

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 Place-Based Partnership Item

Lead Cabinet Member(s) or Responsible Person:

- Daniel Leveson – BOB ICB Oxfordshire Place Director.

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

Deadline for response: Thursday 29th February 2024

Response to report:

I welcomed the opportunity to discuss the development of Oxfordshire's Place-based Partnership (PBP) and the associated report. I am also grateful to the Health Overview and Scrutiny Committee for their engagement and support in our work to improve outcomes and experiences for people with health and social care needs.

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Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
<p>1. For the Place-Based Partnership to operate in a manner that avoids duplication of other bodies or their associated activities; including the Health and Wellbeing Board.</p>	<p>Accepted</p>	<p>Continue to oversee and assure partners of the work underway for priority populations.</p> <p>To receive updates and take partnership actions required from existing parts of the system including SEND Improvement Board, Mental Health Transformation Programme Board, Urgent and Emergency Care Board and Prevention and Health Inequalities Forum.</p>
<p>2. For the Place-Based Partnership to consider collective work around finding avenues to improve oral health throughout the county, particularly for vulnerable groups or disadvantaged communities.</p>	<p>Partially accepted</p>	<p>Work to reduce health inequalities is part of the priorities for the place-based partnership and jointly overseen by Public Health and Place Director at the Prevention and Health Inequalities Forum. We will support work identified to improve oral health for vulnerable groups through this forum.</p> <p>Dentistry is a BOB ICB function (as opposed to Place) and as such does not form part of our collective responsibility. This forms part of the HOSC scrutiny of dentistry that is undertaken separately to PBP.</p>

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<p>3. To develop robust processes through which to monitor the effectiveness of the Place-Based Partnership, including its collaboration as well as the outcomes of its work. It is recommended that there is clear transparency around this.</p>	<p>Accepted</p>	<p>We will continue to measure and monitor the PBP and system working maturity using annual self-assessment.</p> <p>The Health and Wellbeing Strategy Outcomes Framework will also enable us to focus on our collective actions to improve population outcomes.</p> <p>We have an emphasis on evaluation of value i.e. assessing outcomes for the resources we use / investments we make.</p>
<p>4. To develop robust principles and processes around transparency of decision-making within the Partnership, so as to mitigate the loss of place-based statutory board CCGs which were open to the public.</p>	<p>Accepted</p>	<p>Decision-making when agreeing allocations of future resources will continue to be made in a transparent way. This is generally done either via Joint Commissioning Executive (for services included as part of the Section 75 Agreement between Oxfordshire County Council and ICB) and for things like Better Care Fund seeking approval via Health and Wellbeing Board or other statutory Boards.</p> <p>We are committed to ongoing engagement, involvement and co-design of new models of care that are fit to meet the future needs of Oxfordshire's population.</p>