

BOARD MEETING

Title	Oxfordshire Update		
Paper Date:	02 July 2024	Board Meeting Date:	16 July 2024
Purpose:	Information	Agenda Item:	09
Author:	Dan Leveson, Place Director for Oxfordshire	Exec Lead/ Senior Responsible Officer:	Matthew Tait, Chief Delivery Officer
Executive Summary			
<p>This presentation provides a brief overview of:</p> <ul style="list-style-type: none"> • The progress and achievements of Oxfordshire’s Place-based Partnership (PBP) in the last 12-months. • The Oxfordshire PBP priorities and risks/issues for 2024/25. • A reflection of what the Place Director has learnt about working at Place in the last 18-months. 			
Action Required			
<p>The board are asked to:</p> <ul style="list-style-type: none"> • Discuss the update. • Consider 2024/25 priorities, risks and issues as well as consider the impact and role of the partnership. 			
Conflicts of Interest:	Conflict noted: Conflicted party can remain and participate in discussion.		
<p>Our interim CEO is seconded from a Trust within Oxfordshire. This paper is not for decision and the perspective of this member will be valuable to the Board in understanding how the partnership is developing.</p>			
Date/Name of Committee/ Meeting, Where Last Reviewed:	Executive Management Committee and Place & System Development Committee receive regular Place updates.		

