Oxfordshire Place-base Partnership: HOSC Update November 2023

1.0 Introduction

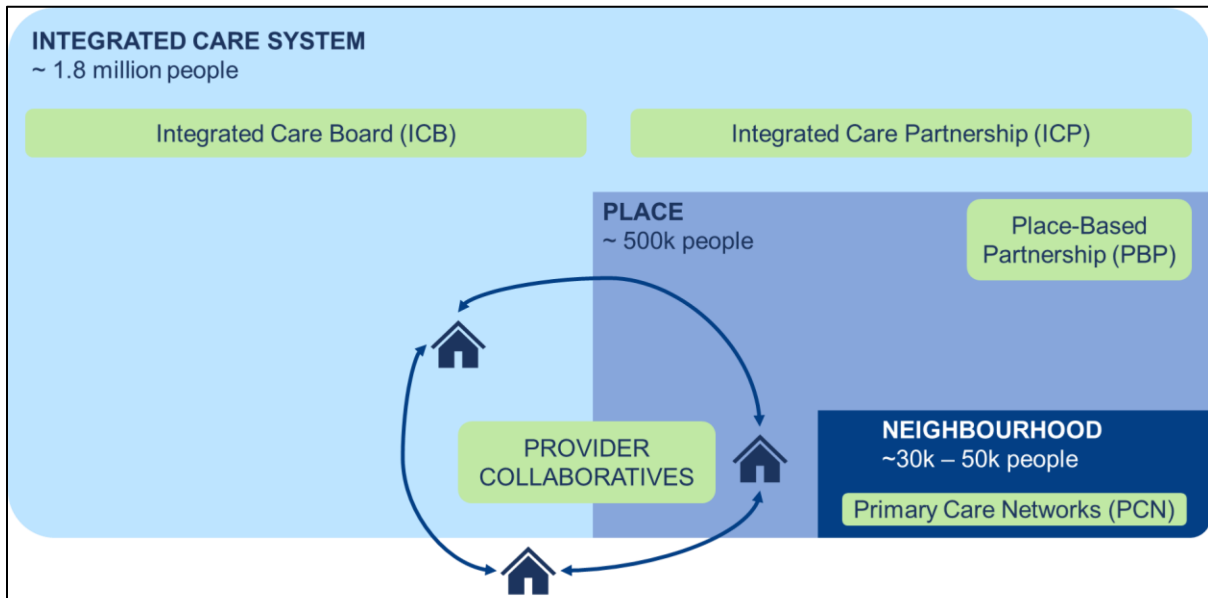

Figure 1: BOB ICS in numbers

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

In October 2022 the ICB appointed Daniel Leveson as Place Director for Oxfordshire, responsible for convening leaders from across the health and care system to develop a thriving health and care partnership. Our aim is to join-up services for people who will benefit from more joined-up care and in the long run enable the ICB to delegate some of its functions and budgets to place.

We are leading the development of new models of better value care and establishing new contracting approaches focussed on provider collaboratives with appropriate transparency, risk and gain shares. We plan to reduce health inequalities and create a sustainable system (both in terms of costs and carbon).

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 2: 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.

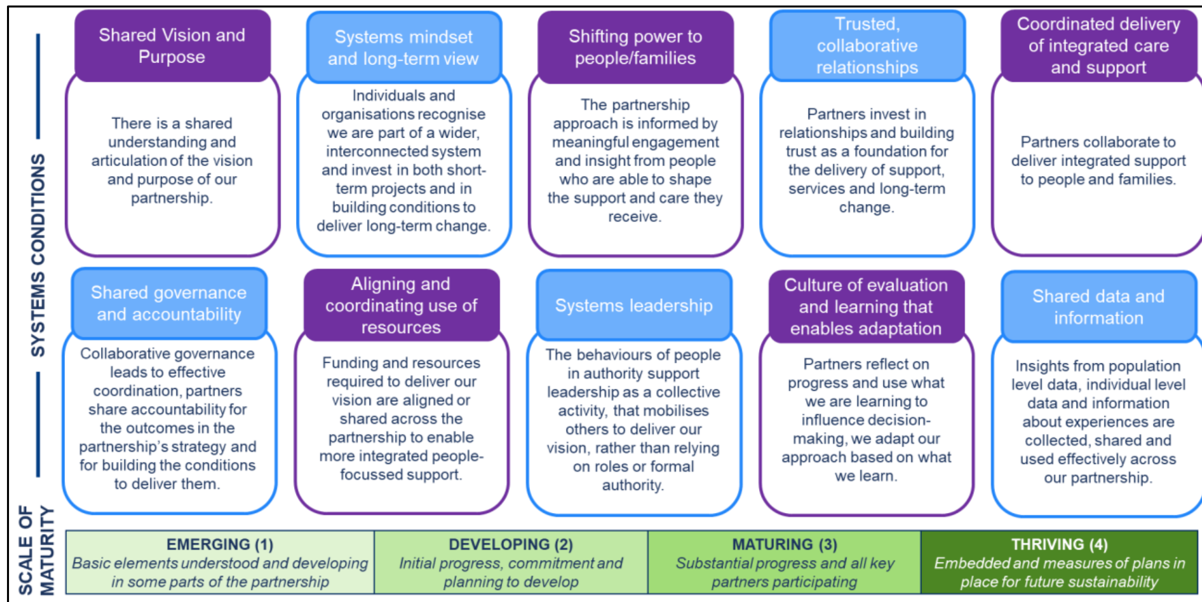

Figure 3: Place-based Partnership Maturity Matrix

We secured support from a System Leadership and ICS Develop Programme provided by the Local Government Association, NHS Providers and NHS Confederation. Between October 2022 and January 2023 two experienced former Local Authority and NHS leaders conducted 17 individual interviews with system leaders to gather their views on our partnership and facilitated a series of development sessions.

5.0 Progress at Place

In March 2023 Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership (BOB ICP[1]) published its Integrated Care System Strategy. It is aligned with local Health and Wellbeing Strategies and sets the direction for integrated care over the next 5 years.

There is an expectation in national policy that systems will work through sub-system geographies called 'Places' (Buckinghamshire, Oxfordshire and Berkshire West) and deliver services through Provider Collaboratives.

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.

Oxfordshire is building on a firm foundation and history of collaboration. Oxfordshire County Council (OCC) and the former CCG (now the Integrated Care Board - ICB) has had a Section 75 agreement in place since 2013. It consists of two pooled budgets Live Well and Age Well (including the Better Care Fund) which totals more than £400m. In 2021, the then CCG and OCC developed the health, education and social care (HESC) team to improve joint commissioning arrangements.

Furthermore, Oxford Health NHS FT (OHFT) has extensive experience leading collaboratives for adult mental health (with voluntary sector partners) and led one of the first wave specialist mental health collaboratives. More recently it has formed a local collaborative with Oxford University Hospitals

[1] Group of organisations which plan and provide health and care services for nearly two million people who live and work in the local authority areas of Buckinghamshire, Oxfordshire and Berkshire West.

Foundation Trust (OUHFT) at place and an ICS mental health collaborative with Berkshire Healthcare Foundation Trust (BHFT).

6.0 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.

There have been some changes in membership of the place-based partnership as Dr Nick Broughton became interim Chief Executive Officer (CEO) for BOB ICB and Grant Macdonald has been appointed interim CEO of OHFT and a core member of the partnership.

The partnership continues to meet monthly. During the meetings we initially focussed on our relationships and ways of working needed to be a thriving partnership working within a complex system. More recently we have focussed on priority areas including urgent and emergency care and prevention and reducing health inequalities. We reviewed and supported our Section 75 agreement between OCC and ICB and have overseen the development of the Better Care Fund.

In June we focussed on the development of the ICS mental health collaborative and Oxfordshire's adult mental health model of care. During July's meeting we focussed on the development of our Oxfordshire Health and Wellbeing Strategy and reviewed progress of our urgent and emergency care programme including preparations for winter. In September, we invited the extended partnership group to participate in a workshop focussed on the development of BOB ICB's Primary Care Strategy.

6.1 Oxfordshire Place-based Partnership Priorities

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 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.

7.0 Key Achievements and Workstream Updates

7.1 OCC and ICB Section 75

At the end of March OCC and ICB signalled its ongoing commitment to joint working by renewing the Section 75 agreement which pools approximately £400m of NHS and local authority funds. It underpins the development of joint commissioning, the better care fund and how we deliver more joined up care for adults and older adults.

7.2 Adult Mental Health

In March 2023, the joint commissioning team agreed to award a two-year contract extension for the Oxfordshire Outcomes-based mental health contract. This is a pioneering collaboration between OCC, ICB, Oxford Health NHS FT (OHFT) and voluntary sector partners.

Stakeholders from across the system are participating in a system leadership programme (delivered in collaboration with NHS England and Health Education England) to develop skills and behaviours needed to work in a complex system. We aim develop a sustainable model of care for mental health. The programme will develop within the context of the emerging ICS Mental Health Collaborative and will involve people that access mental health services and partners from across Oxfordshire to develop new, high value services.

7.2.1 Mental Health Outcomes Improvement Programme

OHFT and HESC are leading a programme to design and deliver a more effective all-age model of care to improve mental health outcomes for people in Oxfordshire. It will increase our focus on prevention, working in partnership with communities and community groups and balance clinical/medical support with social support. It aims to:

- Improve staff satisfaction, recruitment and retention.
- Increase co-production, involvement and engagement.
- Improve collaboration across system partners.
- Improve access and transitions.
- The programme has 6 workstreams and decisions on the commissioning and contracting of adult and older adult mental health will be agreed by Autumn 2024.

Alongside, we are running a programme that helps us develop clinical and non-clinical system leadership capabilities and strengthen working relationships as partners and with the people and families we serve.

We are aligning the programme with the development of the BOB Mental Health Provider Collaborative that is focussed on things best done at scale, sharing best practice and reducing unwarranted variation.

7.3 Urgent and Emergency Care

During the last couple of years, Oxfordshire opened two Urgent Care Centres (UCC). The first, run by Principle Medical Limited at the Horton General Hospital (HGH) opened in February 2022. The second opened on the John Radcliffe site in February 2023 and is run by Oxford City Primary Care Network (PCN). Both UCCs receive on-the-day referrals from Primary Care and redirections from Emergency Departments.

In December 2022 Oxfordshire established a Transfer of Care Hub (TOC). This is a local coordinating centre linking all relevant services across health and social care to aid discharge and recovery and admission avoidance. It has increased the number of people returning to their own home and reduced delayed discharges and the days people spend away from their places of residence.

Primary care in Oxford City and Bicester have led the development of neighbourhood teams. These are multi-disciplinary teams to support people with complex needs that need continuity of care. They reduce on the day demand for GP practices and reduce the number of frail people attending emergency departments.

South Central Ambulance Services (SCAS) and OHFT's Urgent Community Response (UCR) service have worked together to deliver a 'call before you convey' pathway for people following a fall. It has increased the number of people being treated in their homes and reduced hospital conveyances by 12%.

Oxfordshire's Hospital at Home teams care for approximately 100 people a day in virtual wards in people's own homes. This is a safe and effective alternative to NHS inpatient care and prevents avoidable admissions as well as supporting early discharges.

The Oxfordshire UEC Board oversees the delivery of our UEC programme. It continues to focus on expanding and improving Hospital at Home, developing integrated neighbourhood teams with primary care at their core, improving urgent community response and strengthening same day urgent care.

Importantly, as part of our ongoing work and during the Better Care Fund (BCF) planning process we developed our plans for winter. These focus on several areas including:

- Strengthening integrated neighbourhood teams (especially in areas of deprivation).
- Introducing a care coordination single point of access to simplify referral processes for urgent care services.
- Ensuring access to seamless, 24/7 urgent primary care delivered in Urgent Care Centres and out-of-hours.
- Enhancing urgent community response teams and joining-up hospital at home teams to meet demands (especially for frailty and palliative care).
- Ensuring there is a consistent delivery of same day emergency care (SDECs) to avoid unnecessary Emergency Department (ED) attendances.
- Improving support for people with urgent and emergency mental health needs through enhanced triage, expansion of crisis teams and capacity in EDs.
- Continuing to build on the success discharging people quickly and safely whenever possible to their normal place of residence. This is resulting in more care delivered in people's homes and fewer medically fit people in hospitals.

Our winter plans were discussed at Health Scrutiny Committee and Health and Wellbeing Board in September and October respectively.

7.4 Prevention and Health Inequalities

The Prevention and Health Inequalities Forum (PHIF) is a multi-stakeholder group co-chaired by Ansaf Azhar (Director of Public Health) and Dan Leveson (Place Director). It has overseen the allocation of ICB inequalities funding for the coming 2 financial years (until March 2025) and is responsible for coordinating between stakeholders and overseeing the delivery of our plans. The

programme will support populations that experience the greatest inequalities and is working with communities and neighbourhoods to develop community actions to help improve people's emotional and physical health and wellbeing.

The group is supporting the following projects:

Type of Scheme	Provider	Brief Description
Infrastructure	Homelessness Alliance	Funding OCC/Oxford City post to map and help improve coordination of all homelessness projects (match-funding BCF)
Direct Delivery	Out of Hospital Care Team	Funding contribution to multi-agency team providing step-up/step-down care and support for homeless people in Oxfordshire (alongside BCF).
Infrastructure	OCVA and OCF	Well Together Programme working with anchor agencies in 10 most deprived wards to identify projects linked to CORE20plus5
Community Capacity Development	OCVA and OCF	Community Grants for anchor organisations working in 10 most deprived wards (up to £1m over 2 years)
Direct Delivery	Active Oxfordshire	Move Together working with district councils to support vulnerable residents become more active (joint funding with Public Health) - second year increase to match PH contribution to whole-system appoach to physical activity.
Direct Delivery	Active Oxfordshire	Moving Medicine: pass through grant to train health and care professionals in supporting people to be more active
Direct Delivery	Flo's in the Park	Early Lives, Equal Start funding maternity advocacy service via Local Maternity Network for vulnerable families in deprived areas
Infrastructure	University of Oxford	Evaluation of system approach to prevention and reducing inequalities in Oxfordshire

Figure 4: 23-25 Prevention and Health Inequalities Programme Summary

There is a small amount of funding remaining to be allocated with pipeline projects under development including enhanced coordination for asylum seekers living in contingency accommodation.

7.5 Families, Children and Young People

An inspection of Special Education Needs and Disability (SEND) services by Ofsted and Care Quality Commission (CQC) in July identified widespread systemic failings across Oxfordshire's Local Area Partnership[2] (LAP) leading to concerns about experiences and outcomes for families, children and young people.

Areas identified for improvement include:

- Agencies within the local area partnership need to work cohesively to ensure that children and young people get the right help at the right time.
- Too many children and young people are unable to access the education provision they need; and while many schools prioritise transition work, when there are delays to decision making and naming suitable placements, this work is undone.
- The inspection recognised that the timeliness of education, health and care plans has recently improved, but frequently they do not describe the child or young person accurately enough to ensure that their needs are met effectively.

[2] The LAP is made up of Oxfordshire County Council and BOB ICB who are jointly responsible for planning and commissioning services for children and young people with SEND in Oxfordshire. The partnership also include OHFT and OUHFT.

We are urgently focussing efforts to address concerns raised in the inspection. The LAP is re-visiting its vision, plans and delivery priorities. It is involving parents, carers, children and young people to develop an action plan.

Meeting the needs of children and young people at the earliest opportunity is crucial. For those where an education, health and care (EHC) plan is required, the county council is building extra capacity in the SEND team to keep improving the timeliness of EHC plans.

To ensure there is continual dialogue with families, children and young people and professionals, the partnership will hold a variety of mid-term information gathering and sharing sessions (online and in-person), including in educational settings, to gather feedback. This will be supported by existing meetings with the parent carer forum and other parent and carer support groups.

8.0 Next Steps

8.1 Health and Wellbeing Strategy

Public and stakeholder engagement is underway to inform and refresh Oxfordshire's Health and Wellbeing strategy. The strategy sets out priorities to improve the emotional and physical wellbeing for the people of Oxfordshire we can only deliver by working together. Using the findings in Oxfordshire's joint strategic needs assessment (JSNA) and community insight profiles and set within the context of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Strategy it will be a core guiding document for the PBP. We aim to publish the strategy in December 2023.

8.2 Primary Care Strategy

BOB ICB is leading the development of a systemwide primary care strategy designed to outline options to improve access to not only General Practice but also pharmacy, opticians, and dentists. It is currently engaging a broad range of stakeholders to help understand operating context, challenges and opportunities. The strategy is intended to articulate how key aspects of national strategy, including the Fuller Stocktake will be delivered locally. We aim to publish the strategy in December.

8.3 Wantage Community Engagement

Wantage community and town council are working alongside ICB and NHS providers to consider options for the future use of the community hospital. The group is co-producing options to consider what people need to:

- Access services for same day illnesses or injuries.
- Receive planned health services traditionally delivered in hospitals (e.g. outpatients, treatment and therapies and diagnostics).
- To support people to live independently at home or in their communities and leave hospital in a timely and safe way.

We meet weekly with the stakeholder group and have appointed an independent social research company to seek views from the public through focus groups, surveys and interviews during October. We aim to have a report with final recommendations for consideration by December.

9.0 Conclusion

'*If you want to go fast go alone, if you want to go far go together*' (African proverb).

We continue to make steady progress in developing our health and care partnership in Oxfordshire. October marked 12-months for me as Place Director. In that year I have seen many examples of system working that has changed how we work and benefits our population.

In UEC alone partners from across Oxfordshire have come together, introduced new services and as a result delivering more care in people's homes and in their communities, increasing their time at home and reducing the delays and length of stays in hospitals. Heading into a challenging winter it is more important than ever we continue to build on the solid foundation of partnership working we have established.

We are 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. The legacy system we are emerging from encouraged competition and in some instances increased fragmentation. By making incremental shifts in our models of care and resources we have an opportunity to collaborate and create seamless services that improve outcomes and experiences for people in Oxfordshire.

Daniel Leveson
Oxfordshire Place Director
November 2023