

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

1.0 Introduction

Major changes are taking place in the way we organise health and care in Buckinghamshire, Oxfordshire and Berkshire West (BOB) promoting greater cooperation between organisations.

Initially, we focussed on structures at Integrated Care System (ICS) level including merging 3 CCGs, establishing the Integrated Care Partnership (ICP) and Integrated Care Board (ICB) and developing our ICP strategy and NHS Five-Year Forward Plan. Our ICS brings the benefits of working at scale to tackle major strategic issues while place-based partnerships driven by collaborations between commissioners and providers are better suited to delivering joined-up care to meet distinctive needs of local populations.

This paper provides an update from our Oxfordshire Place-based Partnership.

2.0 Oxfordshire Place-based Partnership

Daniel Leveson, as Place Director for Oxfordshire, is responsible for convening leaders from across the health and care system to develop a thriving partnership. Our aim is to identify people or populations that will benefit from joined-up care, develop new models of care that are financially and environmentally sustainable and do more to prevent illnesses and reduce inequalities.

The core membership of the partnership is as follows:

Name	Job Title	Organisation
Daniel Leveson	Executive Place Director	BOB ICB
Stephen Chandler	Director for People, Transformation & Performance	Oxfordshire County Council
Caroline Green	Chief Executive	Rep for City and District Councils
Grant Macdonald	Chief Executive	Oxford Health NHS FT
Professor Meghana Pandit	Chief Executive	Oxford University Hospitals NHS FT
Ansaf Azhar	Director of Public Health	Oxfordshire County Council
Veronica Barry	Executive Director	Healthwatch
Laura Price	Chief Executive	Oxfordshire Community & Voluntary Action
Dr Toby Quartley	GP Lead	North PCNs
Dr Michelle Brennan	GP Lead	South PCNs
Dr Joe McManners	GP Lead	City PCNs

Figure 1: Oxfordshire Place-based Partnership leadership

3.0 Our Approach to Partnership Working

Good relationships are the foundation of successful partnerships. Developing these relationships requires time and effort. The time we are spending working together is helping us understand each other, the groups we represent and to value our differences.

As a leadership team we are creating a clear, shared vision and set of priorities and plans and setting the tone for our system by being collaborative, inclusive, compassionate and people/population focussed.

We are looking through a lens of inequality and aim to improve outcomes for minority groups and people living in the deprived areas of Oxfordshire. We will integrate services for populations that will benefit the most from more joined-up care.

Oxfordshire Health and Wellbeing Strategy is at the core of our plans. Our governance and structures will evolve with our partnership and build on what we have, reduce duplication and enable effective decision-making.

4.0 Developing our Partnership

Based on learning and experiences from other place-based partnerships we developed a maturity matrix and associated success criteria. We are using this as a self-assessment to measure our partnership and monitor our progress. It will also help us evaluate our readiness for ICB delegation. A self-assessment exercise involving PBP members took place in November 2022, and was repeated in December 2023. Over this period, maturity scores increased for each indicator. Overall, most responses shifted from “emerging” to “developing”, this is encouraging and demonstrates that the PBP sees itself as progressing in terms of maturity.

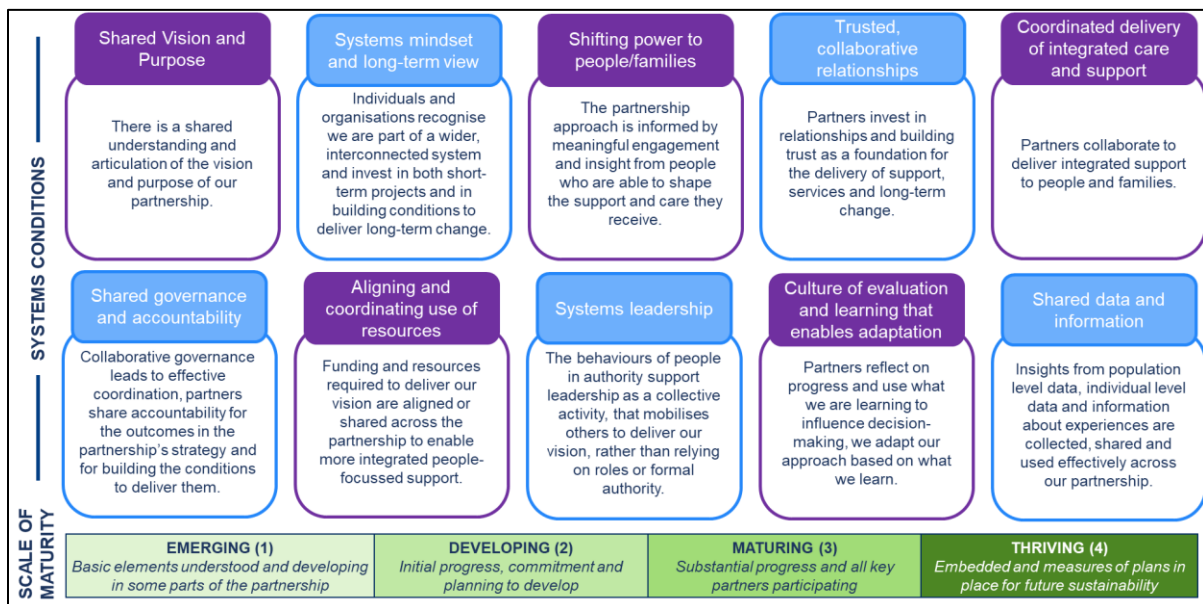


Figure 2: Place-based Partnership Maturity Matrix

5.0 Oxfordshire’s Place-based Partnership

Oxfordshire’s PBP is a consultative forum representative of our health and care system. It offers a unique opportunity for executive leaders from health, local authorities and communities to come together, accelerate integration and find new ways to use our collective resources and improve outcomes for the residents we serve. It can make choices about how to leverage resources and prioritise actions and interventions that reduce health inequalities and increase our investment in prevention.

Traditionally we have organised care in service or specialty siloes. We measure and reward compliance with processes and pay predominantly based on volumes of care delivered. For many years, we have also encouraged greater competition for small, specified contracts which, in some instances, has led to fragmented care.

As we develop our system we are focussing on groups of populations with similar needs.

These population groups are people and families who will benefit most from receiving more joined-up and simplified care and the contribution of our combined efforts to achieving the best outcomes for them.

We are focussed on the following priority populations:

- **Children and Young People** including school readiness, SEND, child and young people's emotional health and wellbeing.
- **Adult and Older Adult Mental Health and Wellbeing** Including the adult and older adult mental health, LD and neurodiversity.
- **People with Urgent Care Needs** including children, adults and older adults with multiple illnesses and frailty.
- **Health Inequalities and Prevention** including healthy lifestyles, working with communities and our role as anchor institutes and major employers.

6.0 Key Achievements and Workstream Updates

6.1 Children and Young People

Oxfordshire's SEND Improvement Programme has now fully commenced, this encapsulates complexity of working at both place and ICS level. Before Christmas, a significant amount of effort went into developing Priority Action Plan (PAP) in response to the system inspection, this was published in late December. Key appointments from Oxfordshire County Council have been made; an independent chair, new director of children's services and a transformation director. More recently, workstreams and task and finish groups are now better resourced and have started to meet to progress the work plan. OCC has mobilised and funded a programme team, this has helped in establishing good representation throughout the programme, Co-chairs have been identified from NHS organisations, OCC and representatives from schools. The Parent Carer Forum are represented throughout as engagement, involvement and co-production with children, young people, parents and carers is a fundamental part of our improvement.

Two critical areas for NHS colleagues to address and improve are the Neurodevelopmental and Integrated Therapies pathways. Where relevant collaborative opportunities are being identified across the BOB ICS.

6.2 Adult and Older Adult Mental Health and Wellbeing

Key partners are collaborating to design, commission and ultimately 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.

The Oxfordshire Health, Education and Social Care (HESC) Joint Commissioning Team is developing an engagement plan and needs analysis. This will enable partners to establish a true sense of the level and type of mental health need within Oxfordshire, using both quantitative data (JSNA's and the like), as well qualitative feedback from service users, residents and professionals. In turn, further analysis will take place to determine how need translates to demand, both in terms of demand that is currently met, but also unmet demand to highlight where the greatest changes and improvements are required.

Leadership development amongst partners has been highlighted as an area of great importance to maximise the potential of this process. We are embarking on an organisational development programme to support and further enhance collaboration, partnership, system leadership and trust between all stakeholders involved.

We have also commissioned the development of a visually engaging interactive map of the service model to help partners describe and articulate Oxfordshire mental health services and support engagement in the transformation. It has been developed with the input of 50 people including experts by experience and visualises the current system, demonstrates user experiences and identifies gaps, overlaps and duplication to aid us in delivering changes.

6.3 Urgent and Emergency Care

A key component and enabler of delivering urgent and emergency care (UEC) for Oxfordshire residents is the Better Care Fund (BCF). A planning process has commenced with positive 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.

The BCF in Oxfordshire amounts to over £71 million of spend in health and social care, however much of this is already allocated meaning that the flexibility and ability to fund new service developments is somewhat limited. Service developments must also be targeted towards supporting delivery of the following metrics:

- Ref.8.1 Avoidable admissions to hospital.
- Ref 8.2 Avoidable admissions due to falls (aged 65+).
- Ref 8.3 Discharge to normal place of residence.
- Ref. 8.4 Permanent Adult Social Care funded admissions to care homes (aged 65+).

Alongside the BCF, UEC funding is also available to support delivery. To inform allocations, a system wide productivity exercise is underway to tackle variation within similar services, and to ensure that value for money is considered when making future funding decisions. We hope to continue to develop urgent care centres in the city and south, integrated neighbourhood teams, hospital at home and discharge to assess.

Service developments and proposals continue to progress and will be shared the upcoming Steering Group and will enable a first full draft plan to be completed by the end of March. The plan will then be reviewed and updated, before being reviewed at Oxfordshire's Urgent and Emergency Care Board, Joint Commissioning Executive (JCE) in May, before sign off at the Health and Wellbeing Board on 29th June.

7.0 Conclusion

Despite upcoming periods of uncertainty and a requirement to review the operating model of the ICB, the strong spirit of place and the 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 processes 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 realistic plans and commitments are made to better improve access, outcomes and experience for our residents.

Daniel Leveson
Oxfordshire Place Director
March 2024