



Action and Recommendation Tracker Oxfordshire Joint Health Overview & Scrutiny Committee

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The action and recommendation tracker enables the Committee to monitor progress against agreed actions and recommendations. The tracker is updated with the actions and recommendations agreed at each meeting. Once an action or recommendation has been completed or fully implemented, it will be shaded green and reported into the next meeting of the Committee, after which it will be removed from the tracker.

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Recommendations:

| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| 21-Sep-23 | Oxfordshire Healthy Weight | 1. To ensure adequate and consistent support as part of secondary prevention for those living with excess weight; and to improve access to, as well as awareness of, support services that are available for residents living with excess weight. | Derys Pragnell; Omid Nouri | Recommendation Accepted: Initial Response (additional progress update response to be provided in April 2024): We currently commission two healthy weight services at Local Authority level, one that works with adults and another working with children. We also link closely with partners (NHS) who offer services at tiers above and below our own with a view to offering a seamless pathway. We identified some gaps in service as part of the recent Health Needs Assessment (HNA) on Healthy Weight. The current |

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| KEY | No progress reported | In progress | Complete |
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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|------|--|---------------|---|
| | | | | <p>contract is coming to an end, and we are planning to commission an 'all age service' with some additional elements to meet the gaps identified in the HNA. We are also planning a review and refresh of opportunities to raise awareness of support that is available.</p> <p>Update April 2023: We are in the process of recommissioning an all age, Tiers 1 & 2 service, and will know the outcome by late Spring 2024. The service will commence on 1st September 2023. The new Tier 1 and 2 service will include a range of programmes for residents to choose from, as well as developing innovation pilots with specific populations as identified by the HNA, to test and learn what works with these residents to support achieving a healthy weight. Communications and campaigns will be part of this contract to increase awareness of the service for residents and professionals.</p> |
| | | <p>2. To ensure effective support for ethnic groups that are more likely to develop excess weight, and to raise awareness amongst these groups of the support available to them.</p> | | <p>Recommendation Accepted:</p> <p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>The current healthy weight service has specific programmes for ethnic groups who are more likely to develop excess weight. This includes innovation pilots working in mosques, women only sessions, and tailoring content to be specific (e.g. on food types) The new service will build on this learning/modelling and is likely to have</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|------|--|---------------|---|
| | | | | <p>community development as a delivery component within key priority areas and populations, including ethnically diverse.</p> <p>Update April 2023: This detail remains the same. We can provide specific numbers and details of groups if HOSC require</p> |
| | | <p>3. To work on providing support to the parents, carers, or families of children living with excess weight, and to help provide them with the tools to help manage children's weight.</p> | | <p>Recommendation Accepted, HOSC will receive future progress update in April 2024.</p> <p>Update April 2023: Current Tier 1 and 2 services commissioned by public health have bespoke services for children. From September 2024 the new service will have innovation pilots to test and learn what works with cohorts aged 0-3 and teenagers. In addition, a range of digital and print resources for adults and families will be available from the provider to support a healthy weight. The provider will also be part of wider systems working, linking up a range of partners, for example NCMP and 0-19 providers.</p> <p>A children's healthy weight toolkit for health, social and voluntary/community professionals is in redevelopment.</p> <p>A 'You Said, We Did' response has been developed for Early Years professionals following a survey and interviews to support knowledge and skills in healthy eating. This</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|------|---|---------------|---|
| | | | | includes Lunchbox Planners, Child Feeding Guide Training and a range of other resources. |
| | | | | Finally, Public Health have led a working group to develop a suite of resources and assets to support uptake of Healthy Start across the County, including in ethnic minority groups. This has recently gone live. |
| | | 4. To explore avenues of support for residents who may struggle to afford healthy diets in the context of the cost-of-living crisis. | | <p>Comment on Recommendation: This should be an action/link for Food Strategy work across Oxfordshire, which is led by Laura, Rushen, Senior Policy Officer at OCC – each District Council has been commissioned to undertake work for their District.</p> <p>Update April 2023: Action plans have been developed and adopted by the following councils: Cherwell – 4 March Oxford – 13 March West Oxfordshire – 9 March</p> <p>South Oxfordshire and Vale of White Horses' action plans are being finalised.</p> |
| | | 5. In light of recent findings relating to the risks of excess weight medication (GLP-1 receptor agonists), it is recommended that the BOB Integrated Care Board review the availability of these medications and | | A separate response to this recommendation will be sought from BOB ICB. |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|-------------------------------|---|---------------|---|
| | | any associated risks; and to update the Committee on this. | | |
| | | <p>6. To orchestrate a meeting with HOSC, to include senior Planning/Licensing officers, Chairs of Planning Committees of the District Councils and lead officer responsible for advertising/sponsorship policy as well as the relevant Cabinet Member to discuss the planning and licensing around the presence of fast-food outlets in certain areas around the County and the advertising of HFSS products.</p> | | <p>Health Scrutiny Officer (Omid Nouri) to liaise with relevant officers to facilitate this meeting in the near future.</p> <p>Update April 2023: We believe this meeting was being co-ordinated by HOSC. We have met several times with planning leads and provided detailed backing information and evidence to support each District/City Council to put in place a policy to restrict Hot Food Takeaways if they choose.</p> <p>Public Health have commissioned Bite Back to develop a youth manifesto on food environments for Oxfordshire, including focusing on vending and HFSS advertising in different locations across the County.</p> |
| 21-Sep-23 | Health and Wellbeing Strategy | <p>1. To ensure careful, effective, and coordinated efforts amongst system partners to develop an explicit criterion for monitoring the deliverability of the strategy; and to explore the prospect of enabling input/feedback from disadvantaged groups as part of this process.</p> | David Munday | <p>Recommendation Accepted:</p> <p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>The Health and Wellbeing board has committed to the development of a delivery plan and outcomes framework for this new HWB strategy. This is to ensure the strategy is delivered by the partnership. We expect that an initial version of this will be presented to the HWB in March 24 and it will build on the strong public engagement that has already occurred in the strategy formation to date.</p> |

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|--------------|------|----------------|---------------|---|
| | | | | <p>Update April 2023: The Health and Wellbeing Strategy Outcomes Framework was agreed at the Health and Wellbeing Board in March 2024. The Outcomes Framework has broken each of the 10 priorities down into more tangible Shared Outcomes-between 3 and 5 of these per priority. It also maps existing programmes of work against each of the 10 priorities. The Framework also lists suggested metrics to monitor delivery-these are Key Outcomes (a measure of the strategic impact we want to see) and Supporting Indicators (the process measures that support achievement of the strategic change).</p> <p>Finally, the Outcomes Framework lists the governance forums within the Oxfordshire System that is the primary partnership responsible for delivery against each of the priorities. It is these forums and work programmes they have oversight of that ensure relevant engagement with residents over the monitoring of progress in their work areas.</p> <p>It has been agreed by the board that it will review progress, data against the metrics and received narrative update on only one part of the strategy at each of its quarterly meetings, so that over the course of a 12-month work programme it will have reviewed once delivery against all parts of the strategy.</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|-----------------------------|---|---|--|
| | | | | Full papers on the Outcomes Framework are available on HWB March agenda. |
| 21-Sep-23 | Local Area Partnership SEND | <p>1. For Leadership over the Partnership and of Children and Young People’s SEND provision to be explicitly set out and communicated clearly to families and all stakeholders; as well as clear measures of how leadership will be developed and demonstrated at all levels, and to demonstrate how new ways of working with stakeholders will put families at the heart of transformation.</p> | Stephen Chandler; Anne Coyle; Rachel Corser | <p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>Partnership leadership, assurance, and oversight of SEND provision is by the Oxfordshire SEND Improvement Board (SIB). The Board provides transparent visibility of progress, constructive and robust challenge, as well as celebrating what is working well and improving. The progress of improvements will be routinely scrutinised by appropriate scrutiny arrangements (People Scrutiny, HOSC and ICB Quality Group).</p> <p>Operational delivery of the Priority Action Plan (PAP) is via the Partnership Delivery Group (PDG), supported by time-limited Task and Finish groups. SIB, PDG, and Task and Finish groups all include Parent/ Carer representation. Continued improved communication with families and stakeholders is a key focus of our SEND action planning. It underpins our governance arrangements, is a key priority within the PAP, and is a focus area of our Working Together Task and Finish group.</p> |
| | | <p>2. To ensure good transparency around any action planning and the improvement journey for SEND provision for Children and Young People, and to develop explicit Key Performance Indicators for measuring</p> | | <p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>The Priority Action Plan includes development of an Integrated Local Area Partnership SEND dashboard, based on partnership KPIs, with performance overseen by</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|------|---|---------------|---|
| | | the effectiveness of improvements that are open to scrutiny. The Committee also recommends for more comprehensive action planning after the publication of the initial action plan requested by Ofsted, and for this action planning to be made fully transparent. The SIB will consider at its inaugural meeting how best to ensure information easily and publicly available. | | the SIB. As above, ongoing PAP action planning is operationally overseen by PDG and Task and Finish Groups. PDG reports monthly to the SIB. |
| | | 3. For the Leadership to adopt restorative thinking and practices with utmost urgency to reassure affected families, and for this thinking to be placed at the heart of any co-production exercises to help families feel their voices are being heard as well as for the purposes of transparency. | | Initial Response (additional progress update response to be provided in April 2024): Restorative Approaches are well-established within Children's Services. Co-production with children and families is at the heart of PAP and wider action planning. As noted, they are represented within all leadership & delivery bodies for SEND improvement. |
| | | 4. To ensure adequate and timely co-production of action planning to improve SEND provision, and for the voices of Children and their families to be considered in tackling the systemic failings highlighted in the report. The Committee also recommends that the Partnership considers timely allocation of seed funding for the development of | | Initial Response (additional progress update response to be provided in April 2024): SIB responsibilities include ensuring that co-production is embedded in the culture of SEND services. Our Multi Agency Quality Assurance (MAQA) forum has the purpose of setting out consistent, service specific processes for the quality assurance of Education, Health, and Care Plans, ensuring that good practice and learning is shared, informs |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|------|--|---------------|--|
| | | co-production involving people with lived experience; and for joint commissioning of training and alternative provision across Oxfordshire, involving multi-agency stakeholders, the voluntary sector, and families. | | <p>training and professional development for all professionals involved in the process, underpinning our vision for shared responsibility for improving outcomes, on the improvements achieved and next steps.</p> <p>Partnership training, and impact measures, are included in the PAP. All PAP actions are time-specified, ranging from December 2023 to post-July 2025, dependent on prioritisation and practicability.</p> |
| | | 5. To continue to improve working collaboration amongst the Local Area Partnership to integrate support mechanisms and services as effectively as possible, and for rapid improvements to be demonstrated on clear and efficient information and patient-data sharing on children with SEND. | | <p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>There are existing arrangements to enable the sharing of information across partners. The effectiveness of these will be considered as part of the improvement journey.</p> |
| | | 6. For every effort to be made for children and young people with SEND to receive the support that is specifically tailored toward and appropriate to their own needs and experiences; and for those involved in providing support services to be aware of the additional/ alternative services available which a child may also need a referral to. It is also recommended that improvements in one-to-one | | <p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>Priority actions within the PAP include co-production of both refreshed Local Offer and development of local area partnership early help and early intervention strategy. Together with improved EHCP assessment process, and Team Around the Family, this will enable the delivery of needs-led provision, and the progression of outcome led plans with families. As noted above (Paragraph 8),</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|------|---|---------------|--|
| | | communications with families should be prioritised by Oxfordshire County Council, using the budget agreed by cabinet immediately following the Ofsted report. | | continued improved communication with stakeholders and families is a key priority. |
| | | 7. To consider the use of digital resources for enablement, including at an individual level; and to ensure EHCPs are up to date and that they constitute living documents for families. | | Initial Response (additional progress update response to be provided in April 2024): Timeliness and quality of EHPCs, along with improved parental access to the digital portal, are addressed within PAP item 3. Actions include ensuring accurate, timely, and effective assessment, and effectively meeting needs, particularly at points of transition. Assessment timeliness is improving, despite increasing demand. Timeliness of completion within 20 weeks has improved from 40% in June 2023 to 50% in the last month. |
| | | 8. For SEND commissioning to be developed using the Ofsted report as a baseline, and to place person-centred mental and physical health of children and their families with SEND at the centre of decisions on how funding is spent to maximise social value. The Committee also recommends for the Local Area Partnership to map all funding sources available for, and to explore joint commissioning of services and training that could improve the | | Initial Response (additional progress update response to be provided in April 2024): PAP priority actions include a focus on improved commissioning and strong relationships with commissioned providers, to improve capacity, meet demand, and meet the needs of children, young people, and their families. The PAP is also focused on ensuring commissioning arrangements support timely decision making and transition arrangements, and that there is a multi-agency approach to meeting the needs of children with emotional and mental health difficulties. The Leadership and |

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|--------------|------|--|---------------|--|
| | | overall health and wellbeing for children with SEND. | | Partnership Task and Finish group has responsibility for integrated commissioning of SEND services. |
| | | 9. To ensure that there is clarity of information on any physical or mental health services for children with SEND, to reduce the risk of confusion and lack of awareness of such services amongst parents, carers or families of children who require support for their mental or physical health. | | The Oxfordshire Joint Commissioning Executive, which plays a key role in the delivery of many Priority Action Plan actions, reports into the Partnership Delivery Group. Initial Response (additional progress update response to be provided in April 2024): A local area pathway is being developed for children and young people with emotional wellbeing and mental health concerns. The i-THRIVE framework (an integrated, person-centred, and needs-led approach to delivering mental health services for children, young people, and their parents/carers) will be linked to the Early Help Strategy and Team Around the Family. |
| | | 10. To exercise learning from how other Counties and Systems have provided well-coordinated and effective SEND provision; particularly where measures have been adopted to specifically reduce the tendency for poor mental or physical health amongst affected Children and Young People. | | Initial Response (additional progress update response to be provided in April 2024): Our response to the SEND inspection, including development of PAP and KPI dashboard, has been informed by learning from other local authorities. Children's Services senior leadership bring a wealth of experience in delivering transformation and service improvement within other local authorities. This includes both the recently appointed independent chair of the SIB, Steve Crocker (Former President of Association of Director of Children's Services) and new SEND/ Children's Services Improvement. We have invested in an additional Assistant |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|------|---|---------------|--|
| | | | | Director for Early Help & Prevention, and Strategic Lead for Specialist Projects. Deputy Directors for Children's Social Care/ Education are likewise experienced. |
| | | <p>11. To ensure that staff involved in Health, Care, Education, and any relevant Voluntary Sector organisations are sufficiently trained and aware of children that may be neuro-divergent, have a learning difficulty or a disability (SEND); and for such staff to be adequately aware of the support and resources available, and the processes for referring such children for any relevant mental or physical health services that they might require.</p> | | <p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>As noted above, partnership training is embedded within the PAP. The Working Together Task & Finish group leads on Workforce Development.</p> |
| | | <p>12. For HOSC to continue to follow this item and to evaluate the impact of any changes or improvements made, with specific insights into the following; the Partnership's Action Plan as requested by HMCI; the overall measures taken to address the concerns raised by the Ofsted/CQC inspection; the progress made by CAMHS in reducing waiting times for treatment of children with SEND who require mental health support; and on how the NHS is working to increase the overall</p> | | <p>Initial Response (additional progress update response to be provided in April 2024):</p> <p>There are clear governance and reporting structures, as outlined above. We can provide updates as required.</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|---|---|-------------------------------------|--|
| | | acquisition and availability of data on SEND children's mental health from key mental health providers. | | |
| 23-Nov-23 | Children's Emotional Wellbeing & mental Health Strategy | <p>1. To work on developing explicit and comprehensive navigation tools for improving communication and referral for services at the neighbourhood level and within communities. It is recommended that piloting such navigation tools in specific communities may be a point of consideration.</p> | Cllr John Howson; Cllr Kate Gregory | <p>Recommendation Partially Accepted:</p> <p>Initial Response (additional progress update response to be provided in June 2024):</p> <p>We work closely with partners across Oxfordshire who offer advice, support and interventions for children, young people and their families and are currently tendering for a peer support app for CYP to support their mental health and well-being with a directory of local services to meet their needs. We recognise the importance of ensuring that local communities and neighbourhoods are connected to service provision in their areas. This is also important to the workforce so that they know who their local link is for support and services.</p> <p>This recommendation applies to all system partners to ensure that information is made available. HOSC can also support this approach with members of the scrutiny committee sharing information through their networks.</p> <p>The new SEND Local offer also provides details how to apply for help and includes a directory of local provision that both CYP and their families as well as professionals can access. This has been co-produced with Oxfordshire Parent Carer Forum and is key action in the priority action</p> |

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|-----|----------------------|-------------|----------|

| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|------|---|---------------|--|
| | | | | <p>plan the link for the new website: Oxfordshire SEND local offer Oxfordshire County Council</p> <p>As part of the early help strategy refresh this year OCC Children’s Services will be ensuring the offer of early help is accessible to all families to find information to support them along with resources available within the local offer and linked with FIS.</p> <p>Co-production is a critical part of the strategy development and the commissioning cycle. This approach was adopted for the development of the emotional health and wellbeing strategy and in the commissioning of the digital offer. The Council recognises that improvements can be made and in future tenders we would like CYP to be able to be part of the evaluation process. We are working with procurement and legal colleagues to enable this to happen without being at risk of breaching contract procurement regulations and legal challenge.</p> <p>We have built reviews and service improvement into the digital offer and will be able to provide updates in due course.</p> |
| | | <p>2. To ensure adequate co-production with children and their families as part of continuing efforts to deliver the strategy, including considerations of how children and families can be placed at the heart of commissioning. It</p> | | <p>Initial Response (additional progress update response to be provided in June 2024):</p> <p>Co-production is a critical part of the strategy development and the commissioning cycle. This approach was adopted for the development of the emotional health and wellbeing</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|------|--|---------------|---|
| | | is also recommended for an early review with the users of the digital offer once this becomes available; to include testing with neurodivergent children and other children known to be at higher risk of mental ill health. | | strategy and in the commissioning of the digital offer. The Council recognises that improvements can be made and in future tenders we would like CYP to be able to be part of the evaluation process. We are working with procurement and legal colleagues to enable this to happen without being at risk of breaching contract procurement regulations and legal challenge. |
| | | 3. To continue to explore and secure specific and sustainable sources of funding for the Strategy to be effectively delivered in the long run. | | <p>We have built reviews and service improvement into the digital offer and will be able to provide updates in due course.</p> <p>Recommendation Accepted:</p> <p>Initial Response (additional progress update response to be provided in June 2024):</p> <p>Funding for supporting emotional health and wellbeing comes from a number of government departments and organisations. This includes Department for Education and NHS England as well as funding provided to the voluntary and community sector and for research and evaluation to grow the evidence base on what works. As a system we will strive to identify sustainable sources of funding for Oxfordshire. Local funding streams will be determined by the financial envelope provided to us nationally for this work.</p> <p>Any proposals to increase resources to better meet the needs of CYP in Oxfordshire are being managed by the</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|------|---|---------------|---|
| | | | | SEND Priority Action Plan to address priorities identified during the Local Area SEND inspection by OFSTED and CQC. |
| | | <p>4. To ensure that children and young people and their families continue to receive support that is specifically tailored toward their needs. It is recommended that a Needs-Based Approach is explicitly adopted, as opposed to a purely Diagnosis-Based Approach. This could allow for early intervention to be initiated as soon as possible.</p> | | <p>Recommendation Accepted:</p> <p>Initial Response (additional progress update response to be provided in June 2024):</p> <p>System partners recognise the recommendation to be needs led and provide support to children, young people and families at the earliest opportunity utilising the Think Family Approach and as endorsed within the Early Help Strategy to offer the right support at the right time.</p> <p>Oxford Health are already taking this needs-led approach through Universal Public Health Services for CYP. Oxford Health CAMHS service also commission Autism Oxfordshire to give CYP and their families pre-diagnoses support for those waiting for a Neuro-development Conditions assessment. We are exploring different ways of commissioning and delivering Neuro-development Conditions assessment services across the BOB ICB as long waits are a national issue. Addressing waits for Neuro-development Conditions assessments is also an action in the SEND Priority Action Plan.</p> |
| | | <p>5. That consideration is given to the use of a simple and evidence-based standardised evaluation measure, that is suitable across all services that are</p> | | <p>Recommendation Partially Accepted:</p> <p>Initial Response (additional progress update response to be provided in June 2024):</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|---|--|---------------|--|
| | | working on Children's mental health in community settings. | | <p>Evaluations tell us what works and what does not. An evaluation should be a rigorous and structured assessment of a completed or ongoing activity, intervention, programme or policy that will determine the extent to which it is achieving its objectives and contributing to decision-making.</p> <p>Collecting feedback, data and local intelligence from children and young people, communities and services is essential to inform a needs-led approach. We will explore what guidance and evidence-based practice is available to address this recommendation.</p> <p>We would also like to recommend that this is broader than 'children's mental health in community settings' to recognise the impact of wider determinants on emotional health and wellbeing for children, young people and their families.</p> <p>Children's Services already utilise SDQ's to measure and evaluate children's Mental Health for Children We Care For and we could look to expand this practice to a wider cohort of children to further explore their needs.</p> |
| 08-Feb-24 | Director of Public Health Annual Report | 1. For the fully published DPH Annual report to come to a future HOSC meeting, with a view to further scrutinise the report and the | Ansaf Azhar | <p>Recommendation Accepted:</p> <p>We have agreed to bring the 2023/24 DPH Annual Report to a future HOSC meeting to enable members to consider the deliverability of its recommendations.</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|------|--|---------------|--|
| | | deliverability of the commitments around climate action and health. | | |
| | | 2. For the full DPH report to incorporate a section with insights into Population Health, and to include an update on progress on recommendations from the previous DPH Annual report. | | Recommendation Accepted: The DPH report now includes a summary profile of Oxfordshire's Health and Wellbeing with signposting to the Joint Strategic Needs Assessment which provides more detailed and live data. |
| | | 3. For there to be clear and thorough engagement and co-production with key stakeholders around the commitments to climate action and health after the publication of the report. It is recommended that the local contexts and sensitivities are taken into account, with a view to balance these with national directives around climate action and health. | | Recommendation Accepted: This recommendation is reflected in the engagement plan for the report. |
| | | 4. For there to be clear transparency and indications as to the barriers and enablers surrounding commitments to climate action and health. It is recommended that sufficient avenues of funding and resources are secured for the purposes of delivering these ambitions, and for collaboration with key system partners for the purposes of this. | | Recommendation Accepted: All relevant avenues of funding and resources will be pursued to support delivery of the Report's recommendations. |

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|-----|----------------------|-------------|----------|

| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|------|---|---------------|---|
| | | 5. For there to be clarity around any governance structures or processes around climate action and health. It is recommended that there is transparency around any key leads responsible for relevant policy areas around climate and health to understand individual/organisational commitments, as well as to understand any associated regulatory or legislative barriers to these commitments. | | Recommendation Accepted: The report has already been submitted to the Future Oxfordshire Partnership Environment Advisory Group, which provides governance of system wide action to address climate change; it was welcomed and endorsed by this group. Within OCC the Climate Action Programme Board provides internal governance mechanisms for monitoring progress. |
| | | 6. To ensure that clear processes are in place for monitoring and evaluating the measures taken as part of climate action, with specific attention to the implications that such measures may have on residents' health and wellbeing. | | Recommendation Accepted: The report's recommendations are aligned with metrics that are reported against as part of OCC's Unity performance monitoring system. In addition, impact on health outcomes will be reported through the Joint Strategic Needs Assessment. |
| | | 7. To raise educational awareness and understanding of the importance of climate action and its implications on health. | | Recommendation Accepted: As part of the engagement plan, schools will be engaged as part of a coordinated approach to secure the support of schools' strategic leadership teams for action on climate and health. |
| | | 8. For next year's DPH Annual report to be brought as a full draft to the Committee's Spring meeting, with a view to scrutinise the draft and provide | | Recommendation Accepted: Next year's DPH Annual report will be brought to the Committee's Spring meeting with a view to scrutinise the deliverability of its recommendations. |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | feedback in a public meeting ahead of its official publication. | | |
| 18-Apr-24 | GP Provision | <p>1. To ensure continuous stakeholder engagement around the Primary Care Strategy and its implementation; and for the ICB to provide evidence and clarity around any engagements adopted, to include evidence on key feedback themes and from which groups within Oxfordshire such themes were received from. It is also recommended that there is a clear implementation plan to be developed as part of the Primary Care Strategy, and for this to be shared with HOSC and key stakeholders.</p> | Julie Dandridge; Dan Leveson | <p>Recommendation Partially Accepted:</p> <p>The ICB has publish a summary of feedback received. This feedback has not been collected on an Oxfordshire footprint. The summary feedback can be found 20240521-bob-icb-board-item-11-bob-icb-primary-care-strategy.pdf</p> <p>More details on the implementation of the strategy is now included in the Primary care strategy. This will be further developed over time.</p> |
| | | <p>2. To continue to work on Prevention of medical and long-term conditions besides cardiovascular disease.</p> | | <p>Recommendation Accepted:</p> <p>The ICS has a number of clinical networks including stroke, diabetes and respiratory that focus on prevention and improved pathways for these long term conditions. More details can be found in the BOB ICB Joint Forward Plan.</p> |
| | | <p>3. To review ICB capacity with a view to increasing this to ensure adequacy, with a view that the ICB can work in a timely way with all District/City Councils across Oxfordshire on the securement and spending of health-infrastructure funding.</p> | | <p>Recommendation Rejected:</p> <p>The ICB is not in a position to increase its workforce capacity but welcomes the opportunity to work closely with all District/City Councils across Oxfordshire on the securement and spending of health infrastructure funding</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | <p>4. That the ICB checks which practices are closing e-connect and telephone requests for urgent appointments and for what reasons, and that it is also checked as to whether/how the public have been communicated with around such closures. It is recommended that there is improved clarity and communication about the statistics concerning access to appointments.</p> | | <p>Recommendation Partially Accepted:</p> <p>Practices that are temporarily unable to receive telephone requests for urgent appointments should inform the ICB. The main reason for this request is staff sickness. When informed the ICB advises practices to update their answer machine message and their website so informing patients.</p> <p>We do not currently have a method of monitoring when practices close of online consultations but are exploring what might be possible.</p> |
| | | <p>5. For there to be clarity and transparency around the use of any competency frameworks as well as impact and risk assessments around the role of non-GP qualified medical staff who are involved in triaging or providing medical treatment to patients. The Committee urges that the advocacy needs of patients are considered/provided for, and that patients are clearly informed about the role of the person who is treating them and the reasons as to why this is a good alternative to seeing their GP.</p> | | <p>Recommendation Accepted:</p> <p>There are some national sources of information for patients about the different roles in general practice.</p> <p>We will look to making these available on the ICB website.</p> |
| | | <p>6. That an expected date for the signing of the legal agreement on Didcot Western Park is provided to the</p> | | <p>Recommendation Accepted:</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | JHOSC, so there can be reassurance about the likely timescale for the tendering process. | | There are many legal agreements that need to be in place to progress the Great Western Park project. The ICB will update JHOSC when progress is made. |
| 18-Apr-24 | Dentistry Provision | <p>1. It is reiterated that underspends should be spent in Oxfordshire, and that priority is given to areas within Oxfordshire that have experienced the worst shortfall in capacity. It is recommended that the ICB prioritises areas within Oxfordshire in light of the increased need within the County relative to other areas under the BOB footprint.</p> | Hugh O'Keefe; Dan Leveson | <p>Recommendation Rejected:</p> <p>BOB ICB is the delegated commissioner for dental services across the footprint. With this comes a BOB level budget for provision of services. The ICB does not receive separate budgets for each county.</p> <p>However, the first principle being pursued is that the levels of activity should be re-commissioned, at the very least to the levels that have been lost as a result of contract hand backs and reductions. There has been a loss of 91,049 UDAs in Oxfordshire since April 2021 and BOB ICB is actively looking to replace these.</p> <p>The ICB will prioritise areas of greatest need across the whole footprint.</p> |
| | | <p>2. To support the creation of new practices within Oxfordshire with urgency, and to explore avenues of funding to support the ICB in developing solutions in this regard.</p> | | <p>Recommendation Accepted:</p> <p>The ICB has agreed to commission 5 new NHS practices (in Abingdon, Bicester, Carterton, Faringdon and Witney). The re-commissioning of services in these areas is being carried out as part of an NHS South-East programme. Significant levels of activity have been handed back in all SE ICBs. The Commissioning Hub for Dental services (hosted by the Frimley ICB) is working with each of the ICBs to understand proposed levels of activity to be</p> |

