, preventing them passing infection on to other staff and patients
- Identify in which areas of the hospital staff were at greatest risk
- Identify which staff groups were at greatest risk
- Record which staff have antibodies to the virus that causes COVID-19, enabling these staff to be monitored to understand if these antibodies provide immunity against repeat infections

Based on the findings of the testing, we implemented an infection prevention and control plan at OUH to limit transmission of the virus.

A six-month follow-up study showed that antibodies to COVID-19 fall by half in less than 90 days, and antibody levels peak lower and fall faster in younger adults and those who showed no symptoms.

7. CURIAL (using artificial intelligence to screen for COVID-19 in Emergency Departments)

Oxford scientists specialising in infectious disease and clinical machine learning have developed an artificial intelligence test that can rapidly screen for COVID-19 in patients arriving in Emergency Departments. The initial findings of the 'CURIAL' AI test, which was supported by the Oxford BRC, appeared in a preprint paper. The test assesses data routinely collected during the first hour in Emergency Departments, such as blood tests and vital signs, to determine in near real time the chance of a patient testing positive for COVID-19.

8. COVID and general practice

Professor Trisha Greenhalgh, the NIHR Oxford BRC's Theme Lead for Partnerships for Health, Wealth and Innovation, has received significant government funding for a new study to support GPs to deliver effective remote care to their patients during the COVID-19 pandemic. She was awarded £750,000 from the Economic and Social Research Council (ESRC) for a new study entitled 'Remote-by-Default Care in the COVID-19 Pandemic' which aims to address the technological tools that GP surgeries use to interact with patients, the organisational and wider infrastructure changes that might be required to scale up and deliver better remote care, and the insights gained during the COVID-19 pandemic.

9. The impact of COVID-19 on sleep

Professor Colin Espie of the Oxford BRC's Neurological Conditions Theme is the UK lead for an international study investigating the impact of the COVID-19 pandemic on sleep and daily rhythms in adults. The International COVID-19 Sleep Study (ICOSS) is looking at changes in sleep quality in relation to social confinement such as a national lockdown or self-isolation, risk of exposure to the virus, and psychological symptoms such as anxiety, depression and post-traumatic stress.

10. Liver disease and COVID

An international study led by researchers at the Oxford Liver Unit, based at Oxford's John Radcliffe Hospital, has shown that patients with cirrhosis are at increased risk of dying as a result of COVID-19. The study, which received support from the Oxford BRC, looked at data on more than 1,300 patients in 29 countries. It found that mortality was particularly high among patients with more advanced cirrhosis (Childs-Pugh B or C cirrhosis) and those with alcohol-related liver disease. An earlier study by the Oxford Liver Unit team found that having had a liver transplant does not increase the risk of death from COVID-19, but that other factors such as age and comorbidities do.

Dr Bruno Holthof

Chief Executive Officer

Oxford University Hospitals NHS Foundation Trust

Oxfordshire Joint Health Overview & Scrutiny Committee

26th November 2020

Oxford Health NHS Foundation Trust

Community Services - Strategic Development and Quality Improvement Plan

Progress Report

Purpose of this paper

At the Oxfordshire JHOSC meeting in September, Dr Nick Broughton and Dr Ben Riley explained to the committee how Oxford Health Foundation Trust (OHFT) would be commencing the development of a Strategic Development and Quality Improvement Plan for the Community Services the Trust provides in Oxfordshire, in partnership with Oxfordshire Clinical Commissioning Group (OCCG) and other stakeholders. This paper provides a short update to the joint committee on the progress of this work.

Although COVID-19 has presented many challenges and limited the resources available to deploy to this work, good progress has been made over the past two months.

Since JHOSC met in September, we have:

- Established a strategy development team and secured funding for a new strategy development officer role to oversee the strategy work and its subsequent implementation (now recruited)
- Developed a new strategy framework for the Trust, which has now received Executive Team and Board approval
- Progressed the collation and review of a large volume of population health and public engagement data and reports produced over the past 5 years by a range of stakeholders in Oxfordshire
- Started an asset mapping and data collection exercise for all our existing community services and facilities
- Set out a proposed structure for the organisation of services based on population scale
- Identified key themes and priorities for inclusion in the strategy outcomes
- Progressed plans for a number of service pilots we believe will be suitable for development in OX12, for discussion with Wantage Town Council health subcommittee and the OX12 Task and Finish group in the coming weeks (meetings arranged)

More detail on each of the above points is given in the following report.

To inform the planning process, we are currently in the process of synthesing the information we have gathered to populate our newly adopted strategic framework with proposed outcomes for community services by the end of December 2020, with the intention of sharing it with partners for review in the new year.

In parallel, we are developing proposals to pilot new services in OX12 and will share these with the Town Council Health Sub-committee and OX12 Task & Finish group shortly. We remain committed to developing services that will ensure a sustainable future for Wantage Community Hospital and this work will also inform the development of services more widely.

It is possible that a formal public consultation process may need to be undertaken if substantial service changes are proposed in the strategic development plan, once these are available for public discussion early next year. This work will clarify the Trust's view on the long-term future of the inpatient unit at Wantage Community Hospital in the context of a new service delivery model, which will be informed by the data analysis work now underway and by discussions with Wantage Town Council and other stakeholders in the forthcoming weeks.

We also recognise that JHOSC has been requesting a resolution of the status of the inpatient unit at Wantage for an unacceptably long time on behalf of local residents, for which we apologise, and that the matter must be brought to a conclusion as soon as possible.

Balancing these two requirements, we would recommend that JHOSC considers reviewing the matter at its February 2021 meeting, on the understanding that OHFT's proposed strategic framework for county-wide community services will be provided in this timeframe, so that decisions on next steps can be taken as appropriate within this wider context.

We support the committee's suggestion that a future public consultation on the inpatient beds, should it be required, should not delay the piloting of other services in the hospital and surrounding areas, to enable local residents to benefit at the earliest opportunity from improved care.

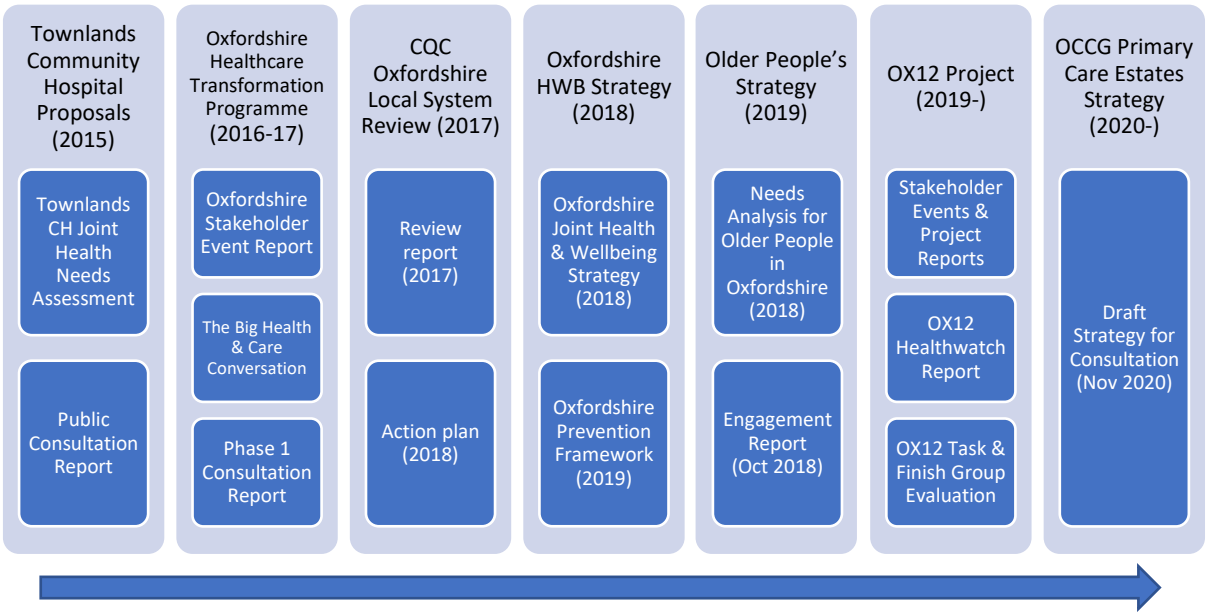
What do we already know about the health needs and views of residents?

The Trust has taken on board the joint committee's comments that much work has been done in recent years to identify the health needs and views of Oxfordshire residents and much is already known about the main improvements to services that are required, leading many members to take the view that it was time to move to action.

A significant number of detailed public engagement reports, health needs analyses and strategies developed in Oxfordshire over the past few years provide an evidence-base on which the Trust can progress its community services plan.

Important examples are set out in the timeline below.

Recent health strategies, data analyses and engagement reports in Oxfordshire:



What are the information gaps we need to fill?

Although there is a large amount of information available to inform the strategy, it is inevitable that some important issues and gaps will need to be addressed. Issues we have currently identified in our plan include the need to:

- Meet with stakeholders in OX12, including the Wantage Town Council Health Sub-committee, to explore the issues they have raised with respect to some of the information presented in the OX12 Project report published in Jan 2020
- Check with partners whether any key reports, evidence packs or other sources of information relevant to community services have been missed from our review
- Review recent changes in activity data following changes introduced during the COVID-19 pandemic and identify which are temporary and which are likely to persist

Mapping the Community Services and Assets

Because these services are often provided in people's homes, community clinics, schools and GP surgeries, the value of Community Services can be overlooked compared to other more visible NHS services – although they are often highly valued by patients, carers and families.

With this in mind, OHFT is developing a 'data map' that will enable a clearer, county-wide understanding of the accessibility, purpose, usage and activity of these services. This will help to shape their development based on need and best use of local assets over the coming years. Although most Community Services are universally accessible, either directly or through primary care, they are mostly used by people living with frailty or chronic conditions, young children, adults with urgent needs, older people with long-term conditions and people near the end of their lives.

Community Services comprise a wide range of services provided to residents of all ages in Oxfordshire. Community Hospitals are a vital resource and their development will be a key feature of the Trust's strategy.

Services in scope of OHFT's strategic development plan include:

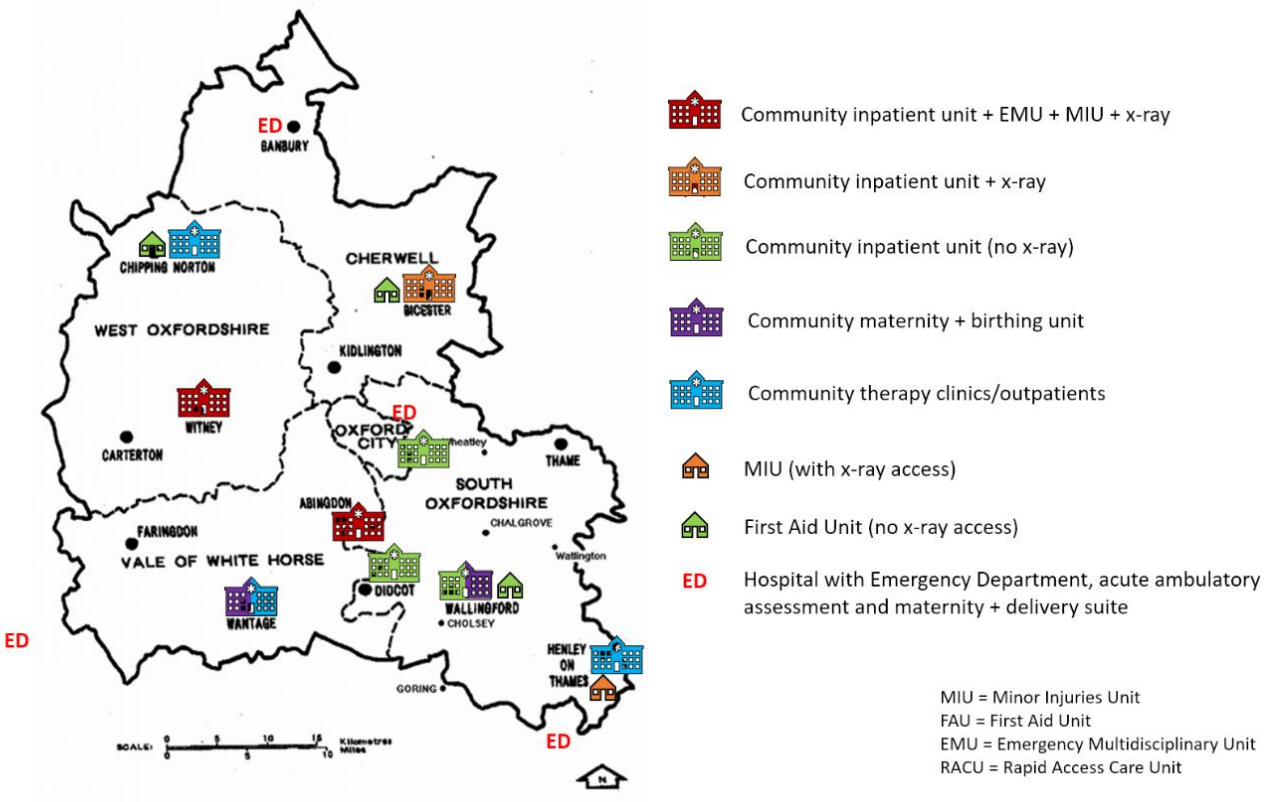
Area of activity	**Service**
Primary Care	Urgent out-of-hours GP clinics and home visiting services
	Homeless GP services (Luther Street Medical Centre)
Urgent Ambulatory Care	Emergency Multidisciplinary Units (EMU) Abingdon & Witney
	First Aid Units (FAU) Bicester and Chipping Norton CHs (Wallingford FAU is provided by the GP surgery)
	Minor Injuries Units (MIU), Abingdon & Witney Hospitals
	Rapid Access Care Unit (RACU), Townlands Hospital, Henley
	Rapid Assessment Unit (RAU), Horton, Banbury
Urgent Care at Home	Hospital @ Home (South Oxfordshire)
	EMU outreach
	Ageing Well 2-hr urgent community response
Reablement and Rehabilitation	Discharge-to-assess pathway 2
	Complex Care Community Service (CH discharges)
	Home First pilot
EMU short-stay beds ('step-up')	Abingdon (Abbey)
	Witney (Wenrisc and Linfoot)
General community beds ('step-down')	Abingdon (Abbey)
	Bicester
	Oxford City
	Wallingford
	[Wantage - temporarily closed]
	Witney (Wenrisc and Linfoot)
Specialist rehabilitation	Oxfordshire Stroke Rehabilitation Unit (OSRU), Abingdon
Care Home support	Care Home Support Service (residential, nursing, LD, MH)
	Enhanced Health in Care Homes (weekly MDT)
Community – generalist nursing and therapy	Community & PCN MDTs
	District Nursing
	Community Therapy Services
	End of Life Care
	Falls Prevention (and post-covid rehab)
	Nutrition & Dietetics
	Safeguarding (adults)
Community – specialist nursing and therapy	Adult Speech & Language
	Bladder & Bowel
	Chronic Fatigue & ME service (and post-covid rehab)
	Dementia and Memory
	Diabetes Community Service
	Eating Disorders
	Heart Failure
	Physical Disability Physio
	Podiatry

	Respiratory (and post-covid rehab)
	Tissue Viability Service
Children's services	Children's Community Nursing
	Children's Therapy Services
	Family Nurse Partnership
	Health Visiting Service
	Phoenix Team (Looked After Children)
	Safeguarding (children)
	School Health Nursing Service
Other services	Continuing Healthcare (Oxfordshire)
	Community Health Promotion
	Outpatient nursing and admin support at Community Hospitals
	Single Point of Access

A small number of services in Community Hospitals are provided by other providers (e.g. Healthshare provides musculoskeletal (MSK) physiotherapy and Oxford University Hospitals (OUHFT) provides the maternity/midwife units and the consultants who work in the outpatient clinics). We will work with these providers to ensure good strategic alignment.

Community Services are provided at a wide range of sites, including many GP surgeries, clinic bases and nine Community Hospitals. The Community Hospitals providing ambulatory, inpatient and outpatient services are identified on the map below, as well as the first aid and minor injuries units:

Community Hospitals in November 2020 – Current Ambulatory & Inpatient Services



Balancing local needs with county-wide health outcomes

In recent years, the value of living independently for longer at home and having strong networks in the community has become better understood and a range of national programmes have been introduced to support this (e.g. Ageing Well and Home First). In this context, the role played by Community Hospitals needs to evolve to ensure that they play a greater role in improving disease prevention, increasing accessibility and personalisation of care, enabling independence and reducing health inequalities.

This objective will need to be effectively viewed from both local and countywide perspectives – there will inevitably be a requirement to balance the preferences of local populations with the requirement to deliver improved health outcomes agreed as county-wide priorities and this will be reflected in the role of specific sites in the provision of community services across Oxfordshire. As a community provider, we believe that the most effective services that best meet local needs are built in partnership with the local communities who use those services. Our services will need to be organised and managed, therefore, in a way that enables appropriate tailoring of services at community-level within a county-wide framework that provides consistency and quality.

As part of our strategic delivery plan, we propose to the use the population-based units of scale previously set out by Oxfordshire CCG and the Oxfordshire Health and Wellbeing Board as a framework to organise and inform the ongoing service user engagement, development and operational management of services that fall within the scope of the strategy.

