

Divisions Affected - All

OXFORDSHIRE HEALTH AND WELLBEING BOARD

16th MARCH 2023

**DEVELOPMENTS OF “PLACE” WORKING IN OXFORDSHIRE-
Joint Local Health and Wellbeing Strategy, Joint Strategic Needs
Assessment and Place-Based Partnership**

**Report by Ansaf Azhar, Corporate Director of Public Health and Dan
Leveson, Oxfordshire Executive Director of Place, Integrated Care
Board**

RECOMMENDATION

1. **The Health and Wellbeing Board is RECOMMENDED to;**
 - (a) **Agree the timelines and process for the development of the Oxfordshire Joint Strategic Needs Assessment and the Joint Local Health and Wellbeing Strategy in order to meet the board’s statutory duty to publish these documents**
 - (b) **Agree the oversight for this work to be undertaken by steering group(s) made up of relevant officers and staff from organisations that form the Oxfordshire Health and Wellbeing Board**
 - (c) **Note the development of the Oxfordshire Place-Based-Partnership, its overall aim and the main areas of focus for the partnership.**

Executive Summary

2. With the formation of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) the principle of subsidiarity is central. Therefore, work happening at “Place”- ie Oxfordshire- must continue to be joined up and have strategic direction. This report outlines the work happening to develop 3 key components to support effective Place working: the Oxfordshire Joint Strategic Needs Assessment, the development of a new Joint Local Health and Wellbeing Strategy and the formation of the Oxfordshire Place-Based-Partnership.

