# Oxfordshire Place-base Partnership: Health and Wellbeing Board Update September 2024

## 1.0 BOB ICB Board meetings

The most recent BOB ICB Board meeting took place on 16 July 2024. The papers can be found on then BOB ICB website . The next meeting will take place on 19 September. Please see the website for papers.

## 2.0 GP Collective Action

The British Medical Association's (BMA) GP Committee (GPC) held a ballot of GP partner members during June and July 2024 on taking 'collective action' over the 2024-25 GP contract terms.

The ballot voted in favour of action, which subsequently began across England on 1 August.

When the GP contract was announced earlier this year, there was a 1.9% increase in funding on a contract that has remained static for five years. The BMA argues this increase does not cover staff wage increases and claims GP practices are struggling to balance income and expenditure – financial instability being one of the main reasons that practices hand back their contracts.

Responsibility to deliver the contract is held by GP practice partner(s) who are not NHS employees, but independent contractors to the NHS. Unlike NHS employees, such as junior doctors and consultants, GP partners are not subject to the Trade Union and Labour Relations (Consolidation) Act. The decision to hold a ballot is not statutory but indicative and the action is termed 'collective action' rather than strike action as contracts are unlikely to be breached.

As part of any 'collective action', GP practices as independent businesses may pick and choose from a list of actions suggested by the BMA's GPC, flexing them over time which could increase their impact on health services. The actions are enduring with no end point until an agreement negotiated with the Government.

A BOB ICB Incident Management Team (IMT) has been established and we are working with partners and stakeholders locally to plan for any disruption and to mitigate this where possible to ensure services continue to be provided for patients. We are continuing to closely monitor any effects and to address issues as they arise.

During this time of collective action, the NHS is asking the public to come forward as usual for care. GP practices are still required to be open between 8am and 6.30pm Monday to Friday and it is vital that patients still attend their appointments unless they are told otherwise. Patients should continue to use 111 for urgent medical help when their GP practice is unavailable and to call 999 in a serious or life-threatening emergency. Our latest media release is available here.

**The possible actions which GPs can take are:**

- Limit daily patient contacts per clinician to the European Union of General Practitioners and BMA recommended safe maximum of 25. Divert patients to local urgent care settings once daily maximum capacity has been reached.
- Stop engaging with the e-Referral Advice & Guidance pathway - unless it is a timely and clinically helpful process for you in your professional role.

- Stop supporting the system at the expense of your business and staff - serve notice on any voluntary services currently undertaken that plug local commissioning gaps.
- Stop rationing referrals, investigations, and admissions
    - Refer, investigate or admit your patient for specialist care when it is clinically appropriate to do so.
    - Refer via eRS for two week wait (2WW) appointments, but outside of that write a professional referral letter where this is preferable.
- Switch off GPConnect functionality to permit the entry of coding into the GP clinical record by third-party providers.
- Withdraw permission for data sharing agreements which exclusively use data for secondary purposes (i.e. not direct care). Read our guidance on GP data sharing and GP data controllership.
- Freeze sign-up to any new data sharing agreements or local system data sharing platforms. Read our guidance on GP data sharing and GP data controllership.
- Switch off Medicines Optimisation Software embedded by the local ICB for the purposes of system financial savings and/or rationing, rather than the clinical benefit of your patients.
- Practices should defer signing declarations of completion for "better digital telephony" and 'simpler online requests' until further GPC England guidance.
    - Defer signing off 'Better digital telephony': do not agree yet to share your call volume data metrics with NHS England.
    - Defer signing off 'Simpler online requests': do not agree yet to keep your online triage tools on throughout core practice opening hours, even when you have reached your maximum safe capacity

Should initial collective action be unsuccessful in influencing national negotiations then further actions may be initiated.

**3.0 BOB ICB Operating Model**

In July, BOB ICB shared details with partners of its revised way of working ('operating model'). The new approach aims to clarify and strengthen the ICB's role within the local health and care system and focus on where it can uniquely add value within a changing NHS.

Feedback from ICB staff and system partners has been carefully considered and a final operating model will be presented to the ICB Board for approval on 25 September 2024.

**4.0 Oxfordshire Place-based Partnership**

These following sections provide an update from our Oxfordshire Place-based Partnership.

**4.1 Children and Young People**

In July our Local Area Partnership SEND Improvement Board met with the Department for Education and NHS England for a stocktake to discuss the progress we have made in the years since the inspection and areas of concern. A full summary of the meeting and what it covered can be found in Steve Crocker's blog (independent chair).

Two critical areas for NHS colleagues to address and improve are the Neurodevelopmental and Integrated Therapies pathways. During September's SEND Improvement Board there will be a deep dive into health provision that is typically accessed by young people with SEND to develop shared understanding of where we are now, where we are going and how we are going to get there.

We continue to experience across most of our services, higher levels of demand than capacity. We are developing new clinical models, utilising a wide range of practitioners and professionals, as well as working with parents, carers and young people to develop offers that will help while people wait for some of our diagnostic services.

Finally, with the leadership of Lisa Lyons (Director for Children's Services) we are contributing to the development of core strategies aligned with existing strategies (such as the Health and Wellbeing Board) and refreshing governance arrangements such as the Children's Trust Board.

**4.2 Adult and Older Adult Mental Health and Wellbeing**

Key partners are collaborating to design, commission and deliver a new and improved mental health model of care in Oxfordshire for adults and older adults. We are exploring how the Provider Selection Regime (PSR) can be applied to enable the development of a partnership led by Oxford Health, as the NHS mental health prime provider. Our aim is to develop an integrated model of care and deliver the best outcomes and experiences with the funding available. We hope to learn lessons from the existing outcomes-based contract to take into our future model.

Leadership development amongst partners has been highlighted as an area of great importance to maximise the potential of this process. We have begun an organisational development programme to support and further enhance collaboration, partnership, system leadership and trust between all stakeholders involved. Our aim is to have a clear vision and principles for transformation of mental health services and an integrated contract that provides certainty and enables transformation.

September's Joint Health Overview and Scrutiny Committee (JHOSC) will focus on current commissioned services and plans for the future in adult and older adult mental health.

**4.3 Urgent and Emergency Care**

Alongside our ICB Urgent and Emergency Care( UEC) funding a key component and enabler of delivering UEC for Oxfordshire residents is the Better Care Fund (BCF). We have been able to run a systemwide planning process with representation and contributions from a diverse range of organisations and sectors within Oxfordshire. Membership of the Steering Group includes representatives from NHS provider Trusts, local government, VCSEs, Healthwatch and Primary Care. The Place Based Partnership is well connected to this process and senior leaders have helped shape priorities and principles to date.

Our integrated UEC work is a central feature of our success in Oxfordshire. We continue to focus on reducing the delays for people medically optimised for discharge from hospitals. We have seen recent improvements in the 4-hour waiting standard in Emergency Departments and high levels of care provided in people's homes. The initiatives we have in-place like the Transfer of Care Team, Discharge to Assess and Home First, Integrated Neighbourhood Teams, Hospital at Home and Urgent Care Centres are all fundamental to our ongoing UEC programme. As we head into winter we are beginning to consider how we can continue to deliver the best possible care when the demand for services inevitably increases. Our plans will be scrutinised at JHOSC in September.

**4.4 Prevention and Health Inequalities**

Finally, some exciting news. We have demonstrated our commitment to prevention and reducing health inequalities through our Prevention and Health Inequalities Forum (PHIF)

chaired by Ansaf Azhar (Director of Public Health). Two of our flagship system projects have been shortlisted for prestigious Health Services Journal (HSJ) Awards in the category of Place-based Partnership and Integrated Care Award:

- Working in partnership to create a whole system approach for physical activity in Oxfordshire which has brought together BOB ICB, Public Health, Oxfordshire's district and city councils, Oxfordshire Active Partnership and the voluntary sector to jointly commission and deliver activity programmes which now reach more than 12,000 residents at highest risk of physical inactivity and health inequality.

- Oxfordshire Health and Homelessness Inclusion Team which has brought together housing, health, care and voluntary organisations to support planned, safe discharges from hospital for people experiencing or at risk of homelessness - avoiding discharges to the street; increasing access to mainstream services in community settings - avoiding unnecessary hospital (re)admissions and reducing inequalities; preventing rough sleeping and homelessness.

**5.0 Conclusion**

Despite upcoming periods of uncertainty and a requirement to review the operating model of the ICB, the strong spirit of place and the the progress made by the Place Based Partnership is encouraging. We remain committed to increasing our investment in communities and prevention, addressing the building blocks of health (jobs, housing, social activity, education) and reducing health inequalities in Oxfordshire.

Annual planning procceses for public sector organisations can often be viewed as being burdensome and complex, but in Oxfordshire we are working in a more trusting and transparent manner to ensure that realistsic plans and commitments are made to better improve access, oiutcomes and experience for our residents. To support this, OCC, BOB ICB and provider partners have emabrked upon a series of Health and Social Care Connections. So far, system leaders have visited 14 community events and held seven stakeholder meetings across Oxfordshire, connecting with 550 people. The purpose of these events has been to:

- Listen to feedback from the public about their recent experiences of health and social care.
- Connect senior leaders with the public for a two way conversation.
- Share complex messages about changes to health and social care around delivering support and services closer to home.
- Share a united 'Team Oxfordshire' approach.

Further events are planned for September and October to ensure countywide coverage. An evaluation of the connections roadshow will take place in November.

Daniel Leveson
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September 2024