Unit of scale	Supports	Best for services that…
Primary Care Networks (PCN) – Groups of GP practices working with their local community teams and partners	c.30,000-50,000 people	Support people with relatively common health conditions or multiple care needs, who will especially benefit from local access and continuity of care from their GP practice and community services in a joined-up ‘neighbourhood team’
Community Hospital Hubs – Thriving local hospitals with outreach services that serve their nearby towns and rural communities	c.100,000-200,000 people	Require specialised equipment or facilities (such as therapy equipment, birthing units, gyms and rehabilitation centres); use diagnostic facilities (e.g. x-ray or blood gas analysis); need outpatient or urgent care facilities; provide inpatient facilities designed to support rehabilitation, reablement and supportive end-of-life care

District Area Networks – Linking clusters of Primary Care Networks with District Authorities, community services and other partners	c.250,000 people	Need to share resources and coordinate teams across health, social and voluntary sectors; serve people with less common conditions or less frequently encountered needs; require a larger scale to sustain quality, solve delivery challenges or develop the workforce while supporting locally-tailored delivery
County-level Services	c.680,000+ people	Require a centralised infrastructure to operate effectively; manage local peaks and troughs in demand; are specialised in nature or require special facilities and staff (e.g. stroke rehabilitation)

Next steps and timelines

The following section sets-out work starting and proposed for the coming months in the development of the Oxfordshire strategy for Community Services. The synthesis of this work will develop a picture of the future needs and options for Community Services, including the role and coordination of Community Hospital sites. Potential future requirements may be beyond the current capacity of some sites (e.g. age/condition of buildings in relation to local need or housing development, and practicalities around delivery or geography) meaning that redesign and redeployment of services, or physical development of the sites themselves may be required.

Due to the wide range of people they support and treat, Community Services need to work with a wide range of other NHS services (e.g. GPs, pharmacies, care homes and acute hospitals) as well as other public and voluntary sector health and care services (social care, housing, social prescribing, etc.) – and most importantly with patients, families and communities themselves. Because of all these interfaces, it will be particularly important to ensure a high level of local engagement with future plans.

Where we are now:

What	Detail	Progress
Recruitment	Establishing a team with skills and capacity to undertake the work	Complete
Scoping	Clarifying the scope of services and key stages of the process	Complete
Data gathering process	Data gathering and review to understand previous engagement work and to analyse recent demand and performance data and workforce details relating to provision of Community Services	In process – due end of 2020
Service and asset mapping	Service mapping description – countywide model overview built up from geographic information	In process – due end of 2020

Synthesis and gap analysis	Bringing together the wide range of available data, public and patient experience to formulate a new understanding and generate a set of effective solutions, identifying any gaps that might require additional research or targeted public engagement.	In process – due end of 2020
Agreeing engagement and initial pilot proposals	Making contact with key stakeholder groups (for example Healthwatch, OX12 and other local representatives, commissioners and key service providers) to design a fuller process for stakeholder engagement across the county to ensure that all views can be considered.	In process – contact by end Nov, meetings Dec-Jan
Developing strategic framework and outcomes	Developing a strategic development framework and populating this with proposed outcomes for community service development by the end of Dec 2020, to share at OHFT Board before partner review and discussion in early 2020	In process – due for sharing in Jan 2020

Work planned for 2021 (timelines to be confirmed with system partners)

What	**Detail**
Service re-modelling and pilots	Development and testing of the new models of care and operational delivery in OX12 and other areas (initial pilots to start by Jan 2021)
Stakeholder engagement	Engaging with partners and stakeholders (including patients and staff) to finalise asset mapping, resident and community engagement via established groups (e.g. Healthwatch) and new ones where required. Could be done via District Network Area footprints. North (2 Districts), Centre (City) and South (2 Districts), aligning with PCN/CCG geography model.
Options appraisals	Agreeing options for the future placement of services and specific use of sites, for assessment against a set of shared criteria by key stakeholders. Such a process would enable the required county-wide overview of the future provision of services and input the specific views of key local stakeholders (e.g. resident groups, commissioners, and partners services) and be viewed alongside population health data to rapidly generate a set of recommendations.
Consultation on recommendations	Consultation on recommendations for future provision of Community Services in Oxfordshire and specific significant service change proposals that required formal consultation / overview
System governance	Securing system agreement for the changes following public consultation from the relevant authorities
Implementation plan	Agreeing financial and contractual arrangements, timelines and milestones for full roll-out of the new model

Addendum - Wantage Community Hospital Inpatient Unit

In November, the Trust received a request from the JHOSC OX12 Task & Finish Group to provide further information on the rationale behind the announcement made in September that the inpatient unit at Wantage would not be re-opening at that time. We present a summary of this rationale below.

Clinical evidence and national NHS policy

There is a substantial and growing body of evidence that shows the benefits of an active, 'strengths-based' home reablement approach for older people who have experienced an acute episode of illness requiring hospital admission, particularly for those who are living with frailty. This is the approach taken by the Oxfordshire 'Home First' team which is now being piloted in Oxfordshire. This developing pathway aims to shorten the length of stay in hospital and support people to recover and regain their independence in their own home, following a period of illness that has required an acute hospital admission.

Further information about this approach is available through the links below. The Care Quality Commission has also produced a literature review of the clinical impact of moving healthcare closer to home that also supports this direction of travel.

We understand that it can seem counter-intuitive to propose that transferring a frail person back to their home once they are medically fit for discharge, supported by a home reablement team, is often a better option than a period of convalescence in a community hospital bed. However, there is considerable evidence how hospital bed rest has deleterious effects on many older patients, particularly those who are frail but have the potential to return to an active life at home (or in their care home).

In brief, the more time a patient spends in a hospital bed, the greater the decline in their strength and muscle mass, which in older adults is associated with a long-term functional decline, and hence a greater risk of future falls, illness and ultimately the risk of an earlier death.

This does not mean that community hospital inpatient units no longer have an important role to play in the future provision of care for some patients, such as those who need intensive rehabilitation or supportive end-of-life care. Rather, this evidence shows how important it is to ensure that all our inpatient units are equipped with the staff and resources they need to provide focused care pathways, interventions, facilities and experiences that will benefit the patients who use them.

For example, there is evidence that patients with specific health conditions experience better long-term outcomes if they are treated in facilities that are optimised for their needs (as set out in NICE guidelines). It is now widely accepted that people requiring stroke rehabilitation experience better outcomes if cared for in a unit with specialist facilities and staff. For this reason, an Oxfordshire resident recovering from a stroke will usually receive care in the Specialist Stroke Rehabilitation Unit based at Abingdon Community Hospital, which has specialised therapy facilities and teams, even when a general community bed is available for them in a more local Community Hospital.

In summary, there is a growing body of clinical evidence showing that older patients with rehabilitation potential and general care needs should usually be supported to 'reable' in their own home when this is clinically appropriate. People who need a period of focused rehabilitation in a hospital setting should receive this in goal-focused inpatient units in well-resourced Community Hospitals with the appropriate therapy facilities and expert staff. Our clinical objective, which will be reflected in our new strategic development plan for community services, is to ensure new evidence-based care pathways are available to all Oxfordshire residents, to improve their health and wellbeing.

Staffing

Across Oxfordshire, the recruitment and retention of the skilled nursing staff required to care for hospital inpatients is a particular challenge. Gaps in staffing rotas and unfilled vacancies have tangible impacts and are experienced by patients through a loss of continuity or a less favourable experience of care. Where services are reliant on staff with particular skills or training, consolidating staff into resilient teams at a smaller number of sites enables the quality and consistency of the service they provide to be enhanced.

Due to a number of well-described workforce factors in Oxfordshire, including the relatively high cost of living and wider issues currently affecting the recruitment of staff from overseas, there is a significant number of unfilled vacancies in our Oxfordshire Community Hospitals. Agency usage rates in some hospitals are also currently running high, especially as some older staff have been required to step-back from patient-facing work due to their vulnerability to the COVID-19 virus.

Inpatient units must be properly staffed 24 hours a day, 365 days a year to be safe and effective. At this time, recruiting a sufficient number of new nurses and other healthcare professionals to staff the inpatient unit at Wantage to enable it to run in a resilient way, would be extremely challenging and would risk the need for urgent redeployment of existing staff from other services during the winter pandemic.

Developing opportunities for new services

We are currently working up a number of innovative uses for the Hospital for local discussion and options appraisal that could greatly benefit local residents and provide a sustainable future for the hospital.

Suggestions from the OX12 public engagement exercise include the provision of consultant-led outpatient clinics, specialist services (such as a renal dialysis unit and/or a cancer care unit), urgent care services (such as a centre for minor injuries and/or a Rapid Access Care Unit) and services for older people with frailty (such as a day hospital). Many of these options are likely to bring a greater degree of benefit for a larger number of people than would result from a limited number of non-specialised general community hospital inpatient beds and we are keen to progress decisions on these potential new options over the next few months with input from local residents.

By way of example, the table below indicates the number of residents in the OX12 area who travel to Oxford or the Horton to attend outpatient clinics (pre-covid).

Follow Up appointment	2017-18 Quarter 1	2017-18 Quarter 2	2017-18 Quarter 3	2017-18 Quarter 4	2018-19 Quarter 1	2018-19 Quarter 2	2018-19 Quarter 3	2018-19 Quarter 4
130 - Ophthalmology	265	338	340	351	257	280	348	374
110 - Trauma & Orthopaedics	315	333	342	294	264	290	334	307
361 - Nephrology	341	278	272	313	276	289	267	307
650 - Physiotherapy	242	220	242	257	252	267	280	277
812 - Diagnostic Imaging	182	173	161	171	154	165	184	199
370 - Medical Oncology	149	130	112	133	112	119	144	167
303 - Clinical Haematology	131	142	124	122	117	110	129	114
800 - Clinical Oncology (previously Radiotherapy)	114	115	119	122	112	116	131	145
101 - Urology	117	105	109	114	99	107	113	134
320 - Cardiology	89	108	88	104	125	102	125	113
315 - Palliative Medicine	102	77	94	114	115	112	67	127
400 - Neurology	97	97	107	96	103	96	93	110
330 - Dermatology	112	91	111	78	87	87	77	116
410 - Rheumatology	77	71	73	78	72	86	103	117
301 - Gastroenterology	66	84	84	82	78	79	80	85
Other	1,247	1,304	1,393	1,376	1,325	1,245	1,249	1,401

Lower value (in Quarter) — Higher Value (in Quarter)

Fig 13. Use of acute based services (Oxford University Hospital NHS FT) for registered patients from Church Street and Newbury Street Practice by follow up appointment and service type.

There are approximately 4000 attendances at OUH hospitals each quarter for OX12 residents (around 350 attendances per week). Although some specialty clinics will need to be carried out in a large acute hospital as they require special equipment, we believe there is considerable potential for outpatients to be developed at Wantage Community Hospital.

Shifting care from the acute hospital setting by bringing consultants and specialist nurses/therapists into the community fits with the strategy recently published by OUH. It will make the experience much less stressful for local residents and their carers and offer an opportunity to reduce the need to travel to the large city hospitals by private and public transport. The wider impact on local care would be significant, as it provides a training opportunity for local GPs and other primary care practitioners to sit in clinics and meet with consultants to improve their specialist skills (as has been demonstrated successfully in other areas).

Sustainability

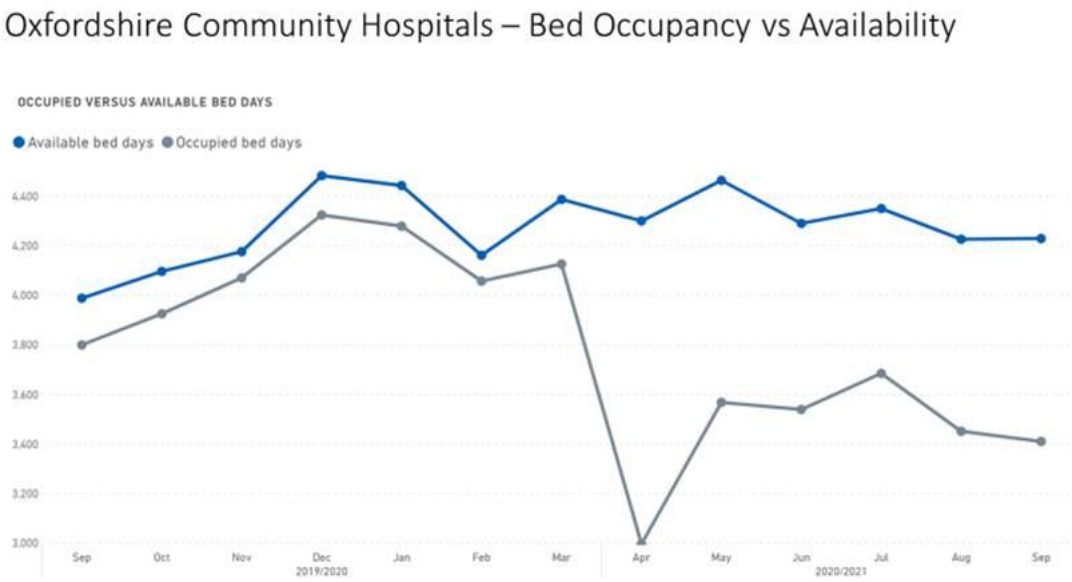
Reducing the need to travel to Oxford, Reading or Swindon for outpatient appointments would bring a number of environmental benefits, contributing to reductions in greenhouse gas emissions and improvements in air quality. This would in itself contribute to improving the health of the wider population.

Due to technical advances and new care delivery models, a greater range of care can be provided in the community or patient's own home more sustainably than in the past. This frees up space for more local services to be provided in and supported from the hospital.

Operational rationale

Since the Wantage inpatient unit closed, there has been a significant development and expansion of new care pathways that enable more care to be provided in the home, which is generally the best option for most older people. As described above, this has accelerated since the COVID-19 pandemic began, with the roll-out of the 'Home First' pathway and more therapy and reablement being provided in the home, contributing to a further drop in the need for bed-based care.

A graph is included below to illustrate this, showing how the demand for Community Hospital beds has fallen significantly below our current capacity, thanks to these improvements to our out-of-hospital care pathways.



Although we expect admissions into acute hospitals to increase as we go into winter, our clinical leads remain firmly of the view that it is best for patient wellbeing to manage this increase by expanding the capacity and staffing of our professional teams who support patients to stay in their own homes, avoiding the need to increase total bed numbers which the associated risk of harm with this approach, as set out above. This is particularly the case during the COVID-19 pandemic, when visiting by carers and families to community hospitals is limited for infection prevention and control reasons.

Conclusion

Having considered all these factors, the Trust and OCCG have formed the view that re-opening the general inpatient ward at Wantage would not be the best use of NHS resources at this time, particularly when additional clinical staff and resources are needed to support COVID-19 and there is a need to invest in newccare pathways more aligned to NHS policy, national guidelines and clinical evidence.

In terms of the longer-term plans, looking beyond the pandemic, we look forward to working with local residents and their representatives, as well as a wide range of system partners, to rapidly progress the best options for future services at the Hospital that will most benefit the local community.

Useful links and references

Information on national policy and guidance

- https://www.nhs.uk/nhsengland/keogh-review/documents/quick-guides/quick-guide-discharge-to-access.pdf
- https://www.england.nhs.uk/wp-content/uploads/2018/12/3-grab-guide-getting-people-home-first-v2.pdf
- https://www.england.nhs.uk/south-east/wp-content/uploads/sites/45/2018/12/15.-Discharge-planning-and-Home-First.pdf
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/459268/Moving_healthcare_closer_to_home_clinical_review.pdf
- The Kings Fund have produced a useful report on community services (https://www.kingsfund.org.uk/publications/community-health-services-explained) which provides further links to other useful documents

Effects of bedrest on muscle strength and functioning

- Gill et al. https://pubmed.ncbi.nlm.nih.gov/15304541/ identified that extending bed rest increases the risk of functional decline
- Clark et al. https://pubmed.ncbi.nlm.nih.gov/24637342/ showed that 48% of people over 85 years of age die within 12 month of a hospital admission
- Coker et al. https://pubmed.ncbi.nlm.nih.gov/25122628/ documented the decline in muscle mass, strength and overall functional decline associated with bed rest and reported a close correlation between bed rest and loss of muscle mass and functional decline
- Evans https://pubmed.ncbi.nlm.nih.gov/7493218/ identified many papers in a review that discuss the effects of loss of muscle mass (sarcopenia)
- Kortebein https://pubmed.ncbi.nlm.nih.gov/18948558/ famously estimated that 10 days in bed results in the equivalent of 10 years of ageing in lost muscle mass

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Healthwatch Oxfordshire Covid-19 voices

Report to the Oxfordshire Joint Health Overview Scrutiny Committee

November 2020

CONTENTS

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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. Recently we revisited care homes and a report on the findings of this follow-up survey is currently being drafted.
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 raised these concerns with the NHS Commissioner and received the following reply by email:

'All NHS Dental practices should be providing services in line with the national Dental Standard Operating Procedure. We have received similar reports as you describe below and have recently issued further communication to the practices to re-iterate what is required of them; a message also being communicated by the Local Dental Committees.

Providing AAA and face to face treatments for patients who have not previously attended a practice

We have received some reports that practices are not providing access for new patients and will routinely turn patients away with urgent dental problems. This is to confirm that this practice is not acceptable at this stage of the Coronavirus pandemic. Practices should be available to provide AAA and face to face in ways that are commensurate to the size of the contract they hold with the NHS. It is not acceptable to decline to treat patients on the NHS but to offer the urgent treatment required on a private basis. Below is the LDC advice which was included in issue no.7 of this newsletter.

