

## **REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC): Oxfordshire Place-Based Partnership Item**

**REPORT BY: HEALTH SCRUTINY OFFICER, OXFORDSHIRE COUNTY  
COUNCIL, DR OMID NOURI**

### **INTRODUCTION AND OVERVIEW**

1. At its meeting on 23 November 2023, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) received a report providing an update on the Oxfordshire Place-Based Partnership.
2. The Committee felt it crucial to receive an understanding of the membership of the Partnership, how it was developing at Place-Level, as well as some of the steps that the Partnership was taking to help improve health and wellbeing in Oxfordshire.
3. This item was scrutinised by HOSC given that it has a constitutional remit over all aspects of health as a whole; and this includes initiatives by the NHS and its partners to develop a Place-Based Partnership for Oxfordshire within the BOB ICB footprint. When commissioning this report on the Place-Based Partnership, some of the insights that the Committee sought to receive were as follows:
  - What the purpose of the Partnership was and why it was established.
  - The leadership and structure of the Place-Based Partnership.
  - Given the role and centrality of good relationships to the Partnership, what steps were being taken to build strong and durable relationships.
  - Where the Place-Based Partnership sat vis-à-vis other systemwide structures and health bodies (such as the Health and Wellbeing Board).
  - What the Partnership's key priorities were, as well as any examples of some contributions that the Partnership had made towards initiatives aimed at improving the Health and Wellbeing of Oxfordshire's residents.
  - How the Partnership may work toward pooling budgets or resources.
  - The extent to which the Partnership would help create joined up services.
  - How the Partnership aimed to reduce Health Inequalities within the County.

- Any potential key obstacles and challenges that the Partnership could face.

## SUMMARY

4. The Committee would like to express thanks to Daniel Leveson (BOB ICB Place Director, Oxfordshire) for submitting a report on the Partnership and for attending the meeting on 23 November and answering questions from the Committee.
5. The following points were explained the Committee in relation to the Place-Based Partnership.
  - The Partnership struggled with the governance around it, as it did not have formal delegated authority from the ICB. There had been ongoing discussions as to whether or not authority will be delegated, but that national guidance outlined that the engine room of integration should be Place. The Partnership had also been running for approximately a year.
  - The Partnership was developing well, and the Place Director brought the leadership of the Partnership together.
  - A wide array of organisations were represented in the Partnership including the County Council, General Practice, the City and District Councils, the Chief Executives of Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust, Healthwatch Oxfordshire, and Voluntary Sector Representatives.
  - The ICB Place Director's role is focused on identifying individuals and populations that would benefit from joined up care.
  - The Partnership focused on bringing resources together for improving outcomes for residents.
6. The Committee were also informed that the Partnership focused on the following priority areas/populations:
  - Children and Young People: including school readiness, SEND, children and young people's emotional health and wellbeing.
  - Adult and Older Adult Mental Health and Wellbeing: Including the adult and older adult mental health, those with Learning Disabilities and neurodiversity.
  - People with Urgent Care Needs: including children, adults and older adults with multiple illnesses and frailty.

- Health Inequalities and Prevention: including the promotion of healthy lifestyles, working with communities and taking into account the role of anchor institutes and major employers.
7. A key element of the discussion during the meeting revolved around the measures that the Partnership were taking to establish strong relationships, both amongst its core membership as well as with wider partners. It was explained to the Committee that the partnership working was going well, and that the Partnership took basic measures including having meetings in-person. There was a clear set of priorities that the Partnership was collaboratively working towards. A maturity matrix was also adopted, and the Partnership would routinely refer back to this to determine its overall direction of travel. It was emphasised to the Committee that good relationships formed the basis of this Partnership at a fundamental level.
  8. It was also discussed as to the degree to which transparency was at the heart of how the partnership operated, and whether there were any challenges in this area of transparency. The Committee were informed that the Partnership somewhat relied on Trust, and that Trust was not always easily measurable. It was also explained to the Committee that the current system in which the Partnership operated did not necessarily enable the Partnership to exercise transparency very well, as the regulatory system had not kept up with this. But there were incremental changes within the system that were necessary, including a stronger understanding of risk and a practice of risk-sharing.
  9. Another aspect of the discussion was around whether the Partnership operated in a manner that avoided duplication of other bodies or their associated activities, such as the health and wellbeing board. It was outlined that the ICB Place Director was a member of both the Health and Wellbeing Board as well as the Place-Based Partnership, and that this helped to ensure that the Partnership avoided duplication of the Health and Wellbeing Board and its work. It was also added that the Health and Wellbeing Strategy would help with avoiding duplication, and that that would constitute the overarching systemwide strategy for Oxfordshire's health and wellbeing.
  10. Furthermore, it was enquired as to how the partnership would develop a culture of learning and evaluation, and how any learning and evaluation of the Partnership's activities would be implemented in practice. It was explained that learning and evaluation was a practice that was undertaken across the system, and that evaluation was being undertaken alongside other Partners such as the University of Oxford, particularly in relation to the Partnership's health inequalities work. The BOB ICB Place Director also referred back to the Partnership's maturity level, which would be used to test the degree to which the Partnership was performing well and effectively achieving its aims and priorities.
  11. The discussion also emphasised the importance of a shared vision and purpose for the Partnership, and the Committee was keen to understand how this vision and purpose was being developed as well as the degree to which this had been achieved. It was clarified that the overall vision of the

Partnership would be determined by the systemwide Health and Wellbeing Strategy, and that the NHS would operate in a manner that supported the development as well as the delivery of the strategy.

12. Moreover, the significance of shared data and information was also highlighted, and the Committee queried as to whether there was any means through which such data and information sharing could be enhanced. It was responded that there was a lot of work undertaken within the County Council as well as the wider system. It was explained that there were some barriers around information governance to some extent, and that people may understandably be nervous regarding how their personal health data was utilised. However, a key example of where shared data and information was working well was around the hospital at home service between community and acute providers, where there was an increased use of a single system. It was added that by approximately January to February 2024, the system would have a shared care record which would constitute a repository of information from acute, community, mental health, primary care, and local authority providers.

## KEY POINTS OF OBSERVATION & RECOMMENDATIONS

13. Below are some key points of observation that the Committee has in relation to the Place-based Partnership. These key points of observation relate to some of the themes of discussion during the meeting on 23 November, and have also been used to shape the recommendations made by the Committee. Beneath each observation point is a specific recommendation being made by the Committee.

**Avoiding duplication of other bodies:** The Committee understands that the Place-Based Partnership is the ICB's key mechanism at Place through which to forge good relationships with its key partners within Oxfordshire. The Committee welcomes the establishment and development of the Partnership and feels that the Partnership could make a positive contribution to further integrating the health and care system within the County. The Committee also recognises and agrees that the Partnership will exist parallel to other partnership mechanisms, most notably the Health and Wellbeing Board. It is therefore pivotal that the Place-Based Partnership operates in a manner that avoids simply exhibiting explicit duplication of other such bodies within the System. The Partnership could, amongst other things, be a useful mechanism through which to further support the work of the Health and Wellbeing Board.

**Recommendation 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.*

**Collectively Improving Oral Health:** The Committee has been involved in ongoing scrutiny of Dentistry Provision within Oxfordshire. In its public meeting in May 2023, the Committee issued the following recommendation to be made to NHS England and the Integrated Care Board:

*“To collaborate with the Place Based Partnership, Public Health and providers with a view to creating a base line dentistry data set that will mean local improvements to poor dental health of residents can be achieved and clearly communicated”*

Therefore, as the Partnership further develops and gains momentum, the Committee would advise and recommend that further efforts are undertaken by the Partnership as to collaborate effectively for the purposes of:

1. Increasing collaborative work amongst members of the Partnership over improving Oral Health.
2. Working toward establishing a base line data set on Oral health and dentistry services.
3. Seeking further support from Government for further targeted Oral Health Programmes to support vulnerable population groups within Oxfordshire who have a higher susceptibility to poor Oral Health and tooth decay.
4. Working on raising awareness of, as well as promoting the importance of good Oral Health, particularly for younger residents.

Therefore, the Committee feels that the Place-Based Partnership can be a useful avenue for the purposes of improving Oral Health within the County. The membership of the Partnership involves key individuals from organisations that have relevant expertise (and potentially resources) to work toward improving Oral health within the County.

**Recommendation 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.*

**Monitoring effectiveness of the Partnership:** The Committee welcomes the establishment of the Partnership and looks forward to the opportunities that this could create at Place. The Partnership clearly has the potential to further strengthen the integration and collaborative work amongst system partners. Nonetheless, it is imperative that the Partnership also has a clear process through which to measure and evaluate its effectiveness. The Committee acknowledges and appreciates the commitments by the Partnership to refer back to its maturity matrix. This certainly represents a positive step toward creating a clear mechanism where the Partnership can judge its own

performance on the basis of the maturity matrix that was brought to the Committee's attention.

However, what would also be useful is for there to be further identification of what good performance will essentially look like. A culture of learning and evaluation should indeed be at the heart of the how the Partnership operates. This culture of learning and evaluation would also help promote an open mindedness that could further inform how the Partnership sets targets/objectives for itself, as well as how it measures the degree to which such objectives are being met.

Furthermore, it is also vital for there to be clear transparency over how the Partnership is measuring its effectiveness, as well as over the degree to which the maturity matrix is being referred to. This can help to instil confidence by key stakeholders and the wider public as to the importance of the Partnership and can help with enhancing Trust.

**Recommendation 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.*

**Transparency around Decision making:** The Committee is supportive of the collaborative culture around the Partnership's establishment, and feels that the incorporation of Healthwatch Oxfordshire into the membership of the Partnership is a key and positive development. All of this can help toward increased transparency both within and beyond the Partnership as to its priorities, decisions, and activities. The Committee recommends that given the loss of Place-based statutory board CCGs, which were indeed open to the public in many respects, it is pivotal for there to be some degree of transparency around how the Partnership operates and makes decisions that will have significant impacts on residents. That transparency should be a fundamental aspect of the Partnership's decisions is important in two respects:

1. The Partnership would significantly benefit from extensive information sharing amongst its members. Intelligence and risk sharing should be at the heart of the Partnership and will help to improve Trust and collaborative work amongst its members in a way that can allow them to improve services for residents.
2. Transparency should also extent to key partners or stakeholders as well as the wider public. The Committee feels that transparency around how the Partnership is operating as well as around any of its potential decisions can help to increase public faith and trust in the new NHS structures and arrangements which are being established at Place level. This could also help to avert any potential concerns around the fact that the ICB has a footprint that is not exclusive to Oxfordshire. It is therefore crucial for the Partnership to have the trust and support of residents and

stakeholders, and this will be partly generated by encouraging further transparency.

Furthermore, the Committee feels that ongoing engagements with HOSC as well as with communities is vital to a successful Place-Based Partnership. The Committee would like to thank the BOB ICB Director of Place for his early investment into engagements since assuming his post, and hopes that this momentum continues.

**Recommendation 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.*

## Legal Implications

14. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
  - Power to scrutinise health bodies and authorities in the local area
  - Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
  - Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.
15. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.
16. 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.

Members Present during the meeting who **AGREED** to the aforementioned recommendations:

Councillor Jane Hanna  
Councillor Elizabeth Poskitt  
Councillor Nigel Champken-Woods  
Councillor Jenny Hannaby  
Councillor Nigel Simpson  
Councillor Mark Lygo  
Councillor Michael O'Connor  
Councillor Freddie van Mierlo  
District Councillor Paul Barrow  
City Councillor Sandy Douglas  
District Councillor Katharine Keats-Rohan  
Councillor Lesley McLean

Barbara Shaw

Annex 1 – Scrutiny Response Pro Forma

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