Oxfordshire Place-based Partnership

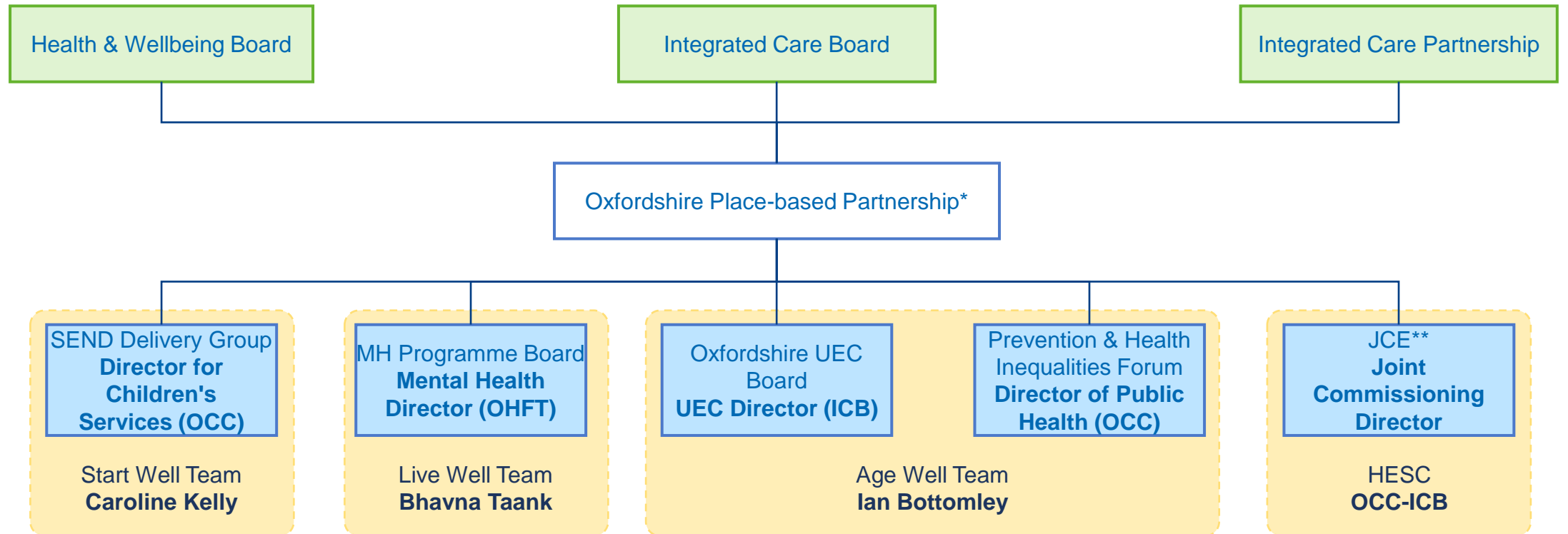


Daniel Leveson
Place Director for Oxfordshire

Progress at Place

- Place Based Partnership (PBP) self-assessment (January 2024) showed progressed from **emerging** to **developing** overall and improvements in each dimension of the maturity matrix.
- Updated **Section 75 Agreement** between Integrated Care Board (ICB) and Oxfordshire County Council (OCC) committing to integration.
- Increased the **pooled budget** for Live Well and Age Well (including Better Care Fund) to almost £500m.
- Health, Education and Social Care (HESC) **joint commissioning team** established in 2021 membership extended to include NHS providers for acute, mental health and community services.
- HESC led systemwide **inclusive, transparent planning** with partnerships to agree priorities and align funding from Better Care Fund (including Additional Discharge Funding), ICB Urgent and Emergency Care (UEC) funding, ICB inequalities funding and OCC/local authority (LA) aligned funding streams.
- Led systemwide co-production and agreed a solution for the future of **Wantage Community Hospital** that resulted in permanent closure of the community beds in Wantage after 8 years.
- **Place Director** co-chair for SEND Delivery Group, Mental Health Programme and Prevention and Inequalities Forum. **Associate Director for Partnership Development** leading key strands of SEND and Mental Health work. **UEC Director** leading key strands of UEC work.
- Local Area Partnership **SEND improvement programme** established involving Youth Forum and Parent and Carer Forum. Focus on relationships across education, social care and health and specialist pathway improvements (neurodevelopment, therapies).
- System leadership group for mental health established to create better relationships for partnership and oversee the **adult and older adult mental health programme**.
- **UEC system improvement programme** resulting in good partnership working, key areas of transformation led by UEC Director having significant impact on performance including improvements in ED, reduction in discharge delays, increases in care in people's homes.
- Developed a systemwide vision and strategy for **prevention and health inequalities**. Approx 86% of ICB inequalities funding was allocated to VCS for priority populations.

How we organise



Notes:

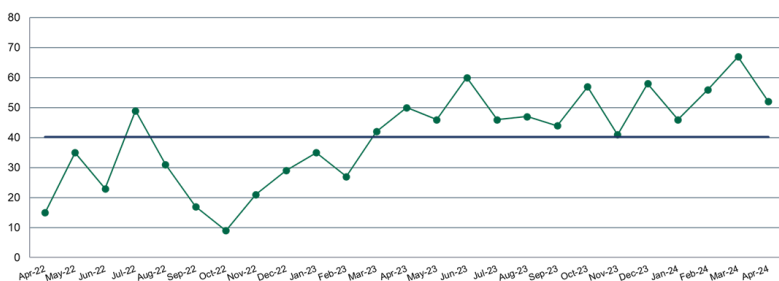
- HESC (joint commissioning team) works with system partners, enables transformation and establishes quality and performance oversight assurance processes.
- Joint Commissioning Executive (JCE) **includes NHS providers** (Oxford University Hospitals (OUH) FT & Oxford Health FT (OHFT)), managing conflict of interests and overseeing performance of s75, pooled and aligned budgets.

* The PBP is a consultative forum of our health and care system. It offers a unique opportunity for executive leaders from health, local authorities and voluntary and community sector to come together, accelerate integration, 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.

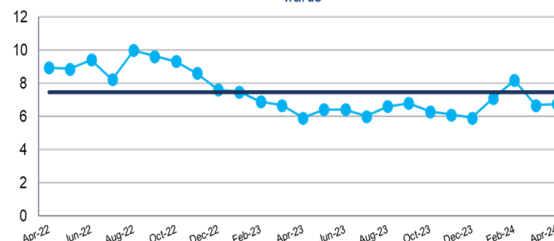
** The Joint Commissioning Executive (JCE) is responsible for overseeing the delivery of commissioning arrangements across OCC and BOB ICB for health, education, social care commissioning for areas it holds decision-making authority and delegated responsibility. The s75 agreement governs the deployment of resources delegated to HESC by the Partners however, the scope of HESC is broader than the s75.

Impact at Place

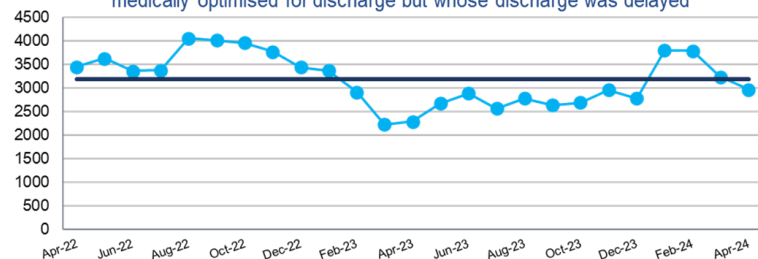
Total number of set ups for Reablement from community referrals by Home First



Average days away from home for MOFD patients in acute inpatient wards



The total number of Acute bed days lost to patients who were medically optimised for discharge but whose discharge was delayed



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 approach 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 and impact on social change
Direct Delivery	PCNs	Community Health Workers (Brazilian model of care) linking vulnerable households in deprived areas to access healthcare and other services.
Infrastructure	ICB/Cherwell DC	Appoint a coordinator to support asylum seekers in contingency hotels to access essential services
Direct Delivery	Learning Disabilities	My Life My Choice - programme to increase uptake of health screening and interventions for people with Learning Disabilities in Oxfordshire

UEC system working well.

Transfer of Care and Discharge to Assess (D2A) reducing delays in hospital and increasing care in people's homes.

Integrated Neighbourhood Teams (INTs) and Hospital at Home key role in supporting discharge and avoiding admissions.

"I feel great in myself, and my mood has lifted so much, I feel so much more positive about exercise and am enjoying life again."

MOVE Together

"I would never have believed that exercise would be so powerful and can make such a difference to someone's life."

2,052 referrals

In total, 2,052 people were referred to Move Together this year - a 21% increase on the previous year.

79% long term health conditions

79% of Move Together participants have at least one long term health condition with 31% of participants having a mental health problem or condition.

77% were initially inactive

77% of participants, at their Initial Assessment, were classed as inactive (less than 30 minutes of exercise per week).

Through engaging with Move Together...

Health Perception

73% of participants reported the perception of their health had improved or stayed the same since engaging with Move Together.

Activity Levels

60% of participants increased their activity levels by an average of 45 minutes per day, the equivalent of 4,500 steps a day.

Healthy Lifestyle

The % of participants who felt confident or very confident on how to lead a healthy lifestyle increased from 68% to 87% from engaging with Move Together.

Confidence in being active

The % of participants who felt confident or very confident that they know how to find out about opportunities to be active in their area increased from 33% to 67%.