Are practices expected to see un-associated patients for urgent dental care?

Yes - If capacity, staffing, PPE and IPC allows these should be seen for a single course of treatment to help with problems of capacity across the healthcare system.

The completion of this urgent course of treatment would not oblige practices to enter continuing care arrangements

This advice is also clearly provided on the nhs.uk website. If patients contact you about this then we will follow up with the practice(s) concerned if we have the patient details (which would be helped by information about date on which they contacted the practice) and confirmation of consent to follow matters up.'

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.

1.5 Employed home carers experience of Covid

39 responses to date - ongoing

1.5.1 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'.

1.5.2 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'.

1.5.3 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'.

1.6 Unpaid home carers experience of Covid

160 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'

1.7 Impact on families with children 0-5 years

Survey responses 64 – report published September 2020

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

64 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".

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.

1.8 Oxford Community Wellbeing Survey

152 responses – now closed and report being drafted

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

2 #BecauseWeAllCare

Healthwatch England Public Feedback Form - Tell us about your experiences of NHS and social care services - https://www.healthwatch.co.uk/tell-us-about-your-experiences-nhs-and-social-care-services

'NHS and social care staff are doing everything they can to keep us well during these challenging times, but there might be things that can be improved. Your feedback can help services spot issues that are affecting care for you and your loved ones.'

Between June and October 2020 there have been 58 responses to the Healthwatch England ~ 'BecauseWeAllCare' survey from people living in Oxfordshire. Responses have been mainly about dentistry (10), GP services (14) and hospital are (22). When the survey closes, we will produce an analysis of what people have been saying.

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Oxfordshire Joint Overview and Scrutiny Committee.
26th November 2020

Chairman's Report

1.0 Population Health and Care Needs Assessment in OX12

1.1 The OX12 Task and Finish Group met on 6th October 2020 to discuss the update on the OX12 project at the HOSC meeting on 24th September. The action notes from the meeting are attached as Appendix 1.

1.2 At the 6th February 2020 HOSC meeting it was agreed to update the remit of the Task and Finish Group, this update, alongside the update to the local members' role on the group have been included in a refreshed Terms of Reference. These are attached as Appendix 2.

2.0 Committee briefings and communication

2.1 The committee received the following written briefings since its meeting in September 2020. These are in the Appendices of this report and are on:

Appendix	Name	From	Received
3	Monthly briefings on COVID-19	System-wide communication	Monthly
4	Wallingford FAU Briefing	OCCG	13/10/20
5	NHS 111 First stakeholder briefing	OCCG	23/10/20
6	Rowlands Pharmacy Oxford change memo	NHS England	29/10/20
7	Update on catch up plan for cervical screening	OCCG	06/11/20
8	Update on OxFed	OCCG	17/11/20
9	Update on visiting arrangements at OUH	OUH	17/11/20

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OX12 Task and Finish Group Meeting
6th October 2020
Action Notes

In attendance:	Cllr Paul Barrow (Chair) Cllr Jane Hanna Dr Alan Cohen
Officers:	Sam Shepherd Martin Dyson

Apologies were received from Cllr Rooke.

The group discussed the update from OH on Wantage Hospital at the last HOSC meeting. It was noted that whilst there was a lot of talk about a vibrant hospital with lots of outpatient services, there hadn't yet been any evidence presented of the inpatient beds not being needed. Nor has any of the evidence been shared with the wider community. It was noted that this evidence base should be part of the formal consultation.

Members noted that the announcement had come somewhat as a shock to the community and urged some community engagement, to help clarify some of the messaging being received. Specifically to help the community understand the vision for the hospital and why outpatient services would be more beneficial than the inpatient beds. Members felt this would be best done via the Wantage Town Council Health Sub-Committee (Nick and Ben committed to speaking to the sub-committee during the HOSC meeting).

Action: Martin to liaise with Nick/Ben and encourage them to engage with the local community via the WTC Health Cttee. Jane to send through Clerk's details for the Health Cttee in Wantage (to Sam and Martin)

Cllr Hanna noted the difficulties in fulfilling the role on the task and finish group and also acting as the local member, supporting the best interests of the local residents, in light of the news delivered at the HOSC meeting. The group agreed to explore the idea of altering the role of the local member on the group, acknowledging the difficulties that the situation presented, but also taking account of the incredibly valuable contribution Jane has made to the group to date.

Action: Martin to revise wording for the membership of the local member and agree with Jane initially, then to be agreed by the rest of the group.

Action: Martin to update T&F Group terms of reference, reflecting the change in role, acknowledging the change in membership, and also altering the groups remit, as agreed during the February 2020 HOSC meeting.

An updated terms of reference to be included as part of the Chairman's report at the November HOSC meeting. Going forward reporting on the work of the group will also take place via the Chairman's report at HOSC.

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HOSC Task and Finish Group: Local Health Needs Assessment in the Wantage Locality

1. Purpose

1.1 The purpose of this document is to define the Terms of Reference for the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) Task and Finish Group on the roll-out of a Local Health Needs Assessment Framework in the Wantage Locality.

2. Background

2.1 In April 2016 members of Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) met representatives from the Oxfordshire Clinical Commissioning Group (OCCG) and Oxford Health Foundation Trust (FT) to consider whether the following proposals constituted a substantial variation in service:

- Temporarily close Wantage Community Hospital (to deal with a legionella outbreak in the hot water system),
- Set aside capital funding (in 2016/17 financial year) for plumbing works,
- Delay the commencement of the capital works until a public consultation on the future use of the community hospital has been determined. (The consultation was initially reported to HOSC to take place in Autumn 2016).

2.2 After considering the proposals HOSC stated that it recognised the closure of the hospital as a substantial change in service. HOSC also noted the commitment of OCCG and Oxford Health FT to a full transformation programme, initially planned for Autumn 2016.

2.3 In July 2016 Oxford Health FT temporarily closed the Wantage Community Hospital on safety grounds (due to the legionella issue). The community hospital has yet to be reopened.

2.4 The public consultation on the hospital was initially due to conclude in Spring 2017. However, after a delay in launching the consultation HOSC were later informed that the consultation over proposals contained within the overall transformation programme would take place across two phases. The future of the community hospital was due to fall into phase two, planned to take place in May 2017.

2.5 In March 2018 the NHS in Oxfordshire issued a joint statement from the System Chief Executives signalling a change to the approach to service transformation. This was a result of learning from phase one and CQC emphasis on better health and social care planning.

2.6 OCCG were tasked with outlining a timetable and framework for working with local communities in the June 2018 HOSC meeting. This included how they intended to review the local health needs, current and projected demographics and local assets to inform service change.

2.7 In the HOSC meeting in September 2018, OCCG presented a draft Local Health Needs Assessment Framework which was designed to set out how commissioners and providers of health and care services in Oxfordshire would work together to meet the health and care needs of the population today and in the future. The CCG proposed that this framework be used in the Wantage locality first to address the issues with Wantage Community Hospital in a holistic way.

2.8 During the meeting in September, HOSC was clear that the proposed framework was a helpful way of considering the health needs of the population. They wished to see greater clarity over the ways in which county-wide services would be planned, but were supportive of the framework as whole. Despite the Committee's approval of the framework, both residents and members of the committee raised concerns about the length of time elapsed since the temporary closure of Wantage Community Hospital and urged OCCG and Oxford Health FT undertake the work as a matter of priority.

2.9 The Local Health Needs Assessment Framework was agreed by the Health and Wellbeing Board in November 2018. The CCG then reported to HOSC on the 29th of November that they intended to use the agreed framework in Wantage with an immediate start. The Committee remained unhappy about the proposed timescales for this work to be undertaken and requested an acceleration. However, to provide effective local health scrutiny into the new framework process, HOSC requested that a Task and Finish Group be established to work in more detail than is possible through Committee meetings.

3. Aims and objectives

3.1 The aim of the Task and Finish Group is to provide:

Scrutiny throughout the process of implementing the Local Health Needs Assessment Framework and its timely roll-out, to take account of the needs of residents in Wantage and the local area.

3.2 To achieve this the Group will.

- Understand the approach to ensuring all resident's needs, current and future, are being considered, by taking a more detailed look at the proposals.
- Understand and report on how the needs of the local residents are being considered.
- Ensure there is sufficient openness and transparency in implementing the proposed approach and subsequent reporting of results.
- Provide feedback to local health system partners as part of their work under the Health and Wellbeing Board on the effectiveness of the Local Health Needs Assessment process, to aid their future transformation work.

3.3 The Task and Finish Group has been established by Oxfordshire Joint HOSC to provide oversight to, and assure the timely and thorough completion of the Local Health Needs Assessment Framework. The Committee has authorised the Group to conduct this work and report back formally to the Committee. The Group does not have permanency, and will exist until such time as the work has concluded.

3.4 In the February 2020 HOSC meeting it was agreed that the Task and Finish Group would continue the scrutiny function undertaken to date until a CCG Board decision has been made on the future of bed closures in Wantage Community Hospital.

4. Membership

4.1 The core membership of the Task and Finish Group is as follows.

- HOSC Members, comprising of:
  - Lead Member for Vale of the White Horse (District Cllr Paul Barrow)
  - One further Cllr (Cllr Alison Rooke)
  - Co-opted Member (Dr Alan Cohen)
  - A Wantage County Councillor* (Cllr Jane Hanna)**

The Group will be Chaired by District Cllr Paul Barrow. The Group may draw in expertise and expert witnesses as necessary.

**It was agreed at the meeting of HOSC on 7th February 2019 that a Wantage County Councillor would also sit on the Task and Finish Group, however they should not also be on the CCG Stakeholder Group.*

*** It is acknowledged that there may potentially be a conflict of interest at times, between the requirements of representing the Task and Finish Group and acting in the capacity as the local Councillor to ensure the local population's democratic voice is heard. On such occasions, that conflict will be declared to all relevant parties so it is understood that they are acting within their remit as the local Councillor, as opposed to representing the Task and Finish Group.*

Additional attendees may include;

- CCG
- Oxford Health FT
- Patient representatives
- GP representatives.
- OX12 Stakeholder Reference Group

5. Frequency

5.1 The Task and Finish Group will meet as the Chair shall deem necessary.

6. Secretariat

6.1 The Task and Finish Group Secretariat function will be provided by the Policy Officer for HOSC.

7. Agenda and papers

7.1 The agenda and all papers will normally be distributed via email to members and those in attendance in advance of the meeting by the Secretariat.

7.2 The actions to be taken will be recorded in the Task and Finish Group's minutes which will be circulated to all members of the Group.

7.3 The Chair is responsible for ensuring that the minutes of meetings, produced by the Secretariat, and any reports to HOSC accurately record the decisions taken.

7.4 Minutes will be formally approved at the subsequent meeting (or by email where this would be more than one month later).

8. Reporting line(s)

8.1 A report from the Task and Finish Group on the work will be provided at each HOSC Committee meeting.

8.2 The Group will make recommendations to the Committee, the CCG Board and/or to the provider where appropriate.

Oxfordshire

NHS & Local Authorities Stakeholder Briefing

25 September 2020

Oxfordshire health and local authority partners are working together to help the county restart, recover and renew after COVID-19.

Table of contents

Introduction

Restart, Recover, Renew is an ambitious Oxfordshire system-wide approach to recovery, which places the health, social and economic wellbeing of Oxfordshire residents at its heart. It considers the interdependencies between socio-economic factors, health outcomes, the economy, environmental matters and communities, and seeks to identify innovative joint solutions to shared challenges.

The devastating impact of COVID-19 has presented a challenge to our communities and across our services which we have never seen in our lifetime.

This Stakeholder Briefing provides a regular update on each of the six themes identified in our approach to recovery: i) Economy; ii) Place, Transport, Infrastructure; iii) Health, Wellbeing and Social Care; iv) Children, Education and Families; v) Community Resilience; vi) Organisational Recovery.

Outbreak Management

In the 7 days up to 18 September, there has been a total of 91 confirmed COVID-19 cases in Oxfordshire, a decrease from 107 new cases in the previous week. This is equivalent to a weekly rate of 13.2 new cases per 100,000 residents.

Oxford currently stands at 21.6 cases per 100,000 population, which means the city's alert status is currently yellow. Cherwell is also at yellow status, with 15.3 cases per 100,000 population.

Oxfordshire system partners have been working together on a communications campaign – #stopthespread – to encourage Oxfordshire residents to take protective measures to stop the spread of the virus and protect themselves and others. The campaign comprises digital, social media and outdoor advertising, leaflets distributed to households, posters distributed across pubs, messages sent by GP practices to local residents, and media interviews with Oxfordshire's Director of Public Health Ansaf Azhar.

System partners are also working closely with Oxford University and Oxford Brookes University on a range of measures to keep students, staff and residents safe as teaching and studying resumes this month. Additional local contact tracing systems have been established to track attendance in key areas across campuses; local outbreak control plans are in place, which have been tested through joint exercises; and all students are being

provided with advice and guidance about how to protect themselves and others.

Update on testing

Across Oxfordshire we are currently carrying out approximately 10,000 tests per week and have some of the highest testing rates in the south-east region. But as elsewhere in the country, demand is outstripping capacity, and so we are asking people to only book a test if they have COVID-19 symptoms.

To supplement regional resources, we have recently established a Local Testing Site in Oxford. Located at Oxford Brookes campus in Headington, it is open to the local community as well as to Brookes' students and staff. Advance booking is required – people showing coronavirus symptoms should call 119 or register online. We are actively looking to secure an additional testing facility in Oxford as well as further sites across the county.

A recent survey at testing sites found a quarter of people turning up did not have symptoms, and this is putting a huge strain on the system. We are therefore actively urging people not to order or book tests if they are not symptomatic.

Booking slots are made available the evening before for morning appointments, and on the morning for afternoon appointments. There are times during the day where booking slots may not be available. However, slots are released continuously and so anyone who has not been able to make a booking should call back or visit the website later.

Further information about coronavirus cases in Oxfordshire and the measures being put in place to control the virus can be found at **www.oxfordshire.gov.uk/stopthespread**.

Launch of the NHS COVID-19 app

The new NHS COVID-19 app will launch in England and Wales on 24 September. This is part of the NHS Test and Trace service, which will be used alongside traditional contact tracing to help trace individuals who may have come into contact with a confirmed case of coronavirus.

The app allows people to check into venues by scanning a QR code. It also provides them with an alert if they have been in close contact with someone who has tested positive, and helps them check if they have symptoms and book a test. You can find out more about the app **here**.

You will start to see posters with QR codes being put up in public-facing businesses and venues across the county. From 24 September it will become **a legal requirement** for all designated venues to display an official NHS QR poster. Designated venues include:

- Hospitality services, including pubs, bars, restaurants and cafés
- Tourism and leisure services, including gyms, swimming pools, hotels, museums, cinemas and theme parks
- Close contact services, including hairdressers and barbers
- Facilities provided by Local Authorities for the public, including town halls and civic centres for events, community centres, libraries and children's centres

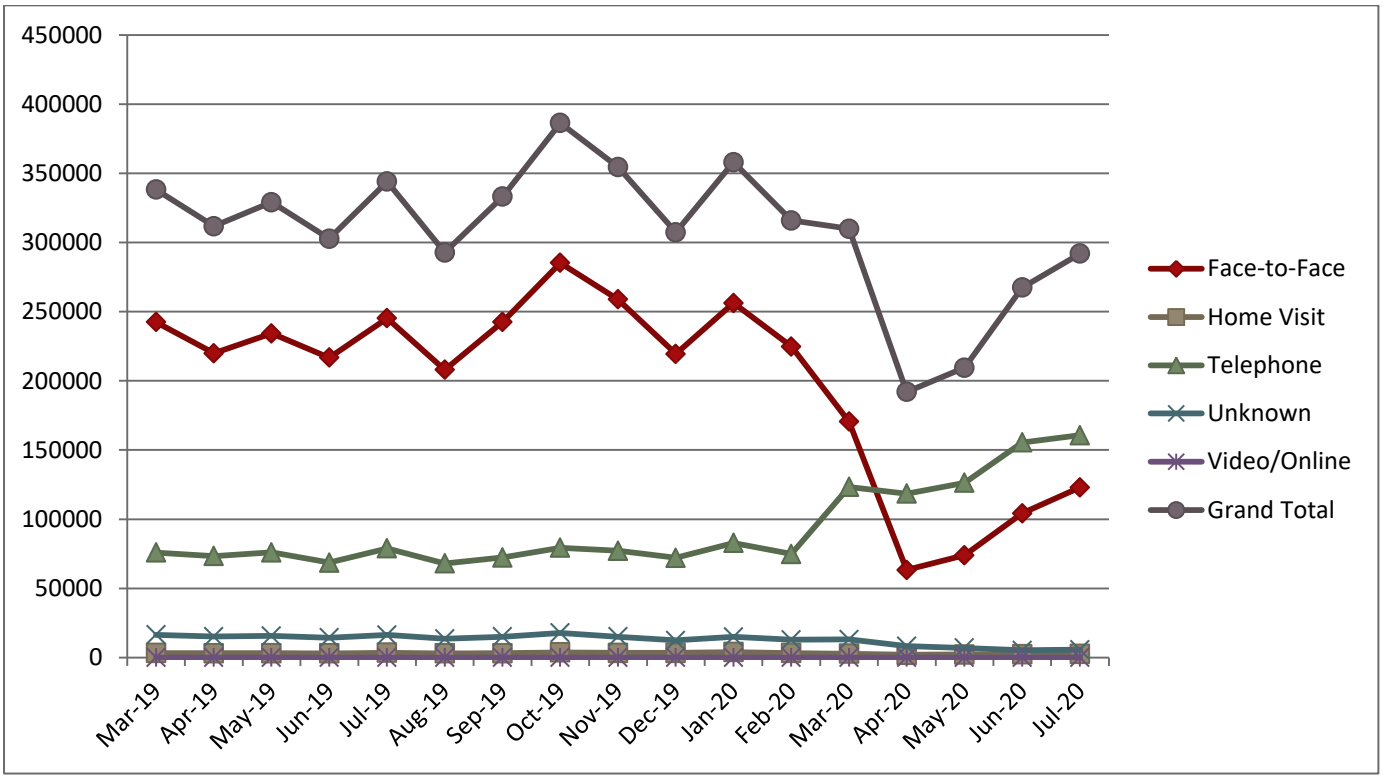
Resources for venues and businesses are available **here**.

Test and Trace Support Payment

From 28 September people will be required by law to self-isolate. New fines for those breaching self-isolation rules will start at £1,000, while those on lower incomes who cannot work from home and have lost income as a result will be supported by a Test and Trace Support payment of £500.

These payments will be administered by district councils, who are working at pace in Oxfordshire to put in place this new service line by the deadline of 12 October (with back payments to 28 September).

In addition to this new grant, there are many ways in which Oxfordshire residents who need to stay at home are being supported. This includes support from our local community hubs, town and parish councils, community support groups and the voluntary and community sector.



In primary care, GP practices have been working differently to offer appointments to patients using telephone and online to reduce the number of people attending the practice in person.

During the height of the pandemic, the number of face-to-face appointments was significantly reduced. Support was provided to enable GPs to deliver more telephone appointments and to safely restore face-to-face services where telephone and online services cannot be used.

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

This approach is also a feature across healthcare in Oxfordshire. The use of technology to continue to provide care without seeing patients face-to-face has helped keep people safe.

For example, Oxford Health NHS Foundation Trust (OHFT) – a Global Digital Exemplar trust – has now surpassed 60,000 online consultations; a milestone that is believed to put the Trust as the top performer for digital consultations in the country. In January, OHFT provided 86 per cent of patient contacts face-to-face. This has reduced to 47 per cent, meaning OHFT's clinicians and therapists can still have one-to-one contact with patients and service users, providing help, reassurance and treatment.

In OHFT, more than 500 digital consultations take place each weekday, accounting for 13 per

cent of contacts, with a further 39 per cent of contacts by phone and the rest via email. Services which have embraced digital consultations include Children and Adolescent mental Health Services and IAPT (talking therapies) and dentistry, together with eating disorders, adult mental health, perinatal, early intervention in psychosis, and health visiting.

OHFT is now working with Oxford University to develop a study into the effectiveness of digital consultations to inform how services are delivered in the future.

Oxford University Hospitals (OUH) NHS Foundation Trust – which is also a Global Digital Exemplar trust – carried out more than 17,000 video consultations from 16 March to 6 September using the Attend Anywhere platform.

OUH is a major regional and national centre for many specialties, so patients often come not only from Oxfordshire and the wider Thames Valley area but also from other parts of the country. During the COVID-19 pandemic, video consulting technology has allowed those patients, as well as those who live closer to our hospitals, to continue to access vital services.

Ahead of the widespread adoption of Attend Anywhere, the Oxford Sarcoma Service – one of only five National Specialist Bone and Soft Tissue Sarcoma Services in England – carried out a study into the technology. Patients often have to travel significant distances for on-going treatment – from as far away as Cornwall and the south coast. The study found that patients were "extremely happy with video consultation", in particular those who work or are house-bound.

Among the most frequent users of Attend Anywhere at OUH during COVID-19 have been children's services who have needed to engage with children and teenagers. Using video is immediate, easier and more productive than engaging with them over the phone.

As part of its review into digital development OUH commissioned the TheHill, Oxfordshire's health and care digital transformation catalyst, to explore what, how and why innovation and new technological solutions took place at OUH in the first three months of the COVID-19 pandemic**.** The report is now available on TheHill website.

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

As the virus remains present across the country, arrangements are in place to protect patients and staff so other care can continue to be available. Urgent care and cancer services remained open throughout the pandemic and now most routine care is open for referrals.

Of course, there is still a backlog with longer waiting lists for most procedures and our hospitals are working hard to prioritise those patients in most need and to reduce the lists as quickly and as safely as possible. Additional capacity has been made available by using private providers across the county and by working collaboratively with other providers

across the borders into Berkshire, Buckinghamshire and elsewhere.

We know this is a difficult time for patients waiting to be treated for routine conditions. Every effort is being made to ensure patients and staff are safe, which means more space is needed to ensure social distancing and more time is needed to allow for deep cleaning and changing of PPE between each patient.

Plans for winter also well underway. Once again, we will be asking people to take action to stay as well as possible. Having a personal winter plan can make all the difference. Keeping a well-stocked first aid box including cold and flu remedies, keeping the home warm in cold weather, avoiding going out when it is icy and having the flu vaccination if you are in one of the at-risk groups.

We will also continue to remind the public of the on-going advice about COVID-19. This includes how to protect ourselves with simple hand-washing, using face coverings while out and about, making sure we socially distance when seeing people outside of our home and staying vigilant to changes to the advice if numbers of infections rise locally.

A system approach to communicating these messages has been taken and over the past weeks this has been particularly important as the number of cases was seen to be rising in Oxford. NHS and local authority communication teams joined forces to support the wide communication of messages for our Director of Public Health. These were particularly targeted at younger people, so in addition to using local media and traditional communications, we sent out messages via social media, texts from GP practices, radio advertising and leafleting. Early indications are that this has had a positive effect on numbers of infections and we will continue to monitor these closely and take action as needed.

Getting people more active, more often

Cherwell District Council has partnered with Street Tag to launch an app that encourages people to walk and cycle more around the district. An interactive map guides people to specific digital markers, with participants picking up points for each one they discover.

The virtual tags are placed in popular walking routes and areas with green space to encourage people to get around on foot or bike. The app uses the latest GPS technology and logs when a player is in the correct area, rewarding them with points.

Since the app launched on 10 August, residents and participants have clocked up almost 5,000 miles – that’s a combination of cycling, walking and running to Rome and back, twice!

Ambitious investment plan launched for Oxfordshire

A £4.3bn investment plan for Oxfordshire, which aims to generate significant national and international financial backing, has been published by the county's Local Enterprise Partnership (OxLEP). The **Oxfordshire Local Industrial Strategy Investment Plan** calls on the UK Government and international investors to back a portfolio of programmes and projects to support the economic recovery from the pandemic and to trigger significant job openings and commercial activity.

By 2030, the investment plan's portfolio of projects will aim to deliver 24,500 jobs, 2,700 qualifications, create support for more than 41,000 adult and young learners, as well as adding 350,000m² of new commercial and innovation floor space countywide. Some of the headline projects include:

- **A £172m Energy Systems Accelerator** – a global hub for knowledge sharing and collaboration in net zero-carbon energy systems.
- **A £18.3m Oxfordshire Social Contract, Careers Innovation Gateway** – a transformative programme focused on driving social mobility and long-term career opportunities for young people across Oxfordshire.
- **The Harwell International Space Cluster** – a package of three projects that will expand the Harwell Space Cluster into one of the world's leading locations for space technologies and downstream services.

A Global Health and Life Sciences Cluster programme – a package of two projects involving Oxford University and Oxford University Hospitals NHS Foundation Trust, which will deliver a world-leading Clinical Bio-manufacturing Facility and the expansion of a new Bio-Escalator incubator for spin-outs and research.

Rediscover Oxford

Oxford City Council has joined forces with the *Oxford Mail* on a marketing campaign to help boost city centre businesses and cultural attractions. The campaign aims to encourage Oxford and Oxfordshire residents to visit their home city for day trips and to re-engage with their city through cultural activities. It also encourages those from further afield in the UK to visit for staycations.

Oxford's brilliant businesses, beautiful green spaces and must-see attractions are being promoted through coverage in the *Oxford Mail* and *Oxford Times* and digital and non-digital advertising. A website has been created to provide suggestions for activities, daytrips and staycations: **www.rediscoveroxford.co.uk**.

Although many people are now returning to the city centre to shop or visit restaurants and pubs, the coronavirus pandemic has meant significantly fewer tourists are visiting Oxford than normal. Footfall is down by 62 per cent compared with last year, which is affecting the retail and hospitality sectors, especially those which rely on the summer tourist trade.

Place, Transport, Infrastructure

Funding deal to update A40 west of Oxford

Oxfordshire residents will benefit from a funding deal with Homes England for £102m from the Housing Infrastructure Fund, dedicated to providing a significant upgrade to the A40 west of Oxford. The key route carries up to 32,000 vehicles a day on the section between Witney and Oxford and is single carriageway in some sections.

The deal will enable the County Council to improve sustainable travel for residents, communities and business while supporting thousands of new homes and jobs. The sum of £102m will deliver the Housing Infrastructure Fund 2 A40 Smart Corridor, comprising:

- An extension of the dual carriageway from Witney to the proposed Eynsham park and ride, including improving cycling facilities along the route
- An extension of the A40 westbound bus lane from west of Duke's Cut canal and railway bridges close Oxford near to the proposed Eynsham park and ride
- A40 capacity and connectivity improvements to widen access at Duke's Cut canal and railway bridges, extending the eastbound and westbound bus priority lane, prioritising bus rapid transit at this pinch point.

Children, Education, Families

Welcoming children back to school safely

Oxfordshire County Council worked closely with schools and colleges on preparations for the safe return of children at the start of the academic year. Risk assessments were carried out and hygiene measures put in place across all education settings, and all education providers are following Department for Education, Public Health England and County Council guidance.

A letter was sent to parents and carers across Oxfordshire to reassure them about the preparations that have taken place for the safe return of children. 94 per cent of schools in Oxfordshire have remained open since the start of lockdown and no significant outbreaks were seen during this time. Moreover, research by Public Health England shows that coronavirus outbreaks and infections in schools and early years settings are very rare.

Out of more than 1 million children attending pre-school and primary school in June, just 70 children were affected.

Through the **#backtoschoolsafely** campaign, parents and children are being encouraged to adopt active travel where possible, including walking, cycling or scooting to school. An email address has also been set up for parents to report any congestion issues close to their

child's school:
schoolsactivetravel@oxfordshire.gov.uk

Barton Park Primary School opens its doors to its first pupils

Children living at Barton Park, Oxford, are benefiting from a new primary school, which opened its doors on 3 September. The school is initially welcoming a reception and combined year 1 and year 2 classes, with COVID-19 safety measures throughout the building and grounds. Longer term, the school expects to cater for 315 children aged between four and 11, alongside 45 nursery places.

The new school has been designed to promote active and healthy lifestyles in line with Barton Park's ethos as a 'healthy new town'. The school has been built by Oxfordshire County Council and its completion is the latest milestone in the development of Barton Park by Barton Oxford LLP, a joint venture between Oxford City Council and Grosvenor Britain and Ireland.

Community Resilience

Community Hub Emergency Relief Grants

Oxfordshire's six councils are establishing a Community Hub Emergency Relief Grants scheme to help tackle the effects of coronavirus on the most vulnerable.

Supported by an allocation of national funding from DEFRA and administered by the county's four district councils and city council, the scheme will be open to local voluntary and community organisations tackling the economic impacts of COVID-19.

Grants of up to £5,000 are available to support the work of voluntary not-for-profit organisations, working to relieve hardship in their community and prevent food insecurity. Projects that can be funded include, but are not limited to, community food banks and food projects such as larders and fridges.

Applications will be invited and assessed on a rolling basis. The intention is that the majority of this fund is spent by the end of October in line with government guidance.

For further information, please visit the city and district councils' websites.

Organisational Recovery

COVID-compliant workspaces

Since the start of lockdown, many staff across local authorities in Oxfordshire have been working from home, while committee meetings have been held virtually. In light of recent Government guidance, this arrangement will remain in place for the foreseeable future, with staff who can work from home being asked to continue to do so. The Facilities Management teams have been working hard to make buildings COVID-compliant in order to support public-facing services and to provide desk space to those members of staff who cannot work from home. Surveys have been conducted across county, city and district councils to monitor staff sentiment and assess requirements and support for remote working in the longer term, as well as levels of digital confidence.

Other news

Oxford Health NHS Foundation Trust's Digital Care Assistant was shortlisted for Nursing Times Awards 2020. Oxford Health has been shortlisted for Nursing Times Awards 2020 in two categories: Nursing in Mental Health and Technology and Data in Nursing.

The trust's entry, A better night's sleep: a novel approach to nursing observations at night shines a light on the Digital Care Assistant (DCA), which enables staff to gather observations from mental health inpatients without waking them at night. Developed in collaboration with Oxehealth, an Oxford University spin-off IT company, the DCA observation technology was launched last summer on the acute male inpatient Vaughan Thomas Ward at Warneford Hospital, Oxford.

Virtual HealthFest 2020: Oxford Health's annual celebration of Trust, partner and community involvement which usually attracts 500+ visitors at Warneford Hospital went online this year due to COVID-19. It was broadcast on www.oxfordhealth.nhs.uk/healthfest/ on 12 September, the Trust's Chief Executive Nick Broughton welcomed festival-goers to a virtual site featuring a main stage debuting a film about Abingdon Community Hospital – including the Oxfordshire Stroke Rehabilitation Unit – alongside videos from a host of trust services and partners including SCAS, Smoke Free Life and Age UK Oxfordshire.

Six other 'activity tents' shared information on Research & Development, Keeping Active, OHFT's Green Alert campaign; Thriving with Nature, Arts & Wellbeing and the Trust's Charity, Membership & Involvement activities.

And finally…

We plan to share an update at least once a month. Please email **occg.media-team@nhs.net** with any queries and we will endeavour to get back to you as soon as we can.

Oxfordshire

NHS & Local Authorities Stakeholder Briefing

23 October 2020

Oxfordshire health and local authority partners are working together to respond to the pandemic and help the county restart, recover and renew after COVID-19.

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Outbreak Management

In the seven days up to Friday 16 October, there has been a total of 580 confirmed cases in Oxfordshire, which is equivalent to a weekly rate of 83.9 per 100,000 residents. While the data on new cases has not sharply increased over the past week, what we are now starting to see is wider community transmission across all age groups. The evidence shows that the virus is no longer confined to younger people in urban areas, but is spreading to older and more vulnerable age groups. Hospital admissions have begun to increase as a result. This spread is very concerning and is showing across all districts.

In advance of half term next week, and the inevitable increase in households mixing, Director of Public Health Ansaf Azhar and the Leaders of all six Oxfordshire local authorities requested that the county move from the 'medium' COVID-19 alert level that we are currently in to a 'high' alert level. This move, which would mean that residents could not socialise with anybody outside their household or support bubble in any indoor setting, was designed as a prevention measure to try to minimise transmission and slow our trajectory of spread. We have now received confirmation that Oxfordshire will remain in 'medium' for this week, but the situation will be reviewed again next week.

With half term and events such as Halloween, Bonfire Night and Diwali coming up, we are urging residents to act responsibly to help keep their families and communities safe. We know that the majority of transmissions occur when different households mix, so we are encouraging people to limit their social interactions wherever possible. Further information is at **https://news.oxfordshire.gov.uk/oxfordshire-close-to-high-covid-19-alert-level**.

COVID-19 Secure team

To help ensure Government safety rules are being applied, a new COVID-19 Secure team is now operating across Oxfordshire.

Funded by Oxfordshire County Council's NHS Test and Trace grant, and delivered jointly across all Oxfordshire councils, the team's aim is to work with and support businesses to help them comply with the rules and guidance that applies to them and to ensure good infection control measures are in places which the public access. More information is in this **news story**.

Launch of local COVID-19 contact tracing system

A new COVID-19 contact tracing system for Oxfordshire launched last week, designed to provide another layer of support to help control the virus. Collectively, Oxfordshire's six councils will work to contact people who the NHS test and trace national system is unable to reach. People contacted will be advised to isolate, talked through how to access local support when isolating and asked about details of their close contacts so these can be followed up by the national team. The service will run seven days a week, with calls coming from the council using a local (01865) phone number. Text messages will also be sent to people with mobile phones telling them to expect a call. It is important to recognise that high case numbers in Oxfordshire impact the workload of the tracing team; as such resourcing will be reviewed across Councils on a regular basis.

Communications campaign

Communications is a key aspect of our local response to COVID-19, and our partnership approach involves colleagues from across health, local authorities, Thames Valley Police and the universities.

With the rise in COVID-19 levels across the county, we have significantly increased our activity and are adjusting our approach with every new set of information. This includes trialling new social media channels such as Tiktok and Snapchat to reach youth audiences, and carefully selecting outdoor advertising sites where they will have the most impact. We are also partnering with local influencers such as Oxford United football club to encourage the use of face coverings by the 18-24 age group. You can watch one of our videos featuring Oxford United coaches **here**.

An extension of this campaign is also targeting children (aged 12-17) to encourage the use of face coverings on school transport.

Currently our #StopTheSpread campaign is focusing on:

- Uptake of the NHS COVID-19 app
- The key symptoms of COVID-19 and when to get tested
- Encouraging the use of face coverings among young people
- Behaviour change in light of rising cases across Oxfordshire – both general messaging and targeted messaging aimed at 18 to 24-year-olds

We are also working closely with **local businesses**. A communications toolkit and social media toolkit has been shared with businesses, containing messaging, graphics, and newsletter copy; and a range of assets – including graphics and posters – can be downloaded from OxLEP's website: **www.oxfordshirelep.com/local-authority-support**.

Oxfordshire's Director of Public Health, Ansaf Azhar, has written to businesses across the county asking for their continued support in helping suppress the spread of coronavirus and drawing their attention to new Government guidance and legislation around control measures.

Working with residents of HMOs

Oxford City Council has written to tenants of houses in multiple occupation (HMOs) with advice on suppressing the spread of coronavirus. HMOs are homes rented out to three or more people who are not from the same family and who share facilities, and they present particular difficulties in preventing the spread of coronavirus.

The council has written to tenants in 3,268 shared houses to **provide advice** to help keep them safe and comply with the law. For example, the rules mean that if an HMO has six or more residents, then no visitors are allowed unless there are fewer than six people actually in the property. If someone living in an HMO has symptoms of the virus then all residents must self-isolate for 14 days or until the symptomatic person tests negative.

Encouraging COVID-19-secure events

Advice has been issued by Oxfordshire's local authorities to help upcoming events take place in a safe and COVID-19-secure way. A COVID-19 checklist has been sent to town and parish councils to help event organisers identify any elements of an event that may need to be adapted or any issues that need to be addressed.

Oxford City Council is urging residents to **do Halloween differently this year** and plan low-risk activities to protect their friends and neighbours; while Oxfordshire County Council Fire and Rescue Service has provided **guidance and tips** for residents holding their own fireworks displays.

COVID-19 intensive care survival rates highlighted

The *Oxford Mail* recently ran a front page story about COVID-19 ICU survival rates at Oxford University Hospitals (OUH) which reported that the Trust's death rate of 23% is significantly lower than at other NHS trusts – this means that 77% of COVID-19 patients admitted to an intensive care unit at OUH survived.

Professor Meghana Pandit, Chief Medical Officer at OUH, says: "Many lives have been saved due to the resilience, determination, and expertise of OUH staff. I am so very proud of this group of amazingly strong, caring people who have looked after our patients during an exceptionally difficult time."

The full story can be read on the Oxford Mail website.

Protective screens made 'in-house' by OUH team to keep patients, visitors and staff safe

Normally the OUH Orthotics team of 15 staff based at the Nuffield Orthopaedic Centre (NOC) in Oxford manufacture custom-made orthotic devices for patients with varying health conditions, including Stroke, Cerebral Palsy and Motor Neurone Disease.

But during the first wave of the COVID-19 pandemic they adapted and expanded their skills to make more than 100 protective screens to help keep patients, visitors, and staff safe. Designed from scratch, the screens are cut and manufactured in the Orthotics workshop before being assembled and fixed or delivered to where they are needed.

A video of a screen being made can be watched on our YouTube channel.

OUH partnership with Apple empowers our patients

The OUH is now able to offer patients a simple and secure way to access medical data through their smartphone. OUH patients can now choose to access Health Records on iPhone, which brings together hospitals, clinics and the existing Apple Health app to make it easy for patients to see their available medical data from multiple providers whenever they choose.

OUH patients who have been registered with the Trust's "Health for Me" patient portal will be able to access Health Records on iPhone. Currently registration on the patient portal is being rolled out by clinical speciality, starting with Diabetes and Renal, before being rolled out Trust-wide.

David Walliker, Chief Digital and Partnerships Officer at OUH, says: "Health Records on iPhone puts our patients at the centre of their care. As a Digital Health Exemplar organisation in the NHS, we are committed to the potential for technology to empower patients to take control of their healthcare."

World Mental Health Day 10 October 2020 – This year's World Mental Health Day was arguably the most important so far and Oxford Health ensured that staff had access to a wealth of information, signposts and advice through a specially created section on the intranet.

Oxford Health's Professor Keith Hawton has been awarded a CBE in the Queen's Birthday Honours List 2020 for services to Suicide Prevention. Prof. Hawton is a Consultant Psychiatrist at Oxford Health NHS Foundation Trust and Professor of

Psychiatry at the University of Oxford. Among a lifetime of achievements Profession Hawton's work led to changes to the types and volumes of painkillers available to buy over-the-counter. Read more **here**.

On World Mental Health Day Oxford Health promoted the **Oxfordshire Mental Health Partnership (OMHP)** and its complete recovery package which aims to support people at all stages of their journey – including housing support when they need it. Read more **here**. An **appeal was also issued** to urge women to seek mental health support during coronavirus as a report revealed that they are more likely to be struggling in the pandemic. The South Oxfordshire CAMHS team, who work with children and young people, created a special video which can be found **here**.

Black History Month – a time to celebrate and change

Black History Month gets underway in a year that has in part been shaped by the Black Lives Matter movement and how COVID-19 has disproportionately impacted Black Asian and Minority Ethnic (BAME) communities.

Oxford Health is actively engaged again this year with 30 action packed days of events, training, case studies, personal staff stories and talks to support inclusivity.

Lesley Dewhurst, chair of Oxfordshire Mental Health Partnership, which includes Oxford Health, shares the partnership's commitment to race equality in **a video posted at the start of the month**.

The Black, Asian and Minority Ethnic (BAME) Staff Network at OUH has been created to promote a culture of inclusion and diversity at OUH – their new **Twitter** feed was launched on 1 October to mark the start of Black History Month.

The Trust has also been marking Black History Month with some **specially-recorded videos from three members of our staff, Ariel Lanada, Lindley Nevers and Reema D'Souza, which you can view on Twitter**.

The Museum of Oxford has been celebrating Black History Month with a series of online events. These include a series of interviews with celebrated **Oxford grime artist Leonidas**, who talks about his upbringing in Blackbird Leys, his work with Oxford City Council's Youth Ambition team and reflections on what Black History Month means to him; and an online version of the *Windrush Years – Next Generations* exhibition, which was developed in partnership with the **Afrikan and Caribbean Kultural Heritage Initiative (ACKHI)** and the Ber-Bedo Kelo Lonyo United Women's Organisation (BKLUWO) group. See the **Museum of Oxford's website** for further information.

Helping patients to keep in touch with friends and family

In March, the OUH took immediate action to limit visiting to all our hospitals to keep its hospitals to keep patients and staff safe during the pandemic. No visitors were allowed except birth partners, one parent for children, one loved one for patients at the end of their life, and if someone was required to make decisions for patients with learning disabilities, for example.

In June, **OUH made the decision to relax visiting restrictions and introduced the 'Rule of One'** – one visitor, per inpatient, for one hour, once a day. This is kept under constant review and **there are some limited exceptions, for example in Maternity – full details are on our website.**

Patient and staff safety is absolutely paramount and means that some visiting restrictions are still in place – including in outpatient departments, Emergency Departments, and Emergency Assessment Units, where patients should attend on their own unless there are exceptional circumstances.

The OUH has never lost sight of the value of visitors to our patients. The Trust appreciates that limiting visiting can be difficult and lonely for patients which is why the Trust has worked hard to bridge that gap and offer alternatives, whether that be through technology or a good old-fashioned letter:

- Friends and family can still call OUH wards which have mobile phones which can be taken to the bedside
- There are also have some tablet devices which are securely preloaded so patients can video call friends and family
- The Trusts 'Keep in touch' service means friends and family can send messages and photos to their loved ones by emailing **keepintouch@ouh.nhs.uk** – staff print them out and deliver them to patients on the wards

Oxford Health is now operating a visiting system which allows one visitor for one hour for each patient with all in-person sessions having to be pre-booked. Strict COVID-19 controls are in place.

There are other new ways in which Oxford Health is helping to keep people connected.

We are now able to provide patients with an iPad so they can make or receive video calls and patients can keep in contact with friends, family and carers via letters delivered to bedsides and even read out. Find out more **here**.

And, of course, all Oxford Health wards have a patient phone which friends and family of patients can call. More information on visiting, including booking arrangements, can be found **here**.

OUH Annual Public Meeting video – our COVID-19 patient and staff stories

The OUH Annual Public Meeting was held online on 28 September. More than 200 people 'virtually' attended the meeting live and a further 600 people have watched the **recording** of the meeting on the OUH YouTube channel.

The meeting included a **moving video summary of the last year at the Trust** which includes patient and staff stories about the #OneTeamOneOUH response to COVID-19.

Good news for parents

The Health Visitor service at Oxford Health is back up to full strength after half of the workforce was redeployed earlier in the year to help respond to the impact of COVID-19. The service, which has more than 30 teams operating across Oxfordshire, employs health visitors who are all registered nurses or midwives and their wider skill mix team.

They work with parents of new babies and children, offering support and evidence-based advice from before the birth to when the child starts school at five years. The team helps with specific issues that affect parents and/or their children's health, from breastfeeding through to development concerns. Angela Smith, Professional and Clinical Lead Health Visiting Service, was interviewed recently on Radio Oxford to update listeners.

Flu jabs for schools

Oxford Health's school nurses are on a mission: to vaccinate more than 68,000 children in Oxfordshire against the flu in just 10 weeks. A team of 35 immunisers will be visiting 358 schools ensuring that as many children from reception classes through to Year 7 are protected from the virus – and importantly don't become super-spreaders.

The school nursing team will also be reaching out to parents of home schooled youngsters, numbers of whom have rocketed since the start of the Coronavirus pandemic. And, aside from primary and secondary schools, the team will be protecting the health of youngsters in special schools. Find out more **here**.

In addition to vaccinations for school children, Oxford Health has also begun a programme that will see all staff – starting with those providing frontline services – being offered immunisation.

Stroke team tells their innovative tale on YouTube

Oxford Health's Oxfordshire Stroke Rehabilitation Unit (OSRU), based at Abingdon Community Hospital, has launched a video and telephone based follow-on service to support discharged patients coping with life back at home during the pandemic. The new service has helped more than 80 patients so far. You can see their work in action at **https://bit.ly/3jjNXLB** The OSRU story has been put forward as one of Oxford Health's contenders in the 2020 Parliamentary Awards.

Help Us Help You

The national NHS campaign, Help Us Help You is running nationally over winter to encourage people to access healthcare services with the main focus on cancer. The first phase will focus on general cancer symptoms and is running from now until November; it will then change to abdominal cancer symptoms until January with then a focus in the new year on lung cancer.

The Oxfordshire system will be supporting this campaign through social media and the media, highlighting local case studies and providing reassurance to people that it is safe to access healthcare services in the county.

Winter

Oxfordshire's winter plan was launched on Monday 5 October in a system-wide panel interview on BBC Radio Oxford, accompanied by a press release and social media. **BBC Sounds from 3hr 7m onwards**.

NHS teams also took part in a virtual stand at Oxford Brookes and Oxford University Freshers' Fairs. The NHS stand at Oxford Brookes was the 7th most popular page in first four hours.

The public flu campaign launched on social media to target vulnerable groups, including those with long term conditions and there has been a press release published about school flu vaccinations and to offer reassurance to parents of 2 and 3 year olds. The school immunisation team leader was on BBC Radio Oxford (1/10). Listen **here** at the 2:02:12 point.

OXFORDSHIRE SYSTEM
Winter Communications Plan 2020-21

The staff flu campaign has been launched across the system with media coverage in the local papers. The supply of the flu vaccine has caused some availability issues with pharmacies but Oxfordshire Clinical Commissioning Group (OCCG) and Oxfordshire County Council (OCC) are working to ensure that frontline staff (especially care home and social care staff) are aware they can get their vaccine from GPs.

OCCG are currently working with community leaders to produce videos in different languages to encourage communities to get their flu vaccine and also offer reassurance to those who might feel concerned about visiting a GP practice or pharmacy.

Mental health highlighted as part of Oxfordshire System Winter plan

Pete McGrane, Clinical Director at Oxford Health, joined partners from the Oxfordshire system on BBC Radio Oxfordshire to tell listeners how local NHS organisations will deliver responsive and joined-up services throughout the season. He said: "There is a direct link between our physical and mental health. We know that this year has had a significant impact on people's physical and mental wellbeing, and people may continue to feel the impact of this as we move into winter."

Oxford Health's 24-7 support line is available to anyone needing advice or support. Adults should call: 0800 783 0119 or 01865 904 997. Children and young people can contact: 0800 783 0121 or 01865 904 998

GP practices

Since the outbreak of the COVID-19 pandemic, GP practices across England have significantly changed the way they assess and care for patients.

From the outset, and almost overnight, practices introduced total telephone triage, expanded their use of telephone, video and online consultations and adopted strict infection control measures to ensure the safety of those patients who needed to be seen face-to-face and practice staff.

Demand for GP appointments reduced during the lockdown period, but since restrictions were lifted numbers are back to pre-COVID-19 levels. Many GP practices are continuing to offer more digital appointments, and seeing patients face-to-face when it is clinically appropriate.

These new ways of working have been welcomed on both sides of the reception desk. However, there is anecdotal evidence that patients are still concerned by the perceived risks of attending a GP appointment at their practice, the difficulties of contacting their practices by phone and worries about a lack of access to the appropriate technology.

The clinical commissioning groups across Buckinghamshire, Berkshire West and Oxfordshire are working together on a communications campaign to address these concerns, and clarify what patients can expect from primary care, in the short term and into the future.

We are working with our local Healthwatch partners to understand people's current experiences so we can target communications to the groups who need them most, particularly among BAME communities, digitally excluded patients in deprived areas and older people.

Wallingford First Aid Unit

NHS England issued guidance in 2019 to address the variation in community-based urgent care services which currently go under different names, including: walk-in centres, minor injury units, urgent care centres etc.

In future, all urgent care services will be designated as:

- Emergency Departments in acute hospitals

or

- Urgent Treatment Centres with a standard specification describing the service provided.
- All other same day access urgent care services are expected to be integrated into primary care as an alternative community service.

In some parts of England, this has resulted in services closing.

OCCG is currently planning how to ensure the current community-based minor injury units (MIUs) and first aid units (FAUs) can continue to provide valued services to local populations, while being consistent with the national guidance.

The Wallingford First Aid Unit is based in Wallingford Community Hospital and has been run by Oxford Health. It has been closed since the start of the COVID-19 pandemic when staff were redeployed to other parts of the health service. Pre-COVID-19, the FAU saw around 140 attendances a month and serves both the local population (approx 7,995) and out of area visitors. Pre-COVID-19, the unit's opening times corresponded to that of the Wallingford Medical Practice, which is located in an adjacent building and is open from 8am to 6.30pm Monday to Friday.

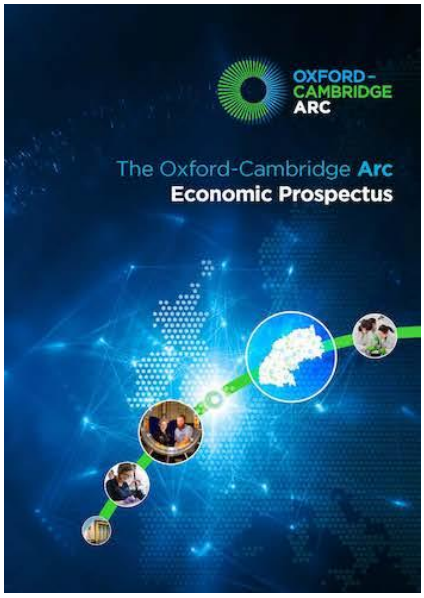
OCCG is now in the final stages of incorporating the FAU activity into the Wallingford GP premises, with practice staff providing the service from Monday 2 November 2020. Patients will continue to access the service via an appointment through NHS 111 or through the GP practice, but are not required to be registered at the practice (although around 50% of those attending the FAU are). Out of area visitors will be able to continue use the service .Some walk-in visits will be possible but under strict COVID-19 safety guidelines.

Giving patients a booked appointment time will bring benefits for patients and the service. For example, the staff will be able to access more information about their patients to support their care and a wider range of medical support will also be available to them.

Although the proposed move of the service is not expected to cause any negative impact on patients, OCCG and the Wallingford Medical Practice are currently engaging with the community and key stakeholders to explain the plans and understand any concerns they may have.

Economy

Oxford to Cambridge Arc: a global asset and national investment priority



The Oxford to Cambridge Arc, which the Chancellor of the Exchequer described as a "key economic priority", has unveiled its bold vision in a prospectus submitted to Government. The Arc's ambition is to unlock the potential of its assets to create a world-leading innovation and "green" economy, where sustainable growth supports a thriving environment and improved natural world that brings benefits for us all.

The prospectus asks for commitment from Government to long-term investment in the area, enabling the Arc to fulfil its potential to deliver transformational economic growth that will benefit the whole of the UK, whilst improving the diversity and health of the environment and natural world around us. That investment will be crucial to tackle connectivity and congestion constraints, in a sustainable way, and to provide the skills that industry requires to enable the Arc to pursue its role as a leading global innovation region. Further information is available **here**.

Place, Transport, Infrastructure

Addressing the climate emergency
This month Cherwell District Council and Oxfordshire County Council launched their climate action frameworks, which set out how the organisations will become carbon neutral by 2030 and support the county as a whole to become zero-carbon by 2050.

The action plans describe how the councils will continue to demonstrate leadership in this field, building on initiatives like Local Energy Oxford, which is testing the energy networks of the future, or Community Action Groups, the largest network of community-led sustainability groups in the UK. The plans also identify opportunities for the councils to embrace low-carbon innovations, in areas from fleets and highways to buildings and services.

For example, Oxfordshire County Council is investing £38m over a four-year period to retrofit the county's street lighting with highly efficient, environmentally friendly LED lights. Currently, the county's street lights account for around 7,596 tonnes of CO2 every year – representing nearly 35% of the council's total emissions. The move will reduce the amount of carbon dioxide being produced by 70% and could lead to savings of more than £75m over the next 20 years.

Children, Education, Families

Virtual School launches new opportunities for county's children in care
Children in care in the county are being given new opportunities for cultural and academic development, made possible by virtual classroom learning. Oxfordshire Virtual School, run by the county council, has teamed up with Oxford University to develop a partnership of engagement and outreach for children in care. Initiatives include 'university sampling', where one day each term Magdalen College invites 9 to 12 years olds to connect with experts about their research and learning. The Virtual School will also provide training for teachers. Trauma awareness tutorials will enhance their knowledge, and show we value their work and commitment to support children in care. More information is in this **news story**.

Community Resilience

Support for those self-isolating

With government guidance on self-isolating now a legal requirement, Oxfordshire's local authorities are reminding residents that support is there for them if they need it. As of 28 September, anyone testing positive for coronavirus is required by law to self-isolate for 14 days to protect others from catching the virus. Practical help is available to support residents through this two-week period, from collecting shopping and prescriptions to claiming financial support for those most in need.

- Volunteers are ready to help with shopping and prescriptions so that people don't need to leave home.
- There are voluntary organisations across the county that offer food parcels for those in hardship to supplement their weekly groceries

- For those on the lowest incomes, the government is providing a £500 grant, which is being administered by the district councils

Further information is available on the councils' websites.

New home for Chippy Larder

A community organisation which helps prevent food from going to waste has found a new home, thanks to West Oxfordshire District Council. The council granted a temporary licence for the Chippy Larder to set up in Chipping Norton Guildhall.

The Larder works with Didcot-based SOFEA, which sources hundreds of tonnes of food from supermarkets and local farms that is no longer on sale and redistributes it to community organisations. It is then re-sold to prevent waste as well as helping those in need.

The Larder was originally set up in Chipping Norton Leisure Centre in March and was distributing free food during lockdown with 644 local households benefiting. Now items are typically charged at 35p each, with large quantities of bread and vegetables available as well as household items and toiletries. Local farms also make donations of surplus stock.

Organisational Recovery

New office base for South Oxfordshire and the Vale of White Horse District Councils

South Oxfordshire and the Vale of White Horse District Councils have announced that Didcot will be the home of their new offices in a move that will help to secure a more sustainable future for the councils, both economically and environmentally. It is too early to give a firm date for opening the new offices, but the district councils are working towards moving into a new building that is proposed for the Didcot Gateway site, opposite Didcot Parkway Station, during Spring 2023.

And finally…

We hope this update is useful. Please email **occg.media-team@nhs.net** with any queries and we will endeavour to get back to you as soon as we can.

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Oxfordshire

NHS & Local Authorities Stakeholder Briefing

12 November 2020

Oxfordshire health and local authority partners are working together to respond to the pandemic and help the county restart, recover and renew in the wake of COVID-19.

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In the seven days up to Friday 6 November, there has been a total of 965 confirmed new cases in Oxfordshire, which is equivalent to a weekly rate of 139.5 per 100,000 residents. This is an increase from 828 new cases reported in the previous week, and the rise has been seen across all districts.

These figures are based on the nationally reported dataset. From work with Public Health England and the University of Oxford, we are aware of under-reporting in Oxford due to University cases not being attributed to a specific geography on the national surveillance system. Taking the University data into account – who reported 146 cases for the week up to 6 November – the figure for Oxford City is 383 cases. This compares with 418 cases reported the previous week for Oxford City including the University. Public Health England and the University are working together closely to ensure University data is provided in a way that can automatically be included in the national surveillance system in the future.

The trend of wider community transmission across all age groups continues. The evidence shows that the virus has spread beyond younger people in urban areas to older and more vulnerable age groups in all parts of the county. Hospital admissions are increasing as a result.

Further information about COVID cases in Oxfordshire is at www.oxfordshire.gov.uk/stopthespread.

#StopTheSpread

Partners across the Oxfordshire system are continuing to work closely to issue communications. The focus is currently on urging residents to follow the new restrictions; raising awareness about COVID-19 symptoms; reminding children and young people that they must wear face coverings on school transport; and highlighting the support available for residents and businesses.

Test and trace

As the virus continues to spread across the county, residents are being urged to get tested if they have COVID-19 symptoms. Director of Public Health Ansaf Azhar said: “Testing protects residents and provides the opportunity to create a full picture of how the virus is spreading within communities.”

A new testing site opened in Oxford on 6 November and an additional site is due to open in Banbury on 17 November. Work is ongoing to bring sites to West Oxfordshire and South Oxfordshire.

Oxfordshire’s local contact tracing system is a collaboration across Oxfordshire’s six councils, who are working collectively to contact people the NHS test and trace national system is unable to reach. Launched on 13 October, it is designed to provide another layer of support to help control the virus. Since the service began a month ago, it has averaged around 30 referrals per day, and has successfully contacted over 300 people who otherwise would not have been reached.

Lockdown measures and their impact

In the wake of the second national lockdown, the leaders of Oxfordshire’s six councils, the CEO of the Oxfordshire Local Enterprise Partnership, and the Thames Valley Police and Crime Commissioner came together to urge residents to play their part to stem the spread of the virus and save lives.

What are the new restrictions?

- People must stay at home unless they have a specific reason to leave, such as education and work which cannot be done from home.
- Pubs, restaurants and non-essential shops and businesses must close, although hospitality venues can continue to provide takeaway and delivery services.
- Schools, colleges, universities and early years settings can remain open.
- People must not meet socially indoors or in a private garden with family or friends who are not part of their household or support bubble.
- People should reduce the number of journeys they make and avoid all but essential travel.
- People are allowed to exercise outdoors or visit an outdoor public place with members of their household or support bubble.
- A maximum of two people from different households – excluding children under school age – are allowed to meet outdoors for exercise or to visit an outdoor public place.

Detailed information about the new restrictions is available on the gov.uk website**.**

What public services remain open?

Under the new national restrictions, a greater number of public services can remain open than under the previous lockdown. This includes schools, colleges, and early years settings; household waste recycling centres; and registrar's offices. Public outdoor spaces including parks, gardens and playgrounds will remain open.

Outdoor markets will also be able to continue, although trade will be limited to food and other essential items; and Oxford Covered Market will continue to trade**.**

What has temporarily closed?

The government has confirmed that leisure and sports facilities - including leisure centres, gyms and swimming pools - must close, as must libraries and museums.

While Oxfordshire County Council's libraries have closed for browsing, residents can continue to access public network PCs at 14 library branches: Oxfordshire County Library (Oxford), Abingdon, Banbury, Bicester, Botley, Cowley, Didcot, Headington, Henley, Kidlington, Summertown, Thame, Wantage and Witney.

A new click & collect service has also been introduced across these libraries. Customers complete a short online form describing what sort of books they like to read and how many they would like. Experienced library staff then handpick up to six books that fit the customer's interests and preferences, and the customer is notified when the books are ready for collection.

Health, Wellbeing and Social Care

Patients reassured that safe cancer care is still available during the COVID-19 pandemic

A new study by clinicians at Oxford University Hospitals (OUH) has found that more than 6,000 patients who underwent endoscopy at 18 NHS hospitals since the start of the COVID-19 pandemic have been tested and none contracted the virus as a result of the procedure, which can be crucial in detecting cancer at an early stage.

Professor James East, OUH's Clinical Lead for Endoscopy and an author on the study, said: "Our findings show that the infection control measures that have been put in place across the NHS work.

"We hope this reassures patients who are anxious about attending hospital. COVID-19 is a risk that we have taken significant steps to mitigate, and we must also address the risk of harm from delayed or missed diagnoses because people are reluctant to attend appointments in hospital.

"We'd like to remind people receiving cancer care in Oxfordshire that safe cancer care is available to them during the COVID-19 pandemic. Our Trust has taken numerous measures to make sure our patients can still receive their care in a safe environment. These include designating the Churchill Hospital in Oxford as a 'cold' site, which means that the presence of COVID-19 is brought down to an absolute minimum."

GPs and hospital clinicians in Oxfordshire are supporting a national NHS campaign reminding people that cancer care is still available during the COVID-19 pandemic.

Mr Nick Maynard, Trustwide Cancer Lead at OUH, said: "We can absolutely reassure our patients that we can still provide all necessary cancer treatments during the COVID-19 pandemic, and have robust measures in place to keep them safe should they need to come and see us.

"Patient safety is paramount to us – whether that is protecting them from COVID-19 or providing the care they need to treat their cancer. With many cancers, early detection is a key part of successful treatment.

"The key message is to seek medical help if you have any symptoms of cancer, and please continue to attend any appointments for investigations and treatment. We are here to help you and will do everything we can to keep you safe."

Visiting arrangements for Oxfordshire's hospitals

Oxford University Hospitals (OUH) currently has a 'Rule of One' approach to inpatient visiting – one visitor per inpatient for one hour once a day. The Trust has kept this under constant review and will continue to do so after Oxford City moved into Tier 2 on 31 October and after the start of national lockdown in England on 5 November.

OUH will be reminding everyone that visitors must follow their guidance when coming to hospital – wearing face coverings, keeping to the 'Rule of One', and making sure they are not coming to visit if they are feeling unwell or have COVID symptoms.

There are also restrictions around outpatient appointments**.** Patients should attend on their own unless there are exceptional circumstances such as a patient requiring a carer or parent, having learning difficulties, experiencing mental health difficulties, or being unable to communicate.

Visitors are not allowed to accompany patients attending Emergency Departments or Emergency Assessment Units, unless there are exceptional circumstances.

Visiting policies at Oxford Health's community and mental health inpatient wards remain unchanged for now as we enter a new lockdown phase.

Oxford Health is continuing to operate a bookable system, which allows one visitor for one hour for each patient. Strict COVID-19 controls are in place. Visiting will be suspended on wards where there are positive patients.

Virtual contacts are being actively encouraged to further support patients' and service users' recovery and wellbeing. Our Letters to a Loved One – friends, family and carers' letters delivered to bedsides – is continuing and extra volunteers being recruited to assist patients to use video calling technology via iPad/tablets, which are available for every patient bed.

All wards have a patient phone, which friends and family can call. More information on visiting, including booking arrangements, can be found here.

Working through a pandemic – lessons from COVID

Frontline staff at Oxford University Hospitals talk about the changes to their services and their experience of treating COVID-19 patients in a short documentary film which has been made in-house to capture the learning from the first wave of the COVID-19 pandemic in Spring 2020.

The film will not only be helpful to clinical staff at OUH and elsewhere within the NHS as we prepare for the second wave of the pandemic, but also reassuring to the local community because it captures the expertise and joined-up working of clinical teams. In the film, which can be viewed on

the OUH YouTube channel, a COVID-19 patient also talks about his treatment journey from admission to intensive care treatment and rehabilitation before he was well enough to be discharged.

'Taking a break? Don't let down your guard!' message communicated to OUH staff

As COVID-19 cases increase both in the local community and in hospitals, staff working at Oxford University Hospitals are being reminded of the importance of protecting each other and their patients by wearing a face mask, using hand sanitiser, and adhering to safe distancing – even when meeting friends and colleagues on a break.

A new poster is now available for staff to download and print off for use in their area of the Trust so that everyone gets the message.

On site restaurant seating reserved for staff only in OUH hospitals

From 2 November, the seating in all restaurants and catering outlets on all OUH hospital sites is reserved for staff only. Patients and visitors will continue to be offered a takeaway service.

These new safety measures have been put in place to ensure that staff can take their breaks safely and to minimise risk for everyone. All staff have been reminded of the importance of taking breaks for their health and wellbeing.

Staff have also been reminded to wear a new mask to and from tables in restaurants and catering outlets, keep to the safe distancing rules, not to rearrange the seating which has been set out to keep them safe, and not to share a table with anyone unless they are from the same household.

Supporting patients with COVID-19 in primary care

Three centres have been identified to support GP practices provide the right care and support to patients with COVID-19 and symptoms of the infection. This additional face-to-face capacity for primary care will see the most infectious COVID-19 patients in a dedicated clinic or via a home visit. It comprises three clinics: in Wallingford, Banbury and Oxford City, supported by a visiting service for those people unable to travel safely.

These are not walk-in clinics. Patients with confirmed or suspected COVID who are finding it difficult to manage their symptoms at home, or who may need extra assessment and care, will be referred to the service by their own GP or NHS111 as appropriate. Each clinic and the visiting service follow strict infection prevention protocols to ensure the safety of the clinicians and patients.

Currently the clinics and visiting service all have good capacity and are prepared for an increase in demand.

Supporting vulnerable residents

Those residents considered to be Clinically Extremely Vulnerable (CEV) to the effects of COVID-19 have been advised to protect themselves during lockdown.

However, the restrictions are less onerous than in the first period of shielding in order to help maintain people's wellbeing and as the environment is considered safer.

CEV individuals have been told that they should not go to work or into shops, but outdoor exercise outside is encouraged: they may meet one individual in the same way as other residents, although they are advised to take great care to remain socially distanced. Non-CEV household members do not need to shield.

Further evidence has emerged that shows there is a very low risk of children becoming very unwell from COVID-19, even those with existing health conditions. Therefore most children originally identified as clinically extremely vulnerable no longer need to follow the advice that applies to adults; the expectation is the majority will be able to attend school during the current lockdown. Parents and carers of CEV children are advised to consult their child's GP or specialist clinician, if they have not already done so, to understand whether their child should still be classed as clinically extremely vulnerable.

CEV residents are being sent a letter from the Department of Health and Social Care, which advises them of the new shielding restrictions and invites them to sign up to a new national registration service. This service went live in Oxfordshire on 4 November.

Through this system, residents are able to secure priority supermarket delivery slots and request support from their local council. The expectation is that most Oxfordshire residents will be able to find the help they need through self-help, community support and commercial providers. For urgent need that cannot be met elsewhere, local authorities have put in place provision to ensure that everyone's basic needs are met. The city and district councils are proactively contacting those residents most likely to require support, while all councils can help people register on the national system. The county council's Children's and Adults' Social Care teams are continuing to engage with those CEV residents with whom they are already in contact to ensure that their ongoing needs are met.

Support for vulnerable residents is part of a broader Oxfordshire system framework to help those who need to stay at home for whatever reason, and to support the economically vulnerable. This includes help to access online shopping, signposting to community support groups, financial grants for community food providers and advice services, direct support to individuals - including emergency support for food, and administration of the government's Test and Trace support payment.

Further information on support arrangements for residents is available at www.oxfordshire.gov.uk/coronavirus.

New urgent care service launched in the county

The NHS in Oxfordshire has launched a new service, which will assess patients with urgent care needs via the NHS 111 telephone service to determine the right service for that patient.

If clinically appropriate, a patient could be booked a timeslot at the John Radcliffe or Horton General Hospital's Emergency Departments (also known as Accident and Emergency departments). People with potentially life-threatening illnesses or injuries should still contact 999.

Oxfordshire is one of the areas in the South East region to launch the service ahead of the national launch on 1 December. The national NHS 111 First programme is being introduced to reduce the risk of hospital acquired infections during the current pandemic by preventing over-crowding in assessment areas. This should help to improve outcomes and patient experience in healthcare settings, as well as providing a long-term model of access to urgent and emergency care services within Oxfordshire.

People in Oxfordshire who need urgent care but whose condition is not serious or life-threatening are

advised to contact NHS 111. If a clinical opinion is needed, experienced senior clinicians with local knowledge will offer informed advice and/or refer the patient to the most appropriate clinical setting for assessment. If the patient needs to be seen in their local ED, they will then be issued with a timeslot for their arrival.

If patients attend ED without having gone through NHS 111, they will be assessed in a timely way by a clinical staff member and will receive emergency care and treatment if they need it.

Call NHS 111 First for minor injuries and first aid

In support of OUH and NHS 111 First, Oxford Health has also been reminding people that minor injuries and first aid units across the county have already made the switch to a triage/booking system via NHS 111 as part of our COVID response - minimising visits for injuries that can be self-treated or helped via GP/pharmacy.

People with deep cuts, eye injuries, broken bones, severe sprains, minor head injuries, minor burns and scalds are advised to call NHS111 for an appointment window at their nearest appropriate unit. People who do arrive at sites without calling NHS 111 first will not be turned away, but may have to wait to be seen if there are more urgent/priority cases.

Strict COVID-19 controls are in place. Oxford Health has widely shared social media content from other partners and also published its own story which can be found here and received coverage in the local press.

We are here for you

With new lockdown rules in place Oxford Health embarked on a renewed website and social media campaign for this latest lockdown to ensure all patients, service users, friends, family and carers are reassured that help and treatments are still available. This includes:

- Mental health support and advice in schools and colleges via mental health support teams.
- Mental health support and advice with our free 24-7 mental health helplines for adults 0800 783 0119 and for children and young people on 0800 783 0121.
- Health visitors are still offering face-to-face contacts as well as support for parents digitally and by phone, well baby clinics and nursery nurses virtual health promotion groups. More here.
- School Health Nursing. School sessions and catch up clinics are planned until December with the school flu nasal vaccination programme well underway - uptake so far has been good with over 9,000 vaccinations already given.