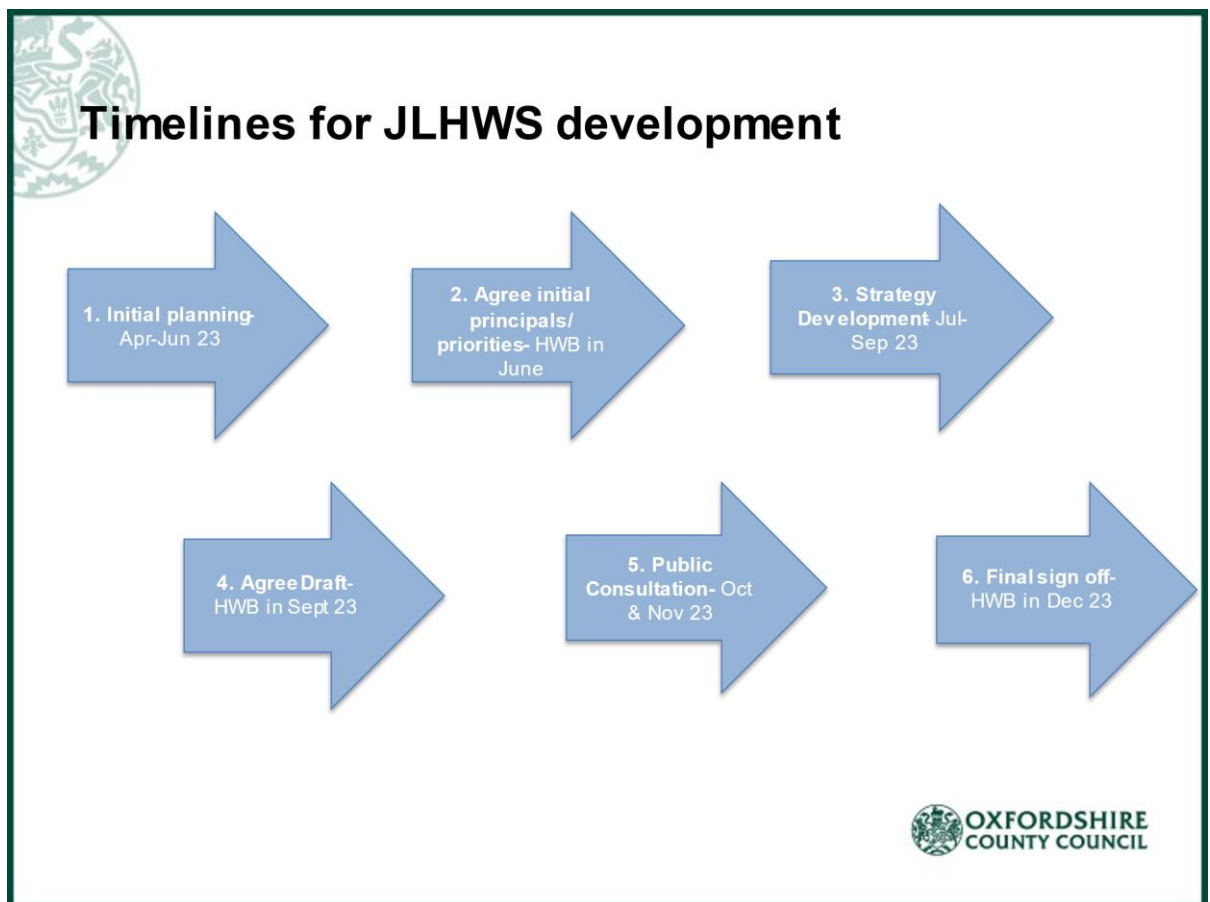
Joint Strategic Needs Assessment

3. Since their formation in 2013 Health and Wellbeing Boards have been responsible for the publication of an annual Joint Strategic Needs Assessment (JSNA). The purpose of the JSNA is to provide assessment of the health and wellbeing needs of the Health and Wellbeing Board's population. This requirement has not changed with the formal formation of Integrated Care Systems (ICS) in July 2022.
4. In Oxfordshire, the JSNA is published each year at <https://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment> after sign-off by the Health and Wellbeing Board. The 2022 update was published in October and incorporated the relevant data from the initial Office for National Statistics (ONS) release of Census 2021 data.
5. Work on the 2023 update has now started. It is anticipated that this update will include the remaining data from Census 2021 that is due to be published by ONS in the coming months. This update will be available for the June 2023 Health and Wellbeing Board.
6. It is important that all partners of the Health and Wellbeing Board use the JSNA to inform their service planning and delivery. The Integrated Care Partnership (ICP) are required to have regard for the JSNA in the formation of the ICS strategy and it must inform the HWB's Joint Local Health and Wellbeing Strategy (see below).

Joint Local Health and Wellbeing Strategy

7. Joint local health and wellbeing strategies (JLHWS), set out the priorities for improving the health and wellbeing of the Health and Wellbeing Board's local population. They outline how the identified needs from the JSNA will be addressed, including any local health inequalities. With the formation of ICSs in July 2022, the responsibility of the Health and Wellbeing board to publish a JLHWS continues, but it must consider the ICS's strategy in the formation of its own JLHWS.
8. In Oxfordshire, the current JLHWS was published in 2018 and runs until 2023 and is available at https://www.oxfordshire.gov.uk/sites/default/files/file/constitution/oxfordshirejoint_hwbstrategy.pdf. The BOB ICS has now completed a strategy for the ICS area. It is therefore time for the Oxfordshire Health and Wellbeing Board to review and update its own strategy. This is a real opportunity for Oxfordshire to establish the strategic direction of the local health and care system as we move on from the acute COVID-10 pandemic and are in the early days of the new ICS structures and ways of working. Informed by the need identified in the JSNA, the strategy will need to take account of local health inequalities, the wider determinants that influence our health and how preventative approaches can be build in to much of the local activity.

9. The following table outlines the indicative timescales for the development of the updated JHLWS.



Governance and oversight

10. As can be seen, it is suggested that the Health and Wellbeing Board meetings over the rest of the 2023 calendar year are used as key milestones to review progress of the strategy development and act as gateways for movement to the next stage of strategy development. The timeline includes time for public consultation before finalisation and sign-off of the strategy.
11. Through this process it is expected that all partners of the Health and Wellbeing Board will be able to input into the development through formal board meetings. However, to ensure the work develops as required, it is suggested that more regular and detailed oversight of the development is undertaken by a JLHWS steering group made up of senior Officers from the Health and Wellbeing board partner organisations. This could be via the formation of a specific task and finish group, or via use of existing forums where relevant staff already come together.

Place Based Partnership

12. The Health and Care Act 2022 provides a new legislative framework to promote collaboration. Following several years of development Integrated Care Systems (ICSs) are now on a statutory footing. Overarching strategic direction along with improvements in service provision best delivered at scale will be set at a system (ICS) level. There is also an expectation in national policy that systems will work through sub-system geographies called 'Places'.
13. These Places will lead and deliver much of the operational detail to make integration a reality through Place-based Partnerships. The [integration white paper](#) (February 2022) and the [statutory guidance](#) on arrangements for delegation and joint exercise for statutory functions aim to accelerate the development of Place.
14. Oxfordshire is building on a firm foundation with a relatively long history of collaboration. Oxfordshire County Council (OCC) and the former CCG (now the ICB) has had a Section 75 agreement in place since 2013. It consists of two pooled budgets Live Well and Age Well (Better Care Fund) which totals almost £400m. In 2021 the then CCG and OCC developed the health, education and social care (HESC) integrated commissioning team that exists today to improve joint commissioning arrangements.
15. Furthermore, Oxford Health NHS FT (OHFT) has extensive experience leading collaboratives for adult mental health (with voluntary sector partners) and was one of the first wave specialist mental health collaboratives. More recently, secondary care, community care, social care and primary care providers have worked closely to deliver more integrated urgent care services such as virtual wards, transfer of care team (integrated discharge) and other community and home-based care design to avoid unnecessary hospital visits.
16. Building on our history of working together we aim to become a thriving partnership. We are formalising our arrangements, so the PBP is better able to coordinate and leverage our collective resources to meet the health and needs of the people of Oxfordshire.
17. The partnership will use a maturity matrix and associated success criteria to measure and monitor progress of the partnership. We intend to have use the Joint Strategic Needs Assessment and Oxfordshire' Health and Wellbeing Strategy to guide our plans.

Vision for the Partnership

People in Oxfordshire will access joined-up health and social care services, so they live healthy and independent lives.

18. The PBP will:
 - Identify people/populations that will benefit from more local joined-up services.
 - Ensure joined-up services are simple, seamless and innovative.

- Reduce health inequalities, focussing on people living in deprived areas, minority groups and populations where life expectancy and healthy life years are worst.
- Create a sustainable system by designing new models of care that make the best use of our collective resources (the Oxfordshire £).

Partnership Priorities

19. We will focus on the following populations:

- **Children and young people** including school readiness, child and adolescent mental health (CAMHS), special educational needs and disability (SEND).
- **Adult mental health** including learning disability (LD) and neurodiversity (ND).
- **People with urgent care needs** including children, adults and older adults with multiple illnesses and frailty.
- **Health inequalities and prevention** including healthy lifestyles, wider determinants of health and our role as anchor institutes.

Corporate Policies and Priorities

20. The JLHWS will directly support OCC corporate priorities of *Prioritising the health and wellbeing of residents* and *Tackling inequalities in Oxfordshire*. However, the strategy currently has a broad scope and takes a life course structure. It is therefore expected it will contribute to many of the other priorities, including *Create opportunities for children and young people to reach their full potential* and *Preserve and improve access to nature and green spaces*.

Financial Implications

21. There are no direct financial implications associated with this report. The Officer resource required to develop the work will need contribution from partners of the Health and Wellbeing Board.

Legal Implications

22. The development of a new Oxfordshire JLHWS will meet the statutory duty on the Health and Wellbeing Board to publish a strategy to address health needs of the local population, as described above.

Staff Implications

23. The Officer resource required to develop the work will need contribution from partners of the Health and Wellbeing Board.

Equality & Inclusion Implications

24. The new JLHWS is required to address local inequalities in health which can be experienced by a range population groups and communities within Oxfordshire. This will address the relevant equality and inclusion considerations for this work.

Sustainability Implications

25. There are no direct sustainability implications related to this work. It is anticipated that inclusion of

Risk Management

26. A detailed risk assessment is not required for this work. Regular oversight and input on the strategy development will be provided by the Health and Wellbeing Board and the steering group as outlined above.

Consultations

27. Public consultation on a draft version of the new JLHWS will be undertaken in the autumn of 2023

NAME	ANSAF AZHAR, CORPORATE DIRECTOR OF PUBLIC HEALTH AND DAN LEVESON, OXFORDSHIRE EXECUTIVE DIRECTOR OF PLACE,
Annex:	Nil
Background papers:	https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance
Contact Officer:	DAVID MUNDAY, CONSULTANT IN PUBLIC HEALTH david.munday@oxfordshire.gov.uk 07922 849652

March 2023