36% fewer GP appointments in the 4 weeks prior to 3-month review

12% fewer falls reported

95% would recommend Move Together

4,209 Home Activity Packs sent out

26,000 different signposts made

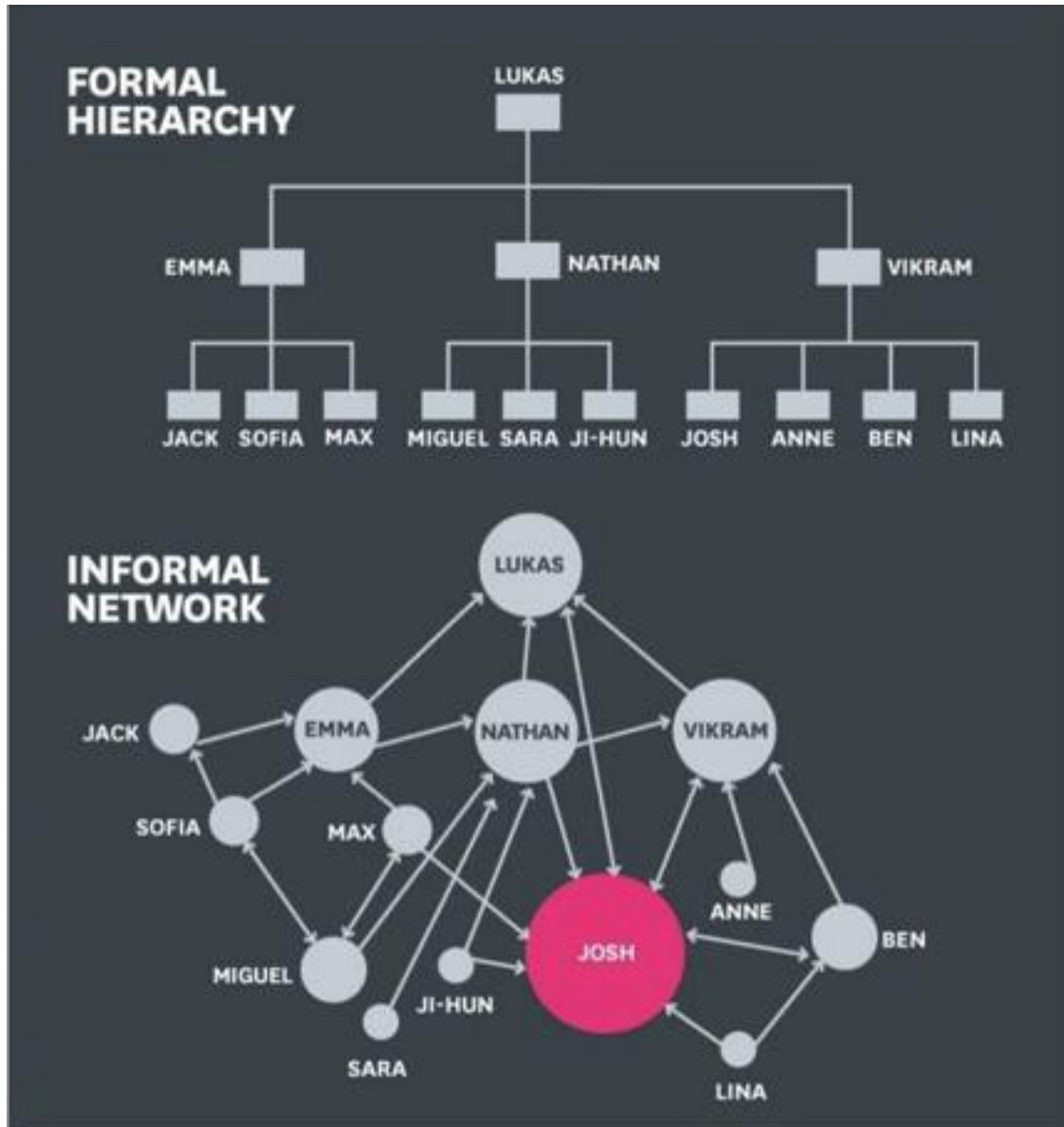
2024/25 Priorities

- **SEND improvement:** improving how we work together as system partners and involve parents, carers and young people. Health focus on improving neurodiversity pathway and access to integrated therapies.
- **Children and Young People Integration:** recent key appointments present an opportunity to improve system working, integrate and grow pooled budgets and focus on school readiness and emotional health and wellbeing.
- **Mental Health:** develop integrated adult and older adult mental health model of care and procure long-term, transformational contract with new oversight, assurance and partnership arrangements.
- **Urgent and Emergency Care:** build on successful home first model and support Transfer of Care Hub and Discharge to Assess. Develop integrated Hospital at Home (OUH & OHFT), Develop integrated Single Point of Access for UEC system, Urgent Care Centres in city and north, Integrated Neighbourhood Teams (Bicester, Banbury, City, Witney, Wantage), integrated community visiting services and strengthen same day emergency care in South. Aim to simplify services for residents and colleagues working in system.
- **Health Inequalities and Prevention:** Evaluate impact of Prevention and Health Inequalities programme. Work with system partners, led by Director of Public Health to agree approach, commitment and resourcing for the future programme and vision to become a Marmot Place.
- **Partnership Development:** develop our partnership and structures to provide oversight and assurance and enable trust and transparency between partners to make decisions about how we allocate resources and manage risks in our system to deliver best outcomes.
- **System productivity and efficiency:** work together and identify opportunities to deliver better value care and contribute to the system efficiency programme.

Key Risks and Issues

- **Ways of working:** crucial to develop an operating model that enables place-based partnerships and provider collaboratives to co-exist alongside ICB within ICS.
- **System convening:** under-value a key role ICB can play as a system convenor, bringing leadership together to find new ways of delivering better value care.
- **Performance and Quality:** ongoing issues with performance (access) and quality concerns continue to be a focus for public, elected members and key stakeholders.
- **Analytics capability:** limited capacity and capability to enable us to effectively segment, stratify and assess impact of interventions. Makes decision-making and re-allocation of resources difficult.
- **Financial risks:** lack of capital and financial stress experienced across whole system risk of 'cost shunting', need to ensure transparency of financial challenges and how to address together.
- **Short-termism:** several initiatives (including UEC and prevention) are funded non-recurrently and need to find ways of supporting recurrently and thinking longer-term – integration, prevention and reducing inequalities take time.
- **OD and culture:** lack of investment (time, people, money) in developing clinical and non-clinical system leadership behaviours that enable collaboration and system leadership.
- **Silo-working:** continue to work and regulate in silos which makes incremental changes to re-allocate resources or develop new models of care difficult. Still have winners and losers.

What I've Learnt



*“Here comes Edward Bear now, down the stairs behind Christopher Robin. **Bump! Bump! Bump!** on the back of his head. It is, as far as he knows, the only way of coming down stairs. He is sure that there must be a better way, if only he could **stop bumping for a moment to think of it**”*

A. A. Milne, *Winnie-the Pooh*, Chapter 1

- Working in complex, dynamic systems is hard.
- Learning to work as networks and create connections is impactful.
- The role of senior leaders as convenors, coordinators and conflict resolvers is fundamental to integration and better value health and care.