

BOARD MEETING

Title	Oxfordshire Update		
Paper Date:	7 March 2024	Board Meeting Date:	19 March 2024
Purpose:	Information	Agenda Item:	09
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Executive Summary

This presentation provides a brief overview of:

- The Oxfordshire context including demographics and foundations for success.
- Details about the partnership and priority populations.
- A focus on our urgent and emergency care programme and health inequalities and prevention.
- Emerging focus areas for 2024/25 and a summary of key risks and issues.

Action Required

The board are asked to:

- 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.

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.

Date/Name of Committee/ Meeting, Where Last Reviewed:

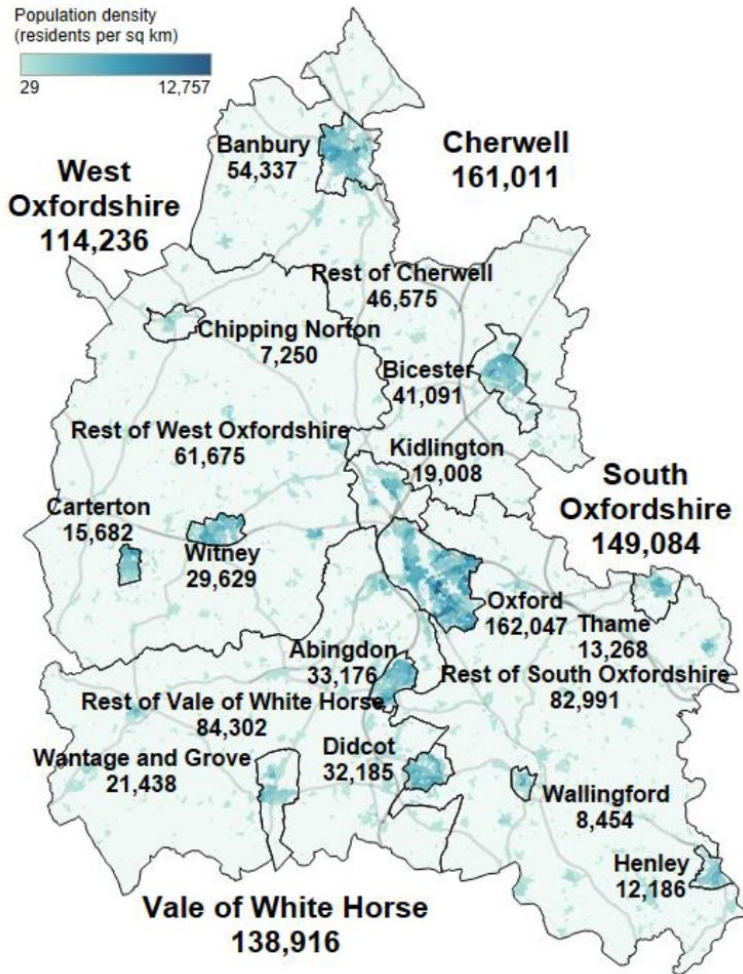
Executive Management Committee and Place & System Development Committee receive regular Place updates.

