

Task and Finish Group on Local Health Needs Assessment in the OX12 Locality

The eighth meeting of the task and finish group took place on Tuesday 6th August 2019. Apologies were received from Cllr Alison Rooke, Cllr Paul Barrow and Jo Cogswell (Project Group). Both Libby Furness and Sarah Adair from the Project Group attended to provide an update on the questions raised in the previous meeting.

A summary of the discussion points in the group are as follows:

- **Project governance** – An updated Gantt chart was provided, along with details of the updated governance structure. Members queried whether the Project Group were confident they had sufficient resource to deliver the project on time. The Project Group reported they were and that a Project Executive Group has been established, made up of senior representatives from the project partners, to maintain focus on the importance of the work and solve and quickly resolve issues that arise.
- **Population Needs and Review of Services and Assets workstreams** – Members queried whether the Project Group felt sufficient information had been gathered. The Project Group noted that the information gathering phase has closed and that work is now underway on reviewing and interpreting the data and information. This will help highlight if there are any gaps in data that still needs obtaining. The Project Group were clear that they would be continuously monitoring and listening to ensure all relevant information is captured and used to underpin the project.
- **Innovation and Best Practice** – A final report on the discussions of Oxfordshire's Clinical and Care Forum is due for sign off in August and it will be published on the OX12 page of the OCCG website. The Task and Finish Group asked how the three areas discussed by the Clinical Care Forum were decided upon, including; proactive and responsive care for those with long terms conditions and frailty, an increased focus on primary prevention to promote health and wellbeing and secondary prevention to keep those with long term conditions and frailty well for longer, and moving some acute hospital based services into the community with a focus on outpatients and follow ups.

The Project Team explained that these areas were selected based on an analysis of the information that has been collated through the project to date which has highlighted specific issues for those living in OX12 that if addressed would provide benefit to local people. Members felt that although these seemed sensible, it was not evident whether any other areas had been considered and discounted, and on what merit they were discounted.

Members also queried whether there had been sufficient breadth in the review of information in the Innovation and Best Practice workstream. The Project Group referred to the desktop review of innovation and best practice that has been shared with the Task and Finish Group and a discussion paper that was used as the basis for the Clinical and Care Forum discussion. Members suggested further models of care and innovation and best practice that would be useful for

the project to consider. The Project Team agreed to follow up on the suggestions, particularly those relating to Primary Care Home.

- **Evaluation** – Members of the group sought to understand when the evaluation work would take place. This was reported as being a two-stage process, the main evaluation of the overall project will take place once the project has been completed. However, in the meantime a number of smaller evaluations have taken place on key events, such as the roadshows and the survey, which is helping to capture valuable learning that can be applied to other areas of the project.

The HOSC Task and Finish Group will continue to meet at intervals that reconcile with key points and milestones within the project. Future dates are to be confirmed. Members of the group will also be observing the forthcoming listening event and Solution Building Event.