

### Oxfordshire Place-base Partnership: Update June 2023

#### 1.0 Introduction

In March 2023 Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership (BOB ICP¹) published its <u>Integrated Care System Strategy</u>. 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 <u>integration white paper</u> (February 2022) and the <u>statutory guidance</u> on arrangements for delegation and joint exercise for statutory functions aim to accelerate the development of Place.

This paper is a brief update about Oxfordshire's place-based partnership (PBP). It provides an update on some of our achievements and an indication of our priorities.

### 2.0 Oxfordshire Place-based Partnership

Oxfordshire's PBP 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 (Better Care Fund) which totals almost £400m. In 2021, the then CCG and OCC developed the health, education and social care (HESC) 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 was one of the first wave specialist mental health collaboratives. More recently it has formed a local collaborative with Oxford University Hospitals Foundation Trust (OUHFT) at place and an ICS mental health collaborative with Berkshire Healthcare Foundation Trust (BHFT).

The 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.

Since the previous update the membership of the place-based partnership has changed. As Dr Nick Broughton has become interim Chief Executive Officer (CEO) for BOB ICB Grant Macdonald has been appointed interim CEO of OHFT and a core member of the partnership. Details of the membership can be found in appendix 1.

The partnership continues to meet monthly (except August and December). 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

<sup>&</sup>lt;sup>1</sup> 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.

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.

## 3.0 Key Workstream Updates

# 3.1 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<sup>2</sup> (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.

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.

## 3.2 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 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.

<sup>&</sup>lt;sup>2</sup> 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.



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.

## 3.3 Urgent and Emergency Care (UEC)

The Oxfordshire UEC Board oversees the delivery of our UEC programme. It continues to focus on expanding and improving Hospital at Home (virtual wards), 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 will be discussed at Health Scrutiny Committee and Health and Wellbeing Board in September and October respectively.

### 3.3 Prevention and Health Inequalities

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

There is a small amount of funding remaining to be allocated with pipeline projects under development.

### 4.0 Next Steps

### 4.1 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.

### 4.2 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 <a href="Fuller Stocktake">Fuller Stocktake</a> will be delivered locally. We aim to publish the strategy in December.

# 4.3 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.

#### 5.0 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 marks 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.

### Appendix 1

| Name                     | Job Title                 | Organisation                             |
|--------------------------|---------------------------|--|
| Daniel Leveson           | Place Director            | BOB ICB                                  |
| Stephen Chandler         | Executive Director        | 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                                |

Daniel Leveson
Oxfordshire Place Director
October 2023