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| | | | | <p>commissioned with the aim of commencing the process in late 2024. The BOB ICB is investigating how it may move the programme forward more quickly if necessary.</p> |
| | | <p>3. That urgent progress is made in improving the accuracy and the accessibility of information on dentistry services available to people; and that where groups are targeted for help, they can benefit from an effective outreach.</p> | | <p>Recommendation Accepted:</p> <p>The ICB has carried out a review of practices' reporting new patient acceptance on https://www.nhs.uk/service-search/find-a-dentist in June 2024. This information is available to all patients.</p> <p>In Oxfordshire:</p> <ul style="list-style-type: none"> •25 practices are advising they open to all new patients (when availability allows). •4 practices are open children only •28 practices are not open to new practices. <p>The ICB has written to these practices who have not recently updated their profile to seek confirmation of their plans to update their information.</p> |
| | | <p>4. For the Oxfordshire system to seek to influence a timely consultation in Oxfordshire on the fluoridation of the County's water supply.</p> | | <p>Recommendation Partially Accepted:</p> <p>1. Whether the ICB or other relevant system partners have any ability to play a role in supporting a local public consultation/engagement around fluoridating Oxfordshire's Water Supply.</p> |

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| | | | | <p>The ICB would not have a role as the responsibility for consultation on water fluoridation lies with the Secretary of State and central government.</p> <p>2. Whether the ICB/partners are even supportive of fluoridation in the very first instance.</p> <p>The ICB has not considered water fluoridation, but officers are aware of the benefits for the oral health of the local population and the potential to reduce oral health inequalities.</p> |
| 06-Jun-24 | Palliative/ End of Life Care in Oxfordshire | <p>1. To ensure that carers receive the necessary guidance as well as support in being able to maximise the support they provide to palliative care patients.</p> | Dr Victoria Bradley; Kerri Packwood; Karen Fuller; Dan Leveson | <p>Partially Accepted RIPEL staff provide direct support to carers as well as patients and are trained with the oversight of the OUH Palliative Care Department.</p> <p>We continue to support our staff to sign-post patients and their carers for appropriate further care or support. This is primarily to local authority or community and voluntary services but may also involve resources within our services provided by our Living Well service such as the carers support group.</p> |
| | | <p>2. To secure sustainable sources of funding and resources for the RIPEL project, as well as Palliative Care Services more broadly.</p> | | <p>Accepted We are actively seeking sustainable sources of funding and resources and welcome the support of Oxfordshire HOSC.</p> |
| | | <p>3. To secure additional and sufficient resourcing and support for palliative transport services. It is recommended</p> | | <p>Accepted Due to recent changes in OUH ambulance transport arrangements, plans to pilot alternative ambulance</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | that transport services for palliative care patients are organised in a manner that avoids delay and distress for patients. | | <p>solutions for 2024/2025, initially funded by Sobell House Hospice Charity, have been altered. Nevertheless, we remain committed to our negotiations with providers to identify more suitable transport solutions.</p> <p>We continue our negotiations with ambulance providers to find a suitable transport solution.</p> <p>The newly establish Patient and Public Involvement and Engagement Group (PPIE) will be included and asked to feed into this work.</p> |
| 12-Sep-24 | Winter Planning | 1. To continue to ensure that clear plans and processes are in place to help reduce time spent in emergency departments by patients during the winter months when pressures are likely to be higher. | Dan Leveson; Lily O'Connor | <p>ACCEPTED</p> <p>In Oxfordshire where appropriate, with the Hospital @ Home service we prioritise on assessing and providing hospital treatment for people in their own home. This cohort of people are normally those who spend a prolonged time in ED. The John Radcliffe and Horton General Hospital Emergency Departments focus on assessing and treating people within 4hrs. The OUHFT continuously monitor people approaching a prolonged LOS in ED, this is through safety huddles and regular Trust multi-site meetings where both the Emergency Departments are reviewed. People with a prolonged length of time in the Emergency Department are reviewed as to whether the person can have the remaining of their treatment at home with Hospital @ home or require admission to an inpatient ward. This monitoring is carried out 24/7.</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | <p>2. To continue to ensure a careful balance between providing patient flow on the one hand (including through reducing lengths of stay across step down beds), whilst providing the personalised care that each patient needs.</p> | | <p>ACCEPTED</p> <p>This is a quality priority across all inpatient beds across OUHFT and OHFT. The holistic management of each person remains paramount in discharge planning especially in relation to what is important to the individual person.</p> <p>In October 2024, 465 people were supported to return home, compared to 245 for October 2023. We have seen month on month increase of those being supported to return directly home with an increase in the number reaching independence.</p> <p>We monitor the length of stay for all of those delayed in hospital and have a more detailed review of those waiting over 7 days and how we can work with the person and family to resolve any concerns they have. Named Social Care and Health colleagues are assigned to work with the person and their family to ensure continuity of information.</p> <p>In certain circumstances, the clinical teams will hold a family meeting until there is agreement with everyone concerned. There are times when some issues cannot be resolved until the person has returned home, these people are followed up post discharge. This affects approximately two people each week.</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | <p>3. To ensure that there is sufficient capacity within primary care (particularly with GP services) to cater for any increased pressure during the winter.</p> | | <p>ACCEPTED</p> <p>We are continuing to successfully roll out additional support, through integrated neighbourhood teams. The areas of significant deprivation within Banbury and Oxford city remain a priority, however, we have expanded Integrated Neighbourhood Teams to Wantage, Witney, Bicester and Faringdon. We are in early discussions with Primary Care in other areas of Oxfordshire.</p> |
| | | <p>4. To ensure that adequate preparations are in place for a potential surge in infection rates, and to secure the availability of vaccinations. It is recommended that there is also clear communication with the public in relation to both viral infection patterns as well as how residents can reduce the likelihood of spreading/contracting diseases.</p> | | <p>ACCEPTED</p> <p>All providers and Primary Care have robust arrangements in place to deal with the expected increase in infection rates across adults and children. In addition, we have a locally agreed communications plan to support people of all ages and the healthier together app for parents of young children.</p> |
| 12-Sep-24 | Adult and Older Adult Mental Health in Oxfordshire | <p>1. To ensure that adult eating disorder services are personalised in a manner that takes the unique needs and experiences of each individual patient. it is recommended that this service is coproduced with adults with eating disorders as much as possible.</p> | Rachel Corser; Dan Leveson | <p>The adult eating disorder service provides personalised care and treatment planning for all patients assessed and treated within the Community Adult Eating Disorder service. This includes delivering NICE recommended treatments for the core diagnostic groups and treatment pathways for people experiencing first onset of eating disorder (aged 18-25) and people who have enduring eating disorder needs despite having received evidence-based care and treatment. The service also offers enhanced physical health monitoring for people whose</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | | | <p>eating disorder is presenting a high risk to life, and where needed patients can access Specialist Eating Disorder Unit (SEDU) inpatient care and 'Stepped Care' (intensive community-based support) as an alternative to admission.</p> <p>Recently Oxford Health have developed (in conjunction with service users) the eating disorder provision within our Keystone Hubs which is being delivered in partnership with a VCSE partner (SWEDA). This will provide early intervention and prevention involvement for people with emerging or mild eating disorder presentations. Service users have been involved throughout this development and the Community Adult Eating Disorder team continue to work proactively with service users via the Trust-wide Adult Eating Disorder forum that meets monthly as both a reference group and source of people willing to support service developments as the need arises.</p> |
| | | <p>2. To take adequate measures to tackle loneliness amongst older adults, and to make every effort to reach out to older adults (with lived experience) and to include them in the designing of older adult mental health services. It is recommended that there is liaison with the Oxfordshire Mental Health Partnership to explore avenues to improve coproduction here.</p> | | <p>This is being addressed as part of the Adults and Older People Mental Health Transformation programme currently in place where we are looking at the partner offer and a more focus on Prevention. There will be continuous feedback from people using services via the Community Metal Health Framework stream of work which will allow evaluation and realignment of services based on what people are saying.</p> |
| | | <p>3. To ensure that patient history is effectively communicated and shared</p> | | <p>a. <u>Information sharing</u></p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | amongst professionals/organisations providing mental health support, and to avert the prospects of patients being or feeling bounced between various mental health services. | | <ul style="list-style-type: none"> • This is an ongoing and national issue regarding interoperability between EPRs and something we continue to struggle with in Oxfordshire. There is a plan in place to improve this across Oxfordshire, and I understand that work is underway to roll this out. Nationally there is work underway in NHSE to improve this and guidance is being developed. • In OH we do have a partnership data sharing agreement and we expect relevant information to be shared when people are open to more than one service, or move between services • Where there are embedded partnership workers in OH teams they do have access to and use either Rio or EMIS community as their EPR as well as their home organisation systems. Where there are Mind options workers and Specialist MH practitioners (ARRS) in PCNs they have access to GP EMIS and for the latter they also have RIO. • The Keystone MH Teams use EMIS community as its EPR which means they are able to access and view a patient's GP records (unless the patient has opted out) and GPs can see patient records from the Hubs – there has been very positive feedback from both GPs and Hub staff regarding this. • We do expect OH clinicians to share the outcome of any SMI physical health reviews they complete with the patient's GP – this is usually shared via docman, or in letter form, which the GP has to input into the patient's records manually. I don't believe there is a |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | | | <p>way of monitoring whether this information is shared in practice as a matter of routine. At present OH teams do not have any notifications from Primary Care to confirm whether a patient has had their annual health check or the outcome. Some GPs do inform MH teams if there are concerns, but this is not consistent. This can lead to patients having their PH monitored by both GP and OH or neither. There are plans in development to improve the take up of PH checks for those with SMI – which involved the OH Physical Health SMI teams, the Keystone Hubs and PCNs communicating and ensuring those patients on the SMI QoF register who do not attend for their annual check are followed up by either OH team and either supported to attend the check at the GP practice or are offered a home visit by the Hub team to complete. PH of people with SMI is a priority in the development of the new contracts, and will be included in the outcomes being developed across the partnership.</p> <p>b. <u>Access to services (people not being ‘bounced’ between services/ falling through gaps)</u></p> <ul style="list-style-type: none"> Part of the development of the Keystone MH teams (KMHT) was to provide a local point of access for all routine mental health referrals in to OH. The KMHTs are expected to develop close working relationships with their aligned PCNs, OH teams, Partnership organisations and other statutory |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | | | <p>and non-statutory organisation in their locality, and understand the services they provide and who to. The KMHTs have daily triage meetings and are regularly joined in these meeting by Oxfordshire Talking Therapies (OTT) clinicians, AMHT/ CMHT clinicians, Turning Point and the SMHTs/ ARRS workers where discussions around where the patient is best suited are agreed and the referrals processed by the agreed team. Where more information is needed, or there is a decision that the patient does not meet the threshold for assessment by the team, attempts are made to contact the person to discuss and share either self-help material, or refer on to a more appropriate service. The team should not reject the referral back to the referrer – which we know leads to patients feeling ‘bounced’ between services or rejected.</p> <ul style="list-style-type: none"> • Work is in development as part of the MHOIP programme to review mental health referrals across the Oxfordshire MH system, the task and finish group is in place and a workshop is being set up to look at the opportunity to further develop the KMHT model to provide a local point of access to the wider Oxfordshire system for all non-urgent MH referrals (so all referrals to OH, Mind, Elmore, Connections support, Restore etc...) – we will also be looking to develop self-referrals across the organisations including OH – this will hopefully reduce delays in referrals coming through (people having to wait |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | | | weeks for a GP appointment and then MH teams having to ask for more information etc...), which will hopefully mean people are seen earlier in their relapse or development of an SMI so the impact of that on their lives are reduced with an early intervention. Current partners are fully engaged in this task and finish group. This work would also enable current partners to refer directly in to OH services via the KMHTs, rather than the person having to go to their GP to ask for a referral. |
| | | 4. That voluntary sector stakeholder organisations who work in Oxfordshire on suicide prevention are invited to register with a VSO suicide prevention stakeholder register. It is also recommended that there is adequate resource, engagement, and a collaborative system inclusive of the VSO registered stakeholders to tackle suicide. | | As part of the transformation of Mental Health Services we will invite new partners to deliver services for individuals with Mental Health and is inclusive of Suicide Prevention. We will work with providers and Public Health professionals to ensure we work with the voluntary sector to build on what we have and maintain a central register. This is something that can be managed jointly with the Mental Health provider. |
| | | 5. That there is collaborative system work to develop KPIs on serious mental health to maximise the impact of the existing resource available across Oxfordshire, with a view to prevention and to increase the support available to people and families in distress. It is recommended that there is engagement with the local authority | | This is a gap that has been identified within the existing contract and a working group has been set up to further define KPIs as part of the wider Mental Health Contract that can be measured more accurately and appropriate action plans can be developed to ensure service improvement. This will also allow for a co-ordinated and systemwide approach to enable resources are used in the most efficient manner meeting an individuals need. |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | and Region on KPIs relating to patients residing in long-term inpatient settings away from their families. | | |
| 12-Sep-24 | Medicine Shortages | <p>1. To ensure that policies are in place to recognise and identify patients with cliff-edge conditions, and to ensure that mitigations are in place to reduce the risk of harm to these patients in the event of supply disruptions.</p> | <p>Julie Dandridge; Claire Critchley; David Dean; Nhulesh Vadher</p> | <p>ACCEPTED</p> <p>The Department of Health and Social Care (DHSC) Medicines Supply Team is responsible for supporting management of supply issues nationally. They publish regular updates for primary and secondary care which can be found on the Specialist Pharmacy Service (SPS) website which includes some of the known supply issues, potential impact and recommended actions.</p> <p>MIMS also has an on-line drug shortages tracker which clinicians can access to find out information on current shortages and recently resolved issues. The tracker also suggests possible alternatives where appropriate.</p> <p>The Commercial Medicines Unit (CMU), on behalf of NHS England, is responsible for negotiating the regional contracts of thousands of medicines each year. Manufacturers are required to inform them if they anticipate any potential supply issues with their contracted products. CMU are informed of anticipated shortages, timeframes and reasons for delay and this information is shared with the NHS Trusts monthly.</p> <p>Following an impact assessment, shortages deemed higher risk or those that are expected to have the most</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | | | <p>impact are communicated specifically, in the form of a Medicine Supply Notification (MSN) or National Patient Safety Alert (NatPSA). Serious Shortage Protocols (SSPs) are sometimes put in place to enable community pharmacists to supply patients with specific alternative medicines; these are available to view on the NHS Business Service Authority's dedicated SSP web page, along with supporting guidance.</p> |
| | | <p>2. To ensure effective communication, coordination, and transparency within and between the local and national levels to help mitigate risks associated with medicine shortages.</p> | | <p>ACCEPTED</p> <p>The ICB Medicines Optimisation Team provides advice to local practices and community pharmacies on medicine shortage and communicates current shortages and suitable alternatives via its regular newsletter and website, both of which are available to all primary care clinicians. The team is also able to add certain information to ScriptSwitch which is a software tool used by prescribers to provide real-time information and recommendations at the point of prescribing.</p> <p>Community Pharmacies often have links with other pharmacies and are able to share stock information enabling individuals to be redirected where a medicine is out of stock. However, it should be noted that most pharmacies use similar wholesalers meaning a medicines in short supply would impact a number of pharmacies.</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | | | <p>Since 2023, the OUH Pharmacy Department has had a dedicated medicines supply shortages practitioner to identify and manage potential supply issues in the Trust by working with clinical areas and procurement teams and implementing various strategies to mitigate the impact of the supply shortage. The successful management of these shortages has been aided by having a supply shortages database on the Trust intranet where everyone can be kept up to date.</p> |
| | | <p>3. To work on reducing any prospect of additional excessive workloads on both clinical and administrative staff in the event of medicine shortages, and to provide meaningful support for staff as well as additional resource if need be for the purposes of tackling any additional demand/burdens.</p> | | <p>PARTIALLY ACCEPTED</p> <p>The ICB and OUHFT is committed to ensuring that the impact on staff workloads is minimised as a result of medicines shortages. The use of national resources will help to support this aim as does the dedicated Medicines Supply Shortages practitioner at the OUHFT.</p> <p>We continue to work with both national and regional teams to reduce impact. However, the ongoing unpredictability of medicines shortages will, inevitably, continue to have an impact on staff resources.</p> |
| | | <p>4. To continue to improve sharing of information and transparency, including through a potential digital local database, for helping professionals to easily identify where supply issues exist.</p> | | <p>PARTIALLY ACCEPTED</p> <p>Local teams will continue to share information using the intelligence available via the various national routes including the Department of Health and Social Care (DHSC), Specialist Pharmacy Service (SPS) and MIMS drug shortages tracker. As these information sources are</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
|--------------|------|--|---------------|---|
| | | | | <p>regularly updated, a local digital database would be a duplication and would be resource heavy.</p> <p>Following an impact assessment, shortages deemed higher risk or those that are expected to have the most impact are communicated specifically, in the form of a Medicine Supply Notification (MSN) or National Patient Safety Alert (NatPSA). Serious shortage protocols (SSPs) NHSBSA are sometimes put in place to enable community pharmacists to supply patients with specific alternative medicines; these are available to view on the NHS Business Service Authority's dedicated SSP web page, along with supporting guidance.</p> <p>The ICB is unable to influence the national pharmacy contract.</p> |
| | | <p>5. To work on improving communication and coproduction with patients and involving those with cliff-edge or long-term conditions, regarding the pharmacy services and the availability of medicines (including through the use of frequently asked questions). It is also recommended that patients are signposted to any support that could be available from pharmacy services and the voluntary sector.</p> | | <p>PARTIALLY ACCEPTED</p> <p>Current processes and mitigations will continue to be reviewed and adapted as necessary in order ensure communication with all parties is optimal. Advice will continue to be provided to both primary and secondary care prescribers as well as local community pharmacies on medicine shortages and suitable alternatives via newsletters and websites.</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| 12-Sep-24 | Epilepsy Services Update | <p>1. For the ICB and Oxford University Hospitals NHSFT to:</p> <p>a. Give priority to patient safety for people with epilepsy and their families in Oxfordshire, and to the welfare of the Oxfordshire epilepsy team, and to set out how that priority will be addressed through their governance and management at a board level. The governance and management of these priorities should also be inclusive of people with lived experience and their charity representatives, as well as their concerns regarding tailored and balanced communications and the use of existing empowerment tools.</p> <p>b. To secure further funding and resource for epilepsy services.</p> | Sarah Fishburn; Dan Leveson; Olivia Clymer | <p>ACCEPTED</p> <p>a. Oxford University Hospitals NHS Foundation Trust (OUH) welcomes the support of the HOSC in its attention to Oxfordshire residents who have epilepsy, their families and their care teams. OUH prioritises the safety of all patients, including those with epilepsy.</p> <p>The OUH People Plan guides the Trust in how best to support the welfare of all our staff including the epilepsy team. An update of the plan and work resulting from this was shared at HOSC April 2024 meeting.</p> <p>The challenges around capacity within OUH of the Epilepsy service has been escalated. They have also been shared with BOB ICB and NHS South East Region who work with NHS England. There are concerns regarding the challenge of the pre-existing workload, which have now significantly increased by Medicines Regulatory Authority mandated additional reviews.</p> <p>OUH has a robust governance process to raise and prioritise patient safety risks. These risks are reviewed regularly at Departmental, Divisional and Executive level and where appropriate at Board level through the Board Assurance Framework. Aspects of the service are already on the Neurosciences Divisional Risk register and are reviewed regularly.</p> |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | | | <p>OUH is committed to including people with lived experience and their charity representatives. People with epilepsy and their charities support OUH in understanding the specific needs of patients and families. The epilepsy team at OUH will work with them to co design services. The Epilepsy team always prioritises involvement of those with lived experience in their care, for example using the co designed SUDEP check list SUDEP and Seizure Safety Checklist - SUDEP Action with patients and families.</p> <p>b. BOB ICB, OUH, and NHS South East Region are working together to secure additional clinical staff including additional nursing capacity.</p> <p>At OUH, a business case has been submitted for an additional neurology consultant post, with administrative and pharmacy support. The OUH Epilepsy team is also working to secure clinical research funding to support an Epilepsy Clinical Research Fellow.</p> |
| | | <p>2. For NHSE Region to give support to the ICB and Oxford University Hospitals NHS Foundation Trust to help achieve the above prioritisations.</p> | | <p>ACCEPTED</p> <p>Regional support initiated to follow up Cumberlege 'First Do No Harm' and MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) reports (both 2020) to improve patient safety and person-centred care. Support offered through:</p> <ul style="list-style-type: none"> Regional webinar June 2023 to share national approaches and understand clinicians' concerns, |

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| Meeting date | Item | Recommendation | Relevant Lead | Update/response |
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| | | | | <p>including capacity issues and the need for a digital solution for annual reviews.</p> <ul style="list-style-type: none"> • Development of a logic model with national support to assist ICBs and providers with developing a business case to support new approaches to prescribing review including a digital tool. This included two webinars supported by a national lead. Development of ICB business case template with support from BOB ICB. • Digital pilot project to include OUH, production of easy-read and translated patient information leaflets, and inclusion in regional approach to valproate prescribing. • Liaison with MHRA and Patient Safety Specialist & Clinical Improvement Lead, and colleagues to share concerns raised by clinicians and ICBs in the SE region. • Attendance at national Valproate Integrated Quality Improvement community of practice calls (VIQI). Opportunity to understand approaches nationally and share SE approach. • Attendance at launch of Patient Safety Commissioner's launch of Redress Report into valproate and mesh (February 2024). • Attendance at ICB valproate meetings in BOB and liaison with ICB patient safety lead. • Meeting with experts by experience from Oxfordshire and across the region. These included charity and care provider leads, parents of people |

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| | | | | <p>with epilepsy, people with learning disability, and carers of people with learning disability.</p> <ul style="list-style-type: none"> • Oversight of regional neurology and mental health appointment delays to understand regional variation and issues arising from additional workload potentially increased by MHRA requirements. • Governance of regional valproate programme continues through Regional Quality Group. Progress is also reported in the internal regional weekly status and monthly quality reports. <p>Updates are shared across the region in a regular valproate newsletter.</p> |
| | | <p>3. For OCC Cabinet: For Oxfordshire County Council Cabinet members and senior officers responsible for education and residential care for children and adults with Learning Disabilities and/or autism (who are affected by patient safety concerns), to consider the likely impacts of the valproate policy for the local authority commissioning arrangements and the provision of residential care and out of county placements.</p> | | <p>Partially Accepted</p> <p>HESC is not the commissioner of epilepsy services, therefore cannot fully respond to the recommendation.</p> <p>We will: Consider the impact of the valproate policy on the services we commission for special education and residential care for children and adults with learning disabilities and / or autism (who are affected by patient safety concerns).</p> |

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Actions:

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