

# Cabinet Report

Report of Head of Policy and Programmes

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Wards affected: District wide

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To: CABINET

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## Integrated Care Strategy

### Recommendation

(a) That Cabinet endorses the Integrated Care Strategy attached at appendix one.

### Purpose of Report

1. To update Cabinet on the progress of the Integrated Care Strategy (ICS) drafted by Health and Care partners in Buckinghamshire, Oxfordshire, and Berkshire West (BOB) on a set of proposed priorities to support improved health and wellbeing across the area and consider it for endorsement.
2. To update Cabinet on the progress of the Community Hub Team's involvement to ensure the voice of our local communities, especially those in deprived areas and where health inequalities exist, are represented, and responded to particularly within the consultation on the ICS.

### Corporate Objectives

3. The ICS supports many of the council's priorities and aims as set out in the Corporate Plan and the Climate Action Plan.

## Background

4. The [BOB](#) Integrated Care Partnership ([ICP](#)) (formally established on 1 July 2022), is a collaboration of organisations, which plan and provide health and care services for two million people who live and work in the local authority areas of Buckinghamshire Oxfordshire, West Berkshire, Reading and Wokingham (the latter three authorities under the umbrella of 'Berkshire West'). Members include local authorities, Local NHS organisations and GPs, public health, Healthwatch, care providers, the voluntary sector, the Oxford Academic Health Science Network and other research partners.
5. The Integrated Care Board ("the ICB") is the new NHS body that receives funds from NHS England and plans and buys services for Berkshire, Oxfordshire, Buckinghamshire ("BOB"). The Health and Care Act 2022 documented new statutory requirements for the ICB, one of which is to produce an Integrated Care Strategy at ("BOB") level, as explained in [guidance published by the DHSC](#) in July 2022.
6. The BOB Integrated Care Partnership's (ICP) vision for the two million people who live in the area is to have the best possible start in life, to live happier, healthier lives for longer, and to get the right support when they need it. To achieve its vision, the ICP has developed a strategy, which proposes a common set of priorities that partners will work on together.
7. Oxfordshire Health Improvement Board considered the proposed ICS on 17 November 2022 as did the Oxfordshire Health and Wellbeing Board on 1 December 2022 both of which includes our members.
8. Representatives from across the health and care systems have collaborated widely with partner organisations, the voluntary sector, and other stakeholders to understand their ambitions as a foundation for the ICS, working with local people and communities to refine the proposals and agree a common set of priorities for the health and care system, through various public engagement exercises.
9. The Future Oxfordshire Partnership received a [report](#) on 23 January 2023 from the ICP on a Place-based Partnership model, setting out the Vision for residents to be healthier and happier, a guiding principle of improved wellbeing and reduction in inequalities and how the ICB will approach partnership working and a place-based approach to health care.
10. The first step of the Vision is to agree an ICS with clear principles and priorities to take forward across the Partnership. These are based on a commitment from the partners to work together to improve people's health and wellbeing and reduce the inequalities in health experienced by people across our populations. The ICS builds on current joint local health and wellbeing strategies and outlines the areas where it is expected partners can do more together, locally and across the health and care system, to improve health and wellbeing in a manner that is fair and inclusive.
11. Daniel Leveson is the Place Director for Oxfordshire and responsible for convening leaders from across the health and care system to develop a thriving partnership to

create conditions that enable the ICB to delegate some of its functions and budgets to place.

12. The Oxfordshire Place based Partnership Leadership team is detailed below:

<b>Name</b>	<b>Job Title</b>	<b>Organisation</b>
Daniel Leveson	Place Director	BOB ICB
Stephen Chandler	Interim Executive Director: People, Transformation and Performance	Oxfordshire County Council
Mark Stone	Chief Executive	Representative for City and District Councils
Dr Nick Broughton	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 and Voluntary Action
Dr Toby Quartley	GP Lead	North PCNs
Dr Michelle Brennan	GP Lead	South PCNs
Dr Joe McManners	GP Lead	City PCNs

## The Strategy

13. Following initial feedback through Future Oxfordshire Partnership, Oxfordshire Health Improvement Board and Oxfordshire Health and Wellbeing Board formal consultation on the ICS commenced in December 2022 and closed on 29 January 2023. This consultation invited local people and communities to refine the proposals to agree a common set of priorities for the health and care system.
14. The [ICS strategy](#) seeks to provide a clear direction for our health and care system and the people who live in the BOB area and proposes the following sets of principles and five priority areas.

**ICS Principles:**

- **Preventