

## BOARD MEETING

<b>Title</b>	Oxfordshire Place-based Partnership Update		
<b>Paper Date:</b>	6 January 2025	<b>Board Meeting Date:</b>	14 January 2025
<b>Purpose:</b>	Information	<b>Agenda Item:</b>	08
<b>Author:</b>	Daniel Leveson, Director for Places and Communities	<b>Exec Lead/ Senior Responsible Officer:</b>	Matthew Tait, Chief Delivery Officer
<b>Executive Summary</b>			
<p>This is an update from the Oxfordshire Place-based Partnership. It provides information about:</p> <ul style="list-style-type: none"> <li>- The membership, purpose and priority populations.</li> <li>- The role of PBPs in our system and changes to the operating model.</li> <li>- The emerging 25/26 priority areas of work.</li> </ul>			
<b>Action Required</b>			
The Board is asked to note and comment on the paper and presentation.			
<b>Conflicts of Interest:</b>	No conflict identified		
<b>Date/Name of Committee/ Meeting, Where Last Reviewed:</b>	N/A		

# Oxfordshire Place-based Partnership



Matthew Tait  
Chief Delivery Officer and Executive Sponsor for Oxfordshire

# Oxfordshire Place-based Partnership



Name	Job Title	Organisation
Daniel Leveson	Director for Places and Communities	BOB ICB
Matthew Tait	Chief Delivery Officer and Exec Sponsor	BOB ICB
Stephen Chandler	Deputy Chief Executive	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
Eddy McDowall	Chief Executive	Oxfordshire Association of Care Providers

*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 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. We can make choices about how to leverage resources and prioritise actions and interventions that reduce health inequalities and increase our investment in prevention.*

# Operating Model Context

## What are Place-based Partnerships?

PBPs operate on a smaller footprint within an ICS. In a lot of ways, the membership of PBPs closely mirrors that of the ICP. They are collaborative arrangements formed by organisations responsible for arranging and delivering health and care services in a locality or community.

They are where much of the heavy lifting of integration will take place through multi-agency partnerships involving NHS, local authorities, VCSE and local communities themselves.

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.

## BOB ICB Operating Model

The ICB operating model has removed 3 Place Directors and created a single Director for Places and Communities. UEC Directors have been retained within a central ICB team. It has changed clinical leadership dedicated to Place. There will be 3 Executive Sponsors (1 per Place).

Following the consultation, the ICB confirmed ‘Place partnerships are absolutely critical to the success of our ICB and our wider integrated care system.’ Furthermore, the ICB is committed to ‘place development, place partnerships and over time, the delegation of responsibilities to Place for service delivery, allocating and managing resource, as local partnerships and the ICB mature.’

In the ICB response it states ‘place partnerships are responsible for establishing their different leadership models which may include a place convenor... It is for the place partnership to collectively decide if the role of convenor is required and how it will be resourced.’

# 25/26 Oxfordshire Emerging Priorities

1. **Partnership Development:** develop our partnership to enable trust and transparency between partners that help make decisions about how we allocate resources and manage risks to deliver best outcomes. Measure our maturity and work with ICB to agree further delegation in the future.
2. **SEND improvement:** work together as system partners and involve parents, carers and young people to improve outcomes and experiences. Health focus is on improving neurodiversity services and access to integrated therapies.
3. **Children and Young People Integration:** opportunity to improve system working, integrate and grow pooled budgets for jointly funded services and focus on early years as a core part of our prevention strategy.
4. **Mental Health:** long-term contract for adult and older adult mental health with new oversight, assurance and partnership arrangements. Transformation will focus on early intervention, prevention and community provision alongside secondary mental health provision.
5. **Urgent and Emergency Care:** build on successes to-date and develop integrated community services that support people at home, reducing unnecessary hospital visits, admissions and stays. Aim to simplify services for residents and colleagues working in system.
6. **Integrated Neighbourhood Teams (INTs):** develop INTs that coordinate proactive multiagency care for target populations. This will require deep connections with partners, stakeholders and communities and is likely to be a foundation part of the NHS 10-year plan.
7. **Health Inequalities and Prevention:** evaluate impact of Prevention and Health Inequalities programme and continue upstream prevention and work with priority communities (deprived and minoritised). Establish a local Population Health and Impact Evaluation Unit to support needs-led approaches and work with system partners, led by Director of Public Health, to become a Marmot Place.
8. **System productivity and efficiency:** work together and identify opportunities to deliver better value care and contribute to the system efficiency programme, including Community Equipment, s117 and high-cost packages of care.

# Thanks and Questions

