

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

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

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

### **Issue: Cancer Services in Oxfordshire**

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

- Matthew Tait (Chief Delivery Officer-Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board).
- Felicity Taylor Drewe (Chief Operating Officer, Oxford University Hospitals NHS Foundation Trust).
- Andy Peniket (Clinical Director for Oncology & Haematology, Oxford University Hospitals NHS Foundation Trust).

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

**Deadline for response:** Tuesday 3<sup>rd</sup> June 2025.

#### **Response to report:**

*Enter text here.*

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### Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. For further detail to be shared on outcomes across different cancer types, and how that compares nationally and regionally.	Accepted	Benchmarking analysis at tumour site level across the three cancer standards will be provided for the next HOSC meeting.
2. For there to be clear communications with cancer patients who cannot speak in English (or who struggle to communicate in general), and for mechanisms to be in place to help with advocacy for such patients.	Partially	We use a robust interpreter service in these circumstances to mitigate challenges some patients may find with the English language Clinical staff are supported through training and the Cancer Lead Nurse has agreed to arrange some further sessions for clinical nurse specialists accordingly to mitigate any gaps. Cancer Management Team are exploring any digital solutions that may support this further.
3. For Oxford University Hospitals NHS Foundation Trust to collaborate with the Oxfordshire County Council's Public Health team on awareness campaigns with communities with low take-ups of cancer screening.	Accepted	