Oxfordshire Place-based Partnership



Daniel Leveson
Place Director for Oxfordshire

Oxfordshire



Oxfordshire 'usual resident population', 21st Mar 2021

725,294

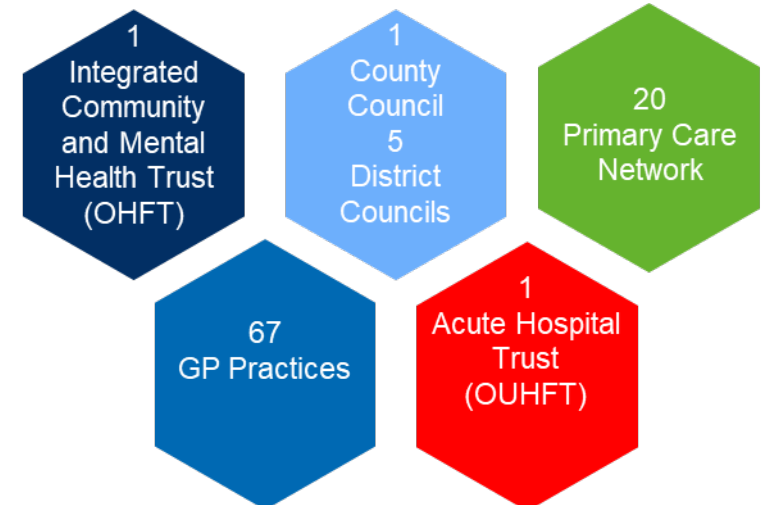
	Census 2021	Urban %
Cherwell	161,011	71%
Oxford	162,047	100%
South Oxfordshire	149,084	44%
Vale of White Horse	138,916	39%
West Oxfordshire	114,236	46%
Oxfordshire	725,294	62%

Oxfordshire Population

Oxfordshire is the most rural county in the South-East region and is relatively healthy compared to national averages.

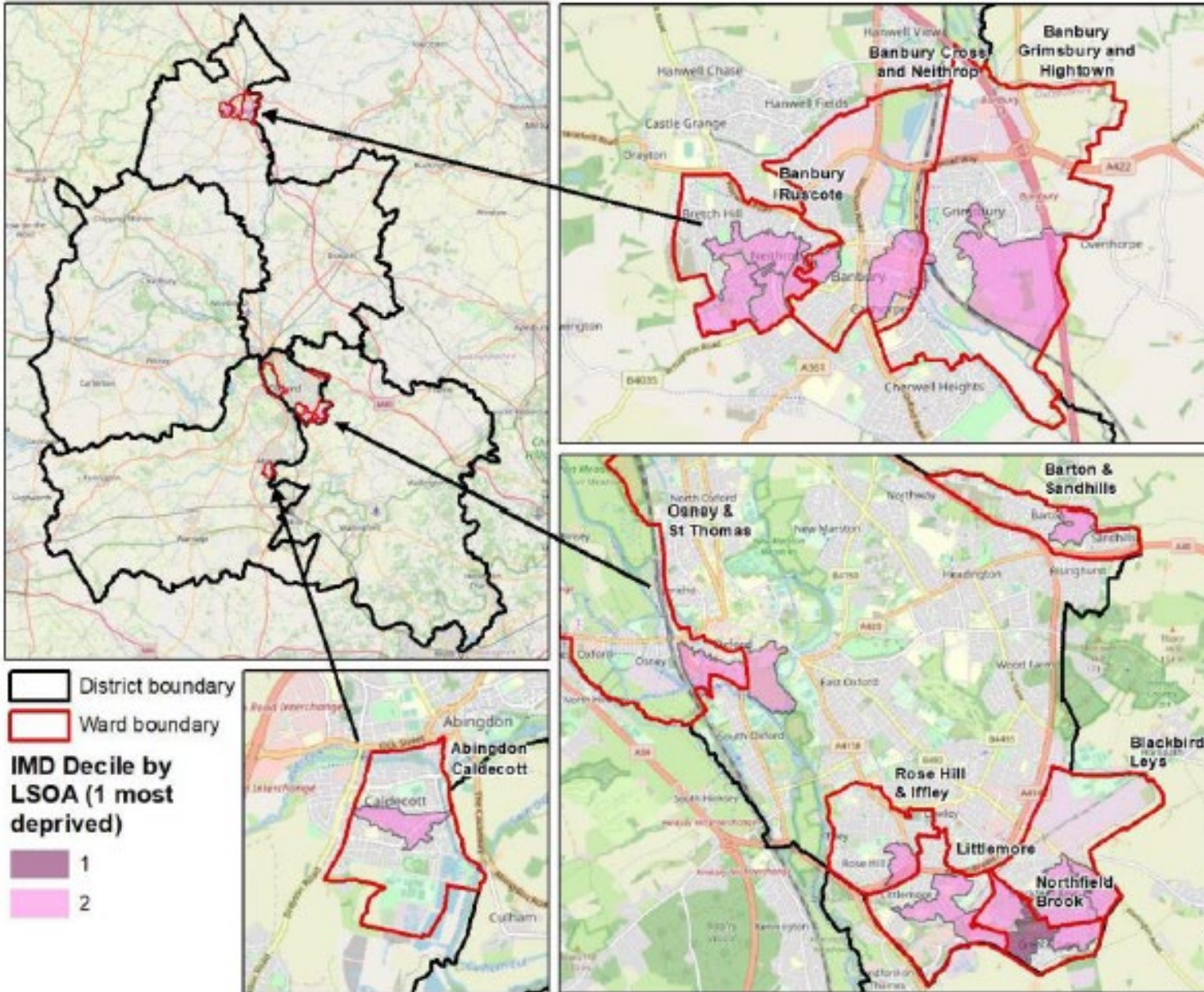
However, Oxfordshire contains 17 LSOAs (Lower Layer Super Output Areas) within the two most deprived deciles nationally. These are mostly contained within 10 wards – one in Abingdon, three in Banbury and six in Oxford.

Our Health and Care System

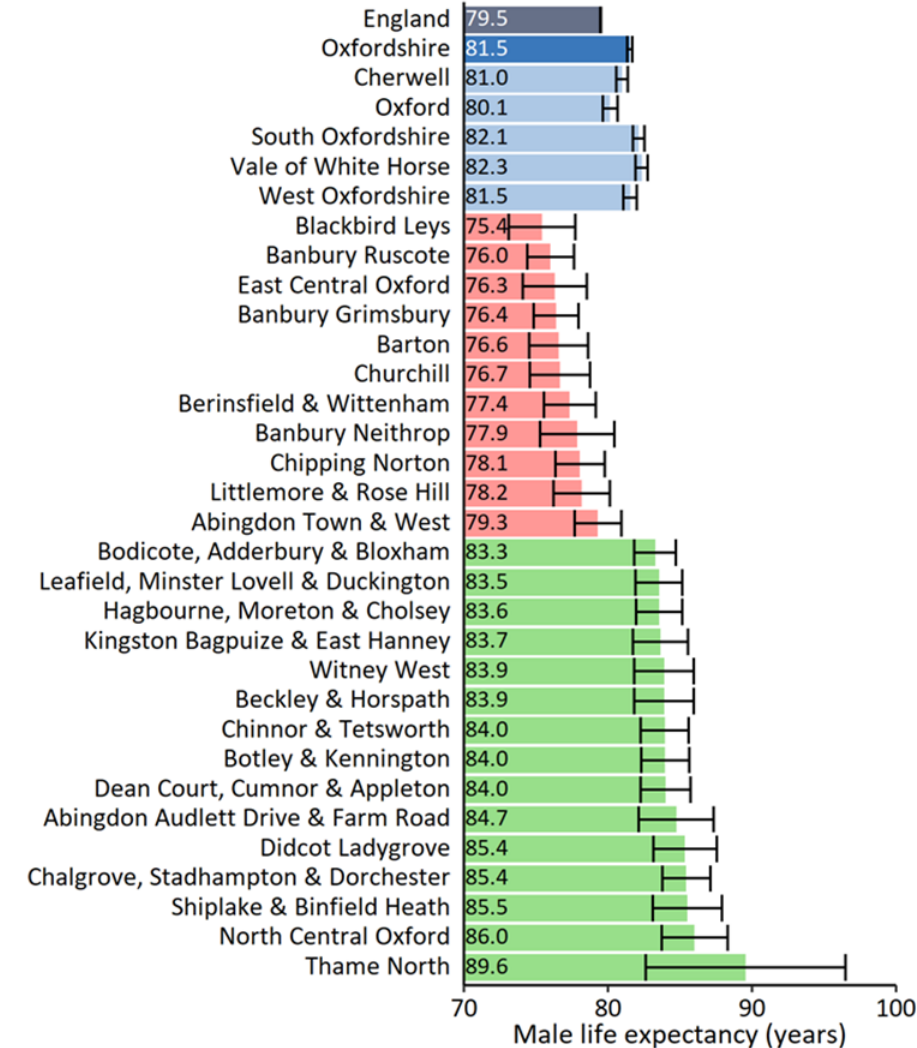


Deprivation

Map of Oxfordshire's 10 most deprived wards



Life expectancy at birth for males, 2016-20
MSOAs significantly worse and better than Oxfordshire



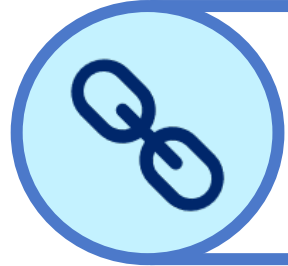
Oxfordshire's foundations for success

- Longstanding Section 75 Agreement between Integrated Care Board (ICB) and Oxfordshire County Council (OCC).
- Approximately £400m in pooled budget for Live Well and Age Well (including Better Care Fund).
- Health, Education and Social Care (HESC) joint commissioning team established in 2021.
- Extensive experience of leading provider collaboratives e.g. Adult Oxfordshire Mental Health Partnership between Oxford Health NHS FT (OHFT) and voluntary sector partners, specialist mental health provider collaboratives (low/medium secure; eating disorders and CAMHS tier 4) and BOB Mental Health Provider Collaborative.
- A memorandum of understanding between Oxford University Hospitals NHS FT (OUH) and OHFT is in-place outlining areas of close collaboration.
- Place-based Partnership (PBP) established as a consultative forum* with senior representation from across the health and care system.
- Leading significant changes especially in urgent and emergency care (Urgent Care Centres, Transfer of Care Hub, Hospital at Home) and Health Inequalities.

** To inform and align decisions by relevant statutory bodies in an advisory role. In this arrangement the decision of statutory bodies should be informed by the consultative forum.*

Oxfordshire's Place-based Partnership

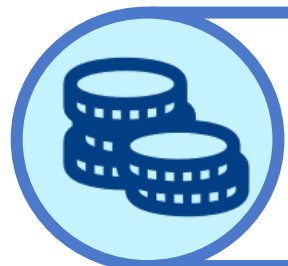
As leaders of health and social care we can agree how assets and resources in our system can deliver the best value care (outcomes per £). Our purpose is:



Join-up Services (simple, seamless, innovative)



Reduce Inequalities (Deprived Areas & Minority Groups)



Create a Sustainable System (best use of resources, costs & carbon)

Maturity Matrix Self-assessment survey findings

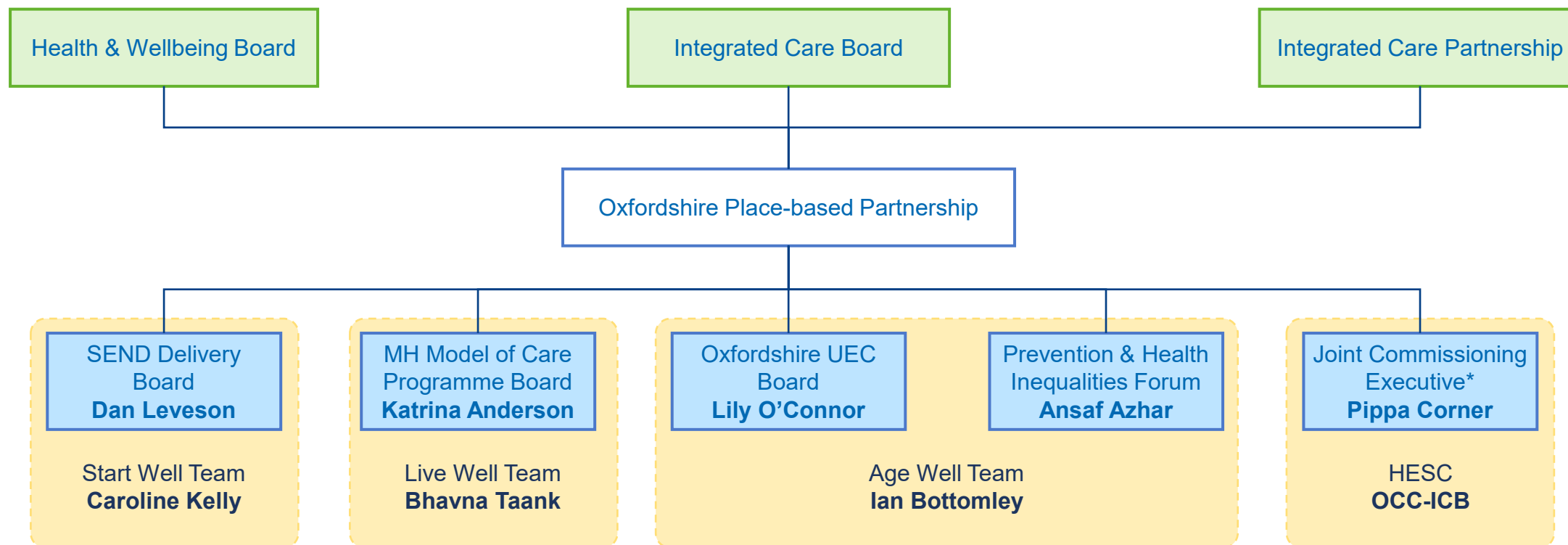
Rating	Responses		Percentage	
	Nov-22	Dec-23	Nov-22	Dec-23
Emerging	121	51	76%	27%
Developing	38	102	24%	54%
Maturing	1	37	1%	19%
Thriving	0	0	0%	0%

System and partnership working takes time, is deliberate and requires us to develop high levels of trust and transparency as we move from a transactional to transformation and from competitive to collaborative.

In November 2022, 76% of responses to all questions, were for ratings of “**emerging**”.

In December 2023, the percentage of “emerging” responses reduced, shifting to “**developing**” (54% of all responses) and “**maturing**” (19% of all responses).

Our *emerging* governance structure



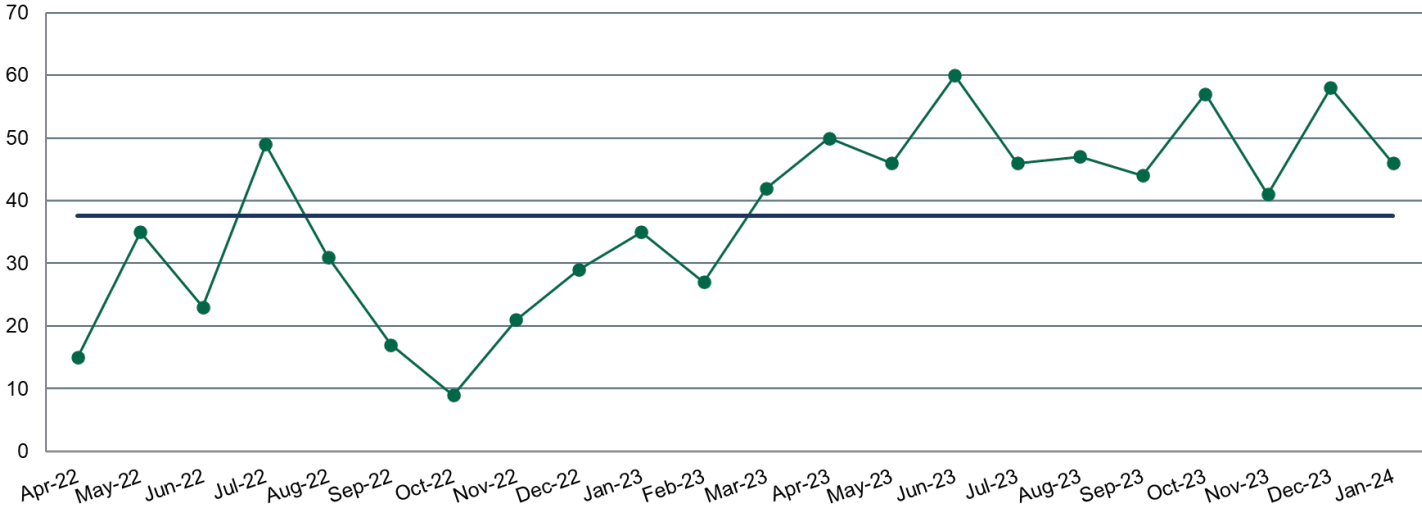
Proposal:

- From April extend meetings to 3-hours per month. Should consider whether we want/need development time as well (e.g. quarterly).
- Papers for discussion or decision for each of the 4 priority areas alongside JCE report. Circulated no less than 5 working days before meeting.
- AOB as required/requested.

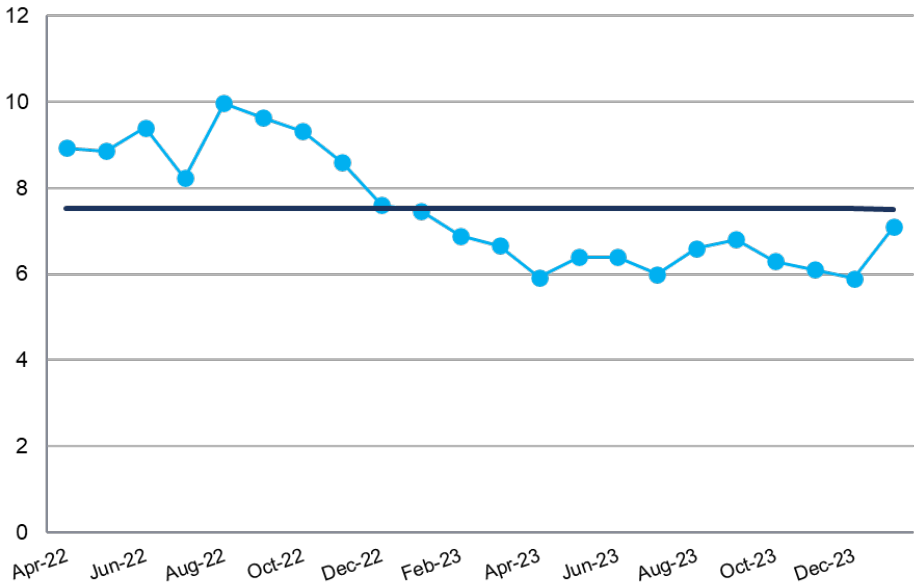
* The Joint Commissioning Executive (JCE) is responsible for overseeing the delivery of commissioning arrangements across OCC and BOB ICB for health, education, social care commissioning for areas it holds decision-making authority and delegated responsibility. The s75 agreement governs the deployment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

Example UEC Impact

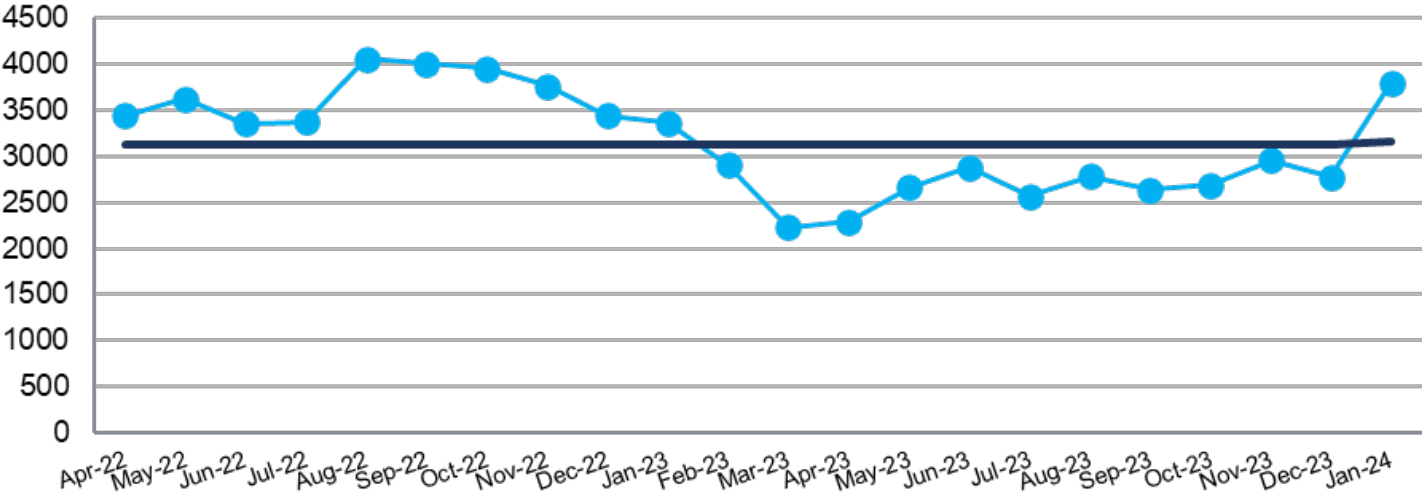
Total number of set ups for Reablement from community referrals by Home First



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



UEC system partners working well together.

Following introduction of Transfer of Care Hub (Nov 2022) and OCC engagement of care market and focus on supporting safe discharges to home/place of residence (Discharge to Assess) we continue to see good progress.

Example: Active Oxfordshire Impact Reports



"I just want to say a huge thank you for making these activities available to families such as mine. It has truly made a tremendous difference to our lives. Please keep up your amazing work."



All data is as of October 31st 2023

2024/25 Priorities

- **SEND improvement:** systemwide programme to improve how we work together as system partners and involve parents, carers and young people. Health focus on neurodiversity pathway and access to integrated therapies.
- **Children and Young People Integration:** recent key appointments present an opportunity to continue to improve system working and focus on school readiness and emotional health and wellbeing.
- **Urgent and Emergency Care:** build on successful home first model and support Transfer of Care Hub and Discharge to Assess. Further development of integrated Hospital at Home (OUH & OHFT), Urgent Care Centres in city and north, Integrated Neighbourhood Teams (Bicester, Banbury, City +). Simplify services for residents and colleagues working in system.
- **Mental Health:** develop integrated adult and older adult mental health model of care and prepare to procure long-term, transformational contract (next phase of outcomes-based contract).
- **Health Inequalities and Prevention:** incorporate project for people with Learning Disabilities and evaluate impact of current investments (community impact and social capital).
- **Public Health and Prevention Integration:** work with system partners, led by Director of Public Health to agree population health management approach, long-term commitment to prevention and reducing health inequalities.
- **Partnership Development:** develop our partnership and how we provide oversight and assurance as well as enabling trust and transparency between partners to help make decisions about how we allocate resources in our system to deliver best outcomes.

Key Risks and Issues

- **Ways of working:** crucial to develop an operating model that enables and resources place-based partnerships and provider collaboratives to co-exist alongside ICB within ICS.
- **Performance and Quality:** continued 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 (PHM). Makes re-allocation of resources difficult.
- **Financial risks:** as 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 current initiatives (including UEC and prevention) are funded non-recurrently and need to find ways of supporting recurrently and thinking longer-term.
- **OD and culture:** require investment (time, people, money) in developing system leadership behaviours that enable collaboration.
- **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.

Thanks ...