Care leaver ambassadors launched in Oxfordshire

Care leavers in Oxfordshire will have an opportunity to share their vision for improving lives of young people, thanks to the recruitment of their very own team of ambassadors**.**

Ambassadors for the Children in Care Council (CiCC) have been appointed to ensure the voices of children and young people in care are heard and included in decision making.

They will be meeting and talking to children out of county, those with disabilities, and new arrivals to Oxfordshire's children in care scheme, and will ensure that care leavers are given a high priority and are supported through to independent living when they leave care.

Oxfordshire has 465 care leavers aged 18-25. Included in this number are 111 young adults, who joined as unaccompanied asylum-seeking children.

Care Leavers face big challenges as they move into adulthood and it is important support is available from many sources. Within Oxfordshire County

Council, key partner agencies such as CiCC help and encourage them to lead happy, successful, and independent lives.

Staff make their voices heard during Speak Up Month

October was Speak Up Month – an opportunity to raise awareness of the Freedom to Speak Up vision for Oxford University Hospitals, approved by the Trust Board, which is to "promote and ultimately create an open and transparent culture where every member of staff can and should speak up safely, action is taken so the concern is resolved, and our patients ultimately benefit".

Trust Board members and staff from across the Trust recorded short video clips, which were publicised via the OUH Twitter feed @OUHospitals.

OUH was in the **top 10 most improved NHS trusts nationally** when the latest Freedom to Speak Up Index was published.

Oxford Health's Freedom to Speak Up guardian engaged with 175 individuals across the Trust, held webinars, drop-in sessions and workshops. Staff at all levels were pictured with pledge cards to highlighted why speaking up is so important so that staff can raise concerns and action can be taken that ultimately impacts on improved patient care. With full board support, Speaking Up will continue to be promoted and strengthened during the coming weeks and months.

Wallingford Community Hospital joins Golden Anniversary celebrations

The first Community Hospital in the UK – Wallingford Community Hospital – is helping to mark the 50th Anniversary of the Community Hospital Association.

The facility opened as the 'Wallingford and District Cottage Hospital' in 1880 during Queen Victoria's reign and has provided care through two world wars and is still going strong today.

Now, as one of Oxford Health's six community hospitals in the county, which have eight wards between them, Wallingford provides vital physical and mental health services for the local population.

It houses 16 in-patient beds, adult mental health services, day hospital, physiotherapy, podiatry, as well as a base for the District Nursing Services covering Wallingford, Benson, Goring and community therapy services. It is also home to a maternity unit run by Oxford University Hospitals.

Service Director Emma Leaver and Dr Helen Tucker were interviewed on BBC Radio Oxford. Read the full story here.

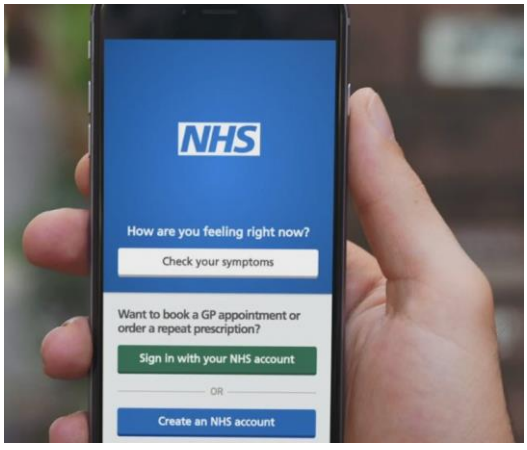
NHS App

A key part of the winter plan in Oxfordshire is to encourage people to know which healthcare service to use and when.

Health professionals in Oxfordshire are urging people to sign up to the NHS App as winter pressure on services increases. The App can help people get the right care they need from the most appropriate place, make a GP appointment or even avoid a visit to a hospital Emergency Department.

The all-round NHS App is different from the NHS COVID-19 App, which is specifically focused on combating the virus and the pandemic. You can use the NHS App to:

- Check your symptoms, including COVID-19
- Find out what to do when you need help urgently
- Book and manage appointments at your GP surgery
- Order repeat prescriptions
- View your GP medical record securely
- Register to be an organ donor
- Choose how the NHS uses your data



You can download the NHS App free from Google Play and Apple app stores. If you have any issues using or downloading the app, check the NHS App help and support page.

Hospital at Home celebrates a decade of help

A community team, who provide care previously only available in hospital, are celebrating their 10th birthday this month.

Oxford Health's Hospital at Home Team was set up in November 2010 to provide healthcare for people at home as an alternative to hospital admission and also to support earlier discharges from acute beds for those who are well enough to return home.

Hospital at Home patients stay in their own homes but receive extra care and attention from the specialist team. The service is provided across Oxfordshire and, in the last five years alone, has helped 6,530 individual patients.

Sue Palmer from the team spoke to BBC Radio Oxford about the team's work and the many thousands of patients and families they have worked with since 2010. Find out more about the team here.

Allied Health Professions takeover

Staff from Oxford Health took to the airwaves recently to highlight their work as part of the national Allied Health Professions Day.

BBC Radio Oxford ran four interviews across three shows:

- Clinical Lead Physiotherapist Emma Garrett from Oxfordshire Stroke Rehabilitation Unit talking to David Prever - from about 1:50
- Associate Director of Allied Health Professionals Sara Bolton speaks from around 1:52:50
- Louise Peart, speech therapist, talking to Kat Ormond from about 37 mins:
- Mark Whiteman, senior occupational therapist, speaks to Adam Ball from about 2:09

The Trust handed over its Twitter account for a "takeover day", with AHP themed tweets going out from the early hours.

Patients asked about their experience of digital consultations

Oxford Health has completed nearly 100,000 digital consultations and is asking its patients and service users what they think of them.

Oxford Health is a leading trust in the UK on the uptake of digital consultations – but still carries out face-to-face and other contact appropriate to patient choice and need. This approach has helped the Trust carry on providing care safely and effectively throughout the pandemic.

A webinar will take place on 17 November - anyone can join at bit.ly/HealthMatters-Digital-Consultations. If you would like to receive a reminder of the link, please sign up here.

The webinar speakers include: Marie Crofts, chief nurse, and chair of the event; four patients/service users who have recorded their thoughts on video; Natasha Browne, cognitive behavioural therapist at the TalkingSpace Plus talking therapy service; and Oliver Shipp, Global Digital Exemplar lead.

Oxford Health Charity helps more key workers to travel by cycle

Another 70 NHS key workers in and around Oxford will be getting about on two-wheels thanks to a £4,900 grant from the Oxford Health Charity. When COVID-19 hit, grants made up from money raised by the public were allocated to NHS charities across the UK like Oxford Health Charity by national organisation NHS Charities Together – an umbrella

charity for all NHS charities. The successful bid was made by Active Oxfordshire. More information is available here.

Towering achievement in Didcot community hospital garden

Famous Oxfordshire landmarks which disappeared earlier this year have been reborn in an Oxford Health hospital garden.

Two murals have been created by staff and patients, with the help of local artist Becky Paton, which feature animals and wildlife to remind patients of the more rural aspects of the local environment. The design also incorporates doves and a chicken – a special tribute to Gail Castle, a former ward manager at the hospital, who passed away in December 2014. This story was picked up by the Oxford Mail and Didcot Herald.

Children, Education, Families

Support for schools

Schools across Oxfordshire are receiving COVID-related support and advice from an Oxfordshire County Council team made up of staff from the School Improvement Team and Public Health team. A dedicated service has been set up to support schools and settings during the pandemic, providing support to help leaders deal with COVID-19 cases and offering guidance regarding closures of bubbles and/or year groups.

The team meet weekly with head teachers from state schools (maintained and academies), independent schools and further education colleges, and managers of early years settings, to update them on changes in national guidance and local intelligence regarding the virus as well as sharing good practice. The team also meet with school governors and trustees on a monthly basis, with each meeting attended by over 100 delegates.

Between 1 September and 23 October only 5 schools were required to close - this was due to staff sickness and self-isolation.

New programme offers mental health boost for primary school children

Children in Cherwell are being offered a new six-week support programme to help look after their mental health. The scheme is being delivered by Cherwell District Council in partnership with Oxfordshire Mind and Resilient Young Minds, working with Year 5 and 6 students to help them understand more about stress, anxiety and self-esteem.

The initial pilot included 76 youngsters from St Mary's School and Dashwood Academy in Banbury as well as Bishop Loveday school in Bodicote. Cherwell's Youth Activators deliver the sports and physical activity element of the course, while Oxfordshire Mind host the presentations and workshops.

Community Resilience

Scam alert

Residents have been warned to be on their guard against criminals and scammers exploiting the coronavirus situation. There are many genuine community efforts to help residents and provide good quality advice and support, but unfortunately some people are taking advantage of the situation.

Oxfordshire County Council's trading standards team have received reports of scams targeting people by email, text messages and on the doorstep.

These are some of the scams the team are aware of:

- People offering miracle cures or vaccines for coronavirus.
- People impersonating healthcare workers, claiming to offer 'home-testing' for COVID
- Emails offering a refund on council tax or utility bills
- People offering to do shopping, asking for money upfront and then disappearing.
- New mobile phone applications that claim to give updates on the virus, but instead they lock your phone and demand a ransom.

Jody Kerman, Head of Oxfordshire County Council Trading Standards, said: "Remember, it is OK to 'take five', give yourself time to think about it and to decide not to give on the spot. Have the confidence to put the phone down, delete the text or email, or shut the door."

If you think you have been scammed, report it to **Action Fraud**: **0300 123 2040**.

If you need advice, call **Citizens Advice Consumer Helpline**: **0808 223 1133**.

Age UK runs a telephone support service (for older people and carers): **01865 411288**.

Economy

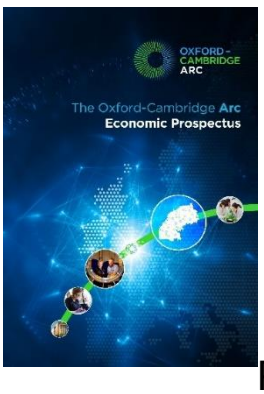
Supporting businesses during lockdown

Oxford City Council has teamed up with Independent Oxford, Experience Oxfordshire and *The Oxford Times* to support the city's businesses during lockdown. The four organisations will promote Oxford's businesses through digital and print editorial and advertising throughout November.

The City Council has also recreated its online directory of Oxford businesses that are operating online during November, especially those offering deliveries, takeaway and Click & Collect. The directory, which can be viewed at www.oxford.gov.uk/openonline**,** contains Oxford businesses selling everything from locally sourced fresh food to homeware and bicycle repair.

Oxford-Cambridge Arc event, 17 November

The Leaders Group of the Oxford-Cambridge Arc will be hosting an online event on 17 November.



The 90-minute event will outline the economic vision for the Arc, set out the big themes for innovation-led growth in the area and enable a public conversation about the recently launched economic prospectus**.**

The Arc is home to nearly four million people and two million jobs, which together generate over £111bn of economic output each year.

Through new financial backing, forecasts show that increased forecasts show that increased productivity resulting from intensifying the Arc's global strengths in science, technology and high value manufacturing, could double the area's economic output to over £200 billion by 2050.

You can register here for the online event, which takes place from 12pm to 1.30pm on 17 November.

OxLEP Annual Event 2020

The Oxfordshire Local Enterprise Partnership is hosting an online event for stakeholders on 25 November to review its activities over the past year and look ahead to how it can support an accelerated economic recovery across the region.

Key activities over the past 12 months include the launch of the £4.3bn Oxfordshire Investment Plan, which calls upon the UK Government and international investors to back a portfolio of programmes and projects created – not only to

support the economic recovery from the COVID-19 pandemic – but also trigger significant job openings and commercial activity, which will accelerate opportunities in the county and the rest of the UK.

You can register here for the event, which takes place from 9am to 10.30am on 25 November.

And finally...

New Leader of West Oxfordshire District Council appointed

Councillor Michele Mead has been appointed as the new Leader of West Oxfordshire District Council. Her nomination was formally approved at a meeting of the full Council on 28 October. She takes over from Cllr James Mills, who held the position for five years.

Cllr Mead said: “It is a great honour to be voted in as Leader. Under my leadership we will keep developing a strong economy, tackle climate change, promote health and fitness through our leisure centres and continue our efforts to provide affordable homes.”

Next issue

In light of rising coronavirus cases and the introduction of national lockdown on 5 November, we will aim to produce this Stakeholder Briefing on a fortnightly basis.

We hope this update is useful. Please email occg.media-team@nhs.net with any queries and we will endeavour to get back to you as soon as we can.

Briefing: Wallingford First Aid Unit

October 2020

Background

Oxfordshire currently has a variety of different services offering same day access for urgent care:

- **Wallingford First Aid Unit**
- Bicester First Aid Unit
- Chipping Norton First Aid Unit
- Witney Minor Injury Unit
- Abingdon Minor Injury Unit
- Henley Minor Injury Unit

Each of these services operate differently with varying opening hours, different providers delivering the service and different levels of care available to patients.

This is reflected across the country with all CCG areas offering different community based urgent care services under different names including: walk-in centres, minor injury units, urgent care centres etc.

NHS England has issued guidance to address this variation, introduce some consistency across the NHS and reduce potential misunderstanding among the public.

In future, all urgent care services will be designated as:

- Emergency Departments in acute hospitals
- Urgent Treatment Centres with a standard specification describing the service provided.
- All other same day access urgent care services are expected to be integrated into primary care as an alternative community service.

In some parts of England, this work has resulted in services closing. It is the intention of Oxfordshire CCG to find solutions to ensure these services are retained and improved for local communities.

OCCG is currently planning how to ensure the current community-based MIUs and FAUs can continue to provide valued services to local populations, while being consistent with the national guidance.

This includes reviewing the patient pathway and taking the opportunity to improve the efficiency within the Oxfordshire system by reducing the number of walk-in type appointments and increasing the number of booked, same day appointments. This will improve the care provided to patients, improve the convenience for patients and

potentially reduce the number of inappropriate attendances at emergency departments at Oxford University Hospitals NHS Foundation Trust hospitals.

The Wallingford First Aid Unit is a very small unit, based in Wallingford Community Hospital and run by staff from Oxford Health NHS Foundation Trust (OHFT). Pre-COVID it saw around 140 attendances per month and serves both the local population (approx 7,995) and out-of-area visitors. Locally this unit has had challenges in maintaining consistent staffing which has led to issues with provision. It has been closed since the outbreak of the pandemic while staff were redeployed to other services.

The unit's opening times pre-COVID corresponded to that of the Wallingford GP practice, which is located in an adjacent building on the site and is open from 8 am to 6.30pm Monday to Friday.

Oxfordshire CCG is now in the final stages of incorporating the FAU activity into the Wallingford Medical Practice premises, with practice staff providing the service from early November 2020. Patients will continue to access the service via an appointment through NHS 111 or through a GP, but are not required to be registered Wallingford GP Practice patients (although around 50% of those attending the FAU are). Some walk-in visits will be possible but under strict COVID-19 safety guidelines.

Giving patients a booked appointment time will bring benefits for patients and the service. For example, the staff will be able to access more information about their patients to support their care and a wider range of medical support will also be available to them.

Public engagement

Although the proposed move of the service is not expected to cause negative impact on patients, OCCG is mindful of the need to engage with the local community and key stakeholders to explain the plan and understand any concerns they may have. It is possible that public feedback may shed light on unforeseen consequences that will require mitigation or action.

The COVID-19 pandemic has presented new challenges in engaging with patients, public and stakeholders over the future delivery of this service (and many others).

As a result of social distancing restrictions it is not possible to hold face to face meetings to hear the views of stakeholders, however we are undertaking the following:

Communications and engagement timeline:

Action	Date	Who	Complete
Request Healthwatch Oxfordshire to send briefing note outlining the plan to PPGs of surrounding GP practices and ask for feedback	w/c 05/10/2020	OCCG Comms	

Send outline of proposed changes to Wallingford GP practice for website/newsletter with feedback invitations to OCCG (via Talking Health email).	w/c 05/10/2020	OCCG Comms	
Send outline of proposed changes to Mill Stream Surgery (Benson) and Goring and Woodcote Medical Practice on website/newsletters of with feedback invitations to OCCG (via Talking Health email).	w/c 12/10/2020	OCCG Comms	
Media release for Oxford Mail requesting online feedback via the OCCG Talking Health email address or postal response to Jubilee House.	w/c 12/10/2020	OCCG Comms	
Social media posts to invite feedback with link to Talking Health email	w/c 12/10/2020	OCCG Comms	
Send media release to OHFT to post on website with feedback invitations to OCCG (via Talking Health email or post).	w/c 12/10/2020	OCCG Comms	

Outline of proposals and public engagement on the Oxfordshire system stakeholder briefing	w/c 12/10/2020	OCCG Comms	
Online reminders of feedback invitations	w/c 19/10/2020	OCCG Comms	
Engagement ends	23/10/2020		
Brief feedback report and actions	w/c 26/10/2020	OCCG Comms	
FAU service opens at Wallingford Medical Practice	w/c 02/11/2020	Wallingford Medical Practice	
Media release	w/c 02/11/2020	OCCG Comms/Wallingford Medical Practice	
Social media	w/c 02/11/2020	OCCG Comms	

NHS 111 First – stakeholder briefing

On 1 November, the NHS in Oxfordshire will be launching a new service which will assess patients with urgent care needs via the 111 telephone service to determine the right service for that patient. If clinically appropriate, a patient could be booked a timeslot at the John Radcliffe or Horton General Hospital's Emergency Departments (also known as Accident and Emergency departments). People with potentially life-threatening illnesses or injuries should still contact 999.

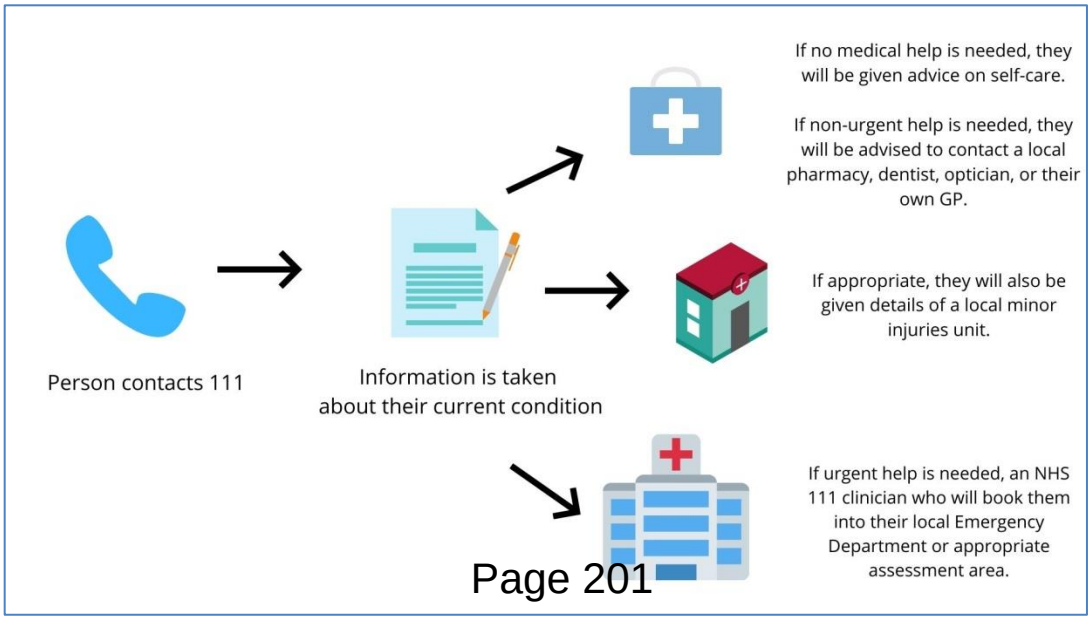
Oxfordshire is one of the areas in the South East region to launch the service ahead of the national launch on 1 December. The national NHS 111 First programme is being introduced to reduce the risk of hospital acquired infections during the current pandemic by preventing over-crowding in assessment areas. This should help to improve outcomes and patient experience in healthcare settings, as well as providing a long-term model of access to urgent and emergency care services within Oxfordshire.

From 1st November 2020, people in Oxfordshire who need urgent care but whose condition is not serious or life-threatening will be advised to contact NHS 111. A public campaign will be launched to inform the public of this new service.

How will it work?

- Anyone with an urgent care need who contacts NHS 111 in Oxfordshire will have their details taken by a call handler and asked an important set of initial questions, to ensure that an emergency response (for serious or life-threatening illness or injury) is not required and to gather key information.
- If a clinical opinion is needed, the call handler then passes all the information to a clinical team member, who will call the patient back. These are experienced senior clinicians with local knowledge, who are able to offer informed advice and/or refer the patient to the most appropriate clinical setting for assessment.
- If the patient needs to be seen in their local ED they will then be issued with a timeslot for their arrival.

Below outlines the patient pathway:



If patients attend ED without having gone through NHS 111, they will be assessed in a timely way by a clinical staff member and will receive emergency care and treatment if they need it.

This will help the NHS to help patients get the right care in the right place.

This new arrangement in Oxfordshire is not unique, and other areas around the country are developing similar responses to develop their urgent care services. It builds on the existing role of NHS 111 in advising people on what treatment they need, and where to go for it.

For more information contact occg.media-team@nhs.net

Change to the Pharmaceutical List – Memo

From: Paul Burns

To: All on distribution list for the area of Oxfordshire Health and Wellbeing Board

Date: 29 October 2020

Dear all

Please note the consolidation of the pharmacies at 227 Banbury Road, Oxford OX2 7HQ (the remaining site) and 194 Banbury Road, Oxford OX2 7BY (the closing site) will take effect from 11 November 2020 and the pharmaceutical list for the area of Oxfordshire Health and Wellbeing Board will be amended with effect from that date. The details of the two affected pharmacies are:

	Remaining site	**Closing site**
Name of contractor and trading name, if any	L Rowland & Co (Retail) Ltd Rowlands Pharmacy	L Rowland & Co (Retail) Ltd Rowlands Pharmacy
Address	227 Banbury Road, Oxford OX2 7HQ	194 Banbury Road, Oxford OX2 7BY
Total opening hours – Monday	09:00-14:00; 14:20-18:00	08:30-14:20; 14:40-17:30
Total opening hours – Tuesday	09:00-14:00; 14:20-18:00	08:30-14:20; 14:40-17:30
Total opening hours - Wednesday	09:00-14:00; 14:20-18:00	08:30-14:20; 14:40-17:30
Total opening hours – Thursday	09:00-14:00; 14:20-18:00	08:30-14:20; 14:40-17:30
Total opening hours – Friday	09:00-14:00; 14:20-18:00	08:30-14:20; 14:40-17:30
Total opening hours - Saturday	09:00-14:00	Closed
Total opening hours - Sunday	Closed	Closed
ODS code	FHA46	FDW24
Website, if any	www.rowlands.co.uk	www.rowlands.co.uk
Phone number	01865 558348	01865 554999

Please amend your records accordingly.

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NHS
Oxfordshire
Clinical Commissioning Group

Update on the catch up plan for cervical screening

Cervical screening entails a pathway, from national call/recall system, sample taking in GP practices, laboratory processing of samples and referral to colposcopy as required and the update below covers all elements of the pathway\.

Invitations

- Cervical call and recall system is operated nationally with no local/regional variation possible. From 9/4/20 to 6/6/20 invitation letters and reminder letters for most women due cervical screening were held back in response to pressures on the system in general and GP practices in particular. Letters for women with a history of abnormalities on short term recall continued to be sent
- Invitation letters started to be reissued from 6th June 2020, with the backlog fed in every two weeks i.e. double the normal quantity of letters were sent out on alternate weeks, meaning that all women who should have received an invitation letter between April and June did so by end September. Invitation letters have now returned to their normal parameters i.e women are being invited on their normal due date.

Demand

- Demand on GP practices depends on when women respond to their invitations. Once invited, women can choose when to attend. A second invitation letter is sent nationally if women do not respond to the first, and GP practices send a third invitation if women still have not attended. National modelling of appointment demand (based on pre-COVID behaviour of 50% attendance within 6 months, with 40% of women attending doing so within 6 weeks of first invitation, 20% within 6 weeks of reminder and remaining 40% attending evenly over the remaining 14 weeks) suggests that practices would be taking 125% of normal number of samples from October to December. Total demand is predicted to return slowly to normal by May 2021.
- Demand on lab and colposcopy depends on both women's behaviour/response times and GP practice appointment availability. Based on the above modelling, demand on the lab would mirror that on GP practices, with colposcopy demand following 2 – 6 weeks later.

Sample Taking

- During the first wave, GP practices were asked to continue screening but were given the option of prioritising women on short-term recall and/or with high levels of anxiety, should the need arise
- Since the restarting of invitations in early June, practices have been actively encouraged to ensure that women who request an appointment to have a cervical sample taken are given one promptly
- Weekly practice-level sample taking data, based on the samples received and processed by the laboratory, shows that the % of practices from which the lab has received samples has increased week on week. In the early stages of recovery, any practice where sample taking seemed low by comparison with

expected levels of activity was contacted to remind them of the need to screen. Now, all practices in Oxfordshire are consistently sending samples and there is a clear upward trend in numbers of samples taken, indicating good progress on recovery across the board.

Laboratory

- Number of samples being processed continuing to increase and is now above normal activity levels (+11% w.e. 23/10/20). Note this figure is for the whole lab, which serves all of the SE and parts of the SW regions
- Lab capacity for processing HPV tests remains at 100% - no loss of capacity for COVID testing, though a national shortage of reagents on the part of the supplier of HPV testing reagents that serves the regional lab affected the lab's ability to test samples for 10 days in late September/early October – this was due to a sudden surge in demand internationally for HPV testing as cervical screening programmes were restored, coupled with increased demand for COVID testing which uses the same raw materials
- The sample booking process has also been affected by COVID (staff self-isolation, sickness etc) which has led to a backlog in specimen reception which, in turn, has affected turnaround times. The lab has had a recovery plan in place and the backlog will have been cleared by end October

Colposcopy

- Colposcopy units continued to offer appointments to all high risk women during March to June, with most deferring low risk women for up to 3 months, in line with national guidance. The backlog of low risk women in Oxfordshire has now been cleared
- Oxfordshire colposcopy service is consistently meeting waiting time targets for both low and high risk women
- Did not attend (DNA) rates remain high at 8 – 10%. We continue to work with colposcopy teams to ensure actions are taking to address this eg phoning women before appointments and following up DNA's to check reasons for non attendance and to re-book.

NHS
Oxfordshire
Clinical Commissioning Group

Update on OxFed

1. **Are other GP federations in the county likely to cease trading?**

Each of Oxfordshire's four Federations have a different business operating model, based on discussions we have had with other GP Federations it is unlikely that other GP Federations will cease trading.

2. **What will happen to the services provided by OxFed at the moment? (These include a home visiting service, training, development, 7 day access to services, College Nursing Service, social prescribing projects, and a community gynaecology service pilot).**

The CCG and other partners are working with the OxFed team to ensure a smooth transition period. A number of the contracts for services that OxFed deliver are due to come to a scheduled end in March 2021. With respect to those services that the CCG commissions they are currently subject to commissioning review. In line with the CCGs procurement process a decision over the future specification and provision of those services will be made as soon as possible to enable handover to a future provider.

OxFed is working with other service commissioners to support a transition to suitable alternative providers in line with the appropriate commissioning and procurement approaches of those commissioning organisations.

3. **The primary care plan for the Long Term NHS Plan, was based around PCNs and three localities, covering the North, South and the City, as represented by existing GP Federations. What impact will this have on the plan for primary care services, if there is a risk localities cease trading?**

Oxfordshire's approaches to the delivery of the Long Term Plan differ somewhat to the boundaries of the GP Federations within the County. At the Oxfordshire Health and Wellbeing Board we have included proposals to work within three locality areas. These are mapped to the boundaries of the District Councils; Cherwell and West Oxfordshire in the North, South Oxfordshire and Vale of White Horse in the South and Oxford City Council, with a view to enabling greater integrated health and wellbeing working. These areas are broadly coterminous with groups or networks of Primary Care Networks, the make up of Oxfordshire's GP Federations is similar but not totally coterminous with this approach.

GP Federation provide key services to Practices, particularly the delivery of services at scale. It should be noted that they are not a requirement and that not all areas of the Country operate GP Federations. The Long Term Plan sets Primary Care Networks as the building blocks of integration. General Practice is key to the Primary Care Networks but is not the only included partners, providers

of primary care services, community services and social care are all included in the future plans for PCNs as described in the Long Term Plan.

The GP Federations will continue to be a key partner in the delivery of primary care and the advancement of the requirements of the Long Term Plan. The locality based working discussed at the Health and Wellbeing Board is not at risk as a result of the changes to the OxFed City GP Federation.

4. **If there is a commitment to commissioning services across the county, rather than identifying specific areas of need and commissioning a service to fit those needs. How does the county-wide approach fit with the plan to identify local health needs (such as in the case of the OX12 project for example)?**

OCCG is committed and does commission services across the whole county for example district general hospital services; however it also looks at specific areas of need and commissions a service or services to meet those needs, for example we are currently developing a locally enhanced service contract for GP practices to help reduce inequalities by determining variation in health outcomes across the county and allow targeting of resources to those communities and populations with poorer outcomes.

An update on visitors at OUH during COVID-19

As the COVID-19 pandemic evolved, measures to keep people safe in all settings have done so too. In healthcare settings, issues around social distancing and reducing risk by minimising contact emerged early on. At Oxford University Hospitals NHS Foundation Trust (OUH) staff had to work quickly to make sure appropriate measures were in place.

These measures ranged from wearing face masks to setting up virtual clinics. One of the biggest and most sensitive changes was restricting visitors to hospital.

In March 2020, Oxford University Hospitals took immediate action to stop the vast majority of visitors to our hospitals. At the height of the pandemic, the only exceptions to this rule were birth partners, one parent for child patients, visitors to patients at the end of their life, and visitors required to make decisions for patients (for instance for patients with learning disabilities).

In June, Oxford University Hospitals made the decision to relax visiting restrictions and introduced the 'Rule of One' – one visitor, per inpatient, for one hour, once a day.

This policy continues, including during the current second lockdown, and is kept under constant review.

We have never lost sight of the value of visitors to both our patients and our teams – their support, understanding, patience, and kindness is invaluable.

This has been an incredibly challenging year, not least for people in hospital, and we have followed clinical guidance to allow visiting when it is deemed safe to do so. This has been very well-received and we remain grateful to our visitors.

We appreciate that there are some people who have been unable to have visitors, and understand how difficult and lonely this can be. However, we have worked hard to bridge that gap and hope we have gone some way to offer an alternative – whether that be through technology or a good old-fashioned letter.

Ultimately, we are guided by safety – and where possible, we will do our utmost to support visiting when appropriate.

Patient and staff safety is absolutely paramount and means that some visiting restrictions are still in place – including in outpatient departments, Emergency Departments, and Emergency Assessment Units, where patients are expected to attend on their own unless there are exceptional circumstances.

Maternity and birth partners

Giving birth is one of the most important occasions in a woman's life, and at OUH we have permitted birth partners throughout the pandemic.

When the national guidance around shielding was lifted, we also allowed partners to attend for all scans. We have also made sure that individualised visiting arrangements for bereaved women, women with mental health issues, and other vulnerable maternity patients have been in place for the duration.

One mum who gave birth during the pandemic was Daisie Whitford, who left some lovely feedback following her stay at the John Radcliffe Hospital in April this year.

"The care I have received from every department I saw was second to none and more importantly I felt safe and protected from the virus at every stage / ward.

"The point I mainly want to make is apart from my husband not being there the next day, the care I received throughout was no different to what I experienced two years ago when I gave birth to my first son."

Daisie's complete experience is available to read in our news story.

Golden tickets for our younger patients

Ward staff at Oxford University Hospitals worked with families to design 'golden tickets' to be used in our Children's Hospital.

The ticket acts as a 'hall pass' which allows a parent to have pre-approved open access to visit their child in hospital.

Launched in July 2020, the tickets have proved incredibly popular with our patients.

Virtual visiting

In April, the Trust distributed dozens of tablet devices across our hospitals as part of our 'virtual visiting' initiative.

Patients are able to use them free of charge, enabling them to keep in touch with their loved ones who may not be able to come by and visit.

Within a week, 246 tablets were delivered to the Trust. The devices are securely preloaded so patients can video call friends and family. They also contain apps and streaming media sites such as iPlayer and Netflix. They even link to hospital radio.

Being in hospital can often be a worrying time. By providing our patients with these tablets, a familiar face was just a few taps away.

'Keep in touch'

In some circumstances, patients being cared for in Oxfordshire's hospitals couldn't receive visitors (for instance if they had COVID-19). Inspired by a scheme introduced by Oxford Health NHS Foundation Trust, OUH introduced a letter delivery service to help patients hear from their friends and family during their time in hospital.

The 'keep in touch' scheme involved the creation of a dedicated email address for friends and family to send in their messages, which would then be delivered to patients by OUH staff.

More details, including how to send a message, are available in a news story.

Outpatients and attending the Emergency Department or Emergency Assessment Unit

Outpatients are required to attend appointments alone, unless there are exceptional circumstances, such as a patient requiring a carer or parent, having learning difficulties, experiencing mental health difficulties, or being unable to communicate.

Recently, people attending outpatient clinics have been bringing other people into the hospital, which is not in line with the current guidance.

We know and understand that people will often want people with them at hospital appointments.

However, we have to do everything we can to keep everyone safe during COVID-19, which includes ensuring patients are not accompanied to outpatient appointments unless there are special circumstances.

In some services, people attending outpatient appointments may be asked to wait in their car if the clinic is busy, and will be called on their mobile when they can come in.

Virtual and telephone appointments

We have also been offering virtual and telephone appointments for many of our outpatient clinics, meaning patients can receive support and care remotely from their own homes.

People are reminded to check their appointment letter to see if their appointment is virtual, by telephone, or in person before attending to save an unnecessary journey.

The majority of our virtual appointments are carried out on the phone, with other methods including video calls on mobiles and tablet devices using a programme called Attend Anywhere, which is very straightforward to use.

There have been **over 23,000 video consultations** since 13 March 2020.

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