

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: Oxfordshire system pressures

Lead Cabinet Member(s) or Responsible Person:

- Dan Leveson- Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) Director of Places and Communities.
- Lily OConnor- Oxfordshire Urgent Emergency Care Director.
- Karen Fuller- Director of Adult Social Care, Oxfordshire County Council.
(on behalf of Oxfordshire System Partners)

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

Deadline for response: Wednesday 6th August

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. |
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| <p>1. To increase engagement with the public to provide reassurances as to any specific outcome measures around Urgent and Emergency Care Services, including successful/unsuccessful outcomes and whole system working more broadly. It is recommended that there is communication to help people receive the urgent care they need.</p> | <p>Accepted</p> | <p>Oxfordshire is actively working towards a plan to meet the recommendations of Healthwatch's recent report (June 2025). An audit of local, and neighbouring, provider websites has been completed to review what information is currently available on Urgent and Emergency Care (UEC) services. We are working with the Integrated Care Board (ICB) Communications and Engagement Team to explore how this web audit could inform discussions with our system-wide partner organisations to improve consistency in public signposting. We will also seek support to identify how information can be best presented to ensure our local population can easily access the guidance they need, when they need it. The outcomes will be reviewed at System Urgent Care Delivery Group - attended by all Oxfordshire system partners – to ensure a collaborative and proportionate response to what the local population have asked for.</p> <p>The first draft is expected in September 2025.</p> |
| <p>2. To ensure that there is sufficient planning, support, and resourcing for supporting patients experiencing a mental health crisis. It is recommended that the whole system focuses on the reduction of inappropriate and costly mental health inpatient settings, with a view to improving</p> | <p>Partially accepted: Accept the principle but already in place in Oxfordshire</p> | <p>In progress: Timescale March 2026:</p> <ul style="list-style-type: none"> - Out of Area Patients (OAPs) reduction program plan (improving flow, reducing Length of stay (LOS); reducing delays; targeted action on for those with LOS of over 60/90 days) - Inpatient Improvement program (Trust wide) - Crisis Team expansion to full countywide 24/7 service - Mental Health (MH) service improvement program (as part of new 10-year contract for MH services in Oxfordshire). |

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| alternative community-based settings and local crisis responses. | | <p>In place:</p> <ul style="list-style-type: none"> - 24/7 Crisis Team - partial coverage countywide (City, North East Oxon, North & West Oxon) - 24/7 MH Helpline embedded within 111/999 - 24/7 MH text service introduced Spring 2025 - Safe Havens in Oxford and Banbury (in partnership with Oxfordshire Mind (Mind is a charity supporting people with MH conditions) They provide an emergency environment for people for a short time. This provides people with the space and time that they require on a short-term basis. |
| 3. To ensure that you continue to engage in coproduction as part of the development of Urgent Emergency Care Services, including around the Integrated Improvement Programme. | Accepted | <ol style="list-style-type: none"> 1. Major efforts have been made to highlight and unapologetically dedicate additional resource to these priority areas and populations. <u>Community Profiles</u> have been developed to better understand the strengths and needs of these communities through an asset-based community development (ABCD) model. 2. Community Health Development Officers (CHDOs) in priority areas foster community engagement, support local health initiatives and implement action plans and recommendations from the Community Insight Profiles. 3. The <u>Well Together Programme</u> is a £1million grants programme, funded by BOB ICB, which recognises the essential role Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations play in addressing health inequalities at a local level, funding is available for new and existing organisations and projects in the 10 priority areas. Alongside the financial benefit, Well Together has supported organisations to gather stories and collect data to measure impact of activities. It has also helped people to reach a wider |

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| | | <p>audience, develop ongoing collaboration and signpost to further networks and support.</p> <p>4. Oxfordshire Neighbourhood Voices is a structured twelve-month partnership, where senior leaders will be paired with community members from the most deprived neighbourhoods. Engagement will occur within existing community structures such as faith groups and grassroots networks minimising burden and maximising authenticity. Each pair will meet at least monthly, with interactions tailored to their context and grounded in mutual respect and openness.</p> |
| <p>4. To ensure that determinations of medically fit-to-discharge include consideration with the patient and their carer of specific national frameworks such as the meaning of the patient's National Early Warning Score (NEWS).</p> | <p>Partially accepted: Accept the principle but already in place in Oxfordshire</p> | <p>Determination of medically optimised for discharge (or the Discharge Ready Date (DRD)) is based on the definition of the 'criteria to reside' within the government's Hospital discharge and community support guidance. One of these criteria to be considered is a review of the patient's NEWS score. All patients should be given an Estimated Date of Discharge (EDD) within 24 hours of admission, which is reviewed daily during board and ward rounds. A patient's condition can fluctuate so their EDD and DRD will flex accordingly. We will therefore continue to use this nationally agreed criteria.</p> |
| <p>5. For there to be sufficient investment in the Neighbourhood model and Multi-Disciplinary Teams, and for evidence to be provided as to whether there is sufficient or insufficient investment. It is recommended that there is a whole system mapping exercise that includes</p> | <p>Partially accepted</p> | <p>Oxfordshire has a whole system neighbourhood development group which is in the process of scoping out all services and local groups.</p> <p>The group meets weekly and reports monthly to Place Based partnership board.</p> <p>We have a workshop organised for 8th August 2025, with Health, Social Care and the voluntary sector to design the geography of neighbourhoods within Oxfordshire.</p> |

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| <p>Town and parish councils with local knowledge of community projects and stakeholders (who can also contribute at a neighbourhood level to support reduction of risks and a whole population approach).</p> | | <p>Each Neighbourhood will utilise data from many sources, all providers, Public Health and social care. The local population is divided into groups, to identify adults with multiple long-term conditions and those at rising risk. Data can be analysed at system, place, PCN, and practice level to support proactive, targeted intervention. Neighbourhood teams involved in direct care can access identifiable patient lists to deliver tailored support.</p> <p>The detail of how we will integrate the services within and across neighbourhoods needs further work.</p> <p>There is no additional funding available to the Oxfordshire system so we will make sure we maximise the available funding to meet the outcomes of Oxfordshire residents.</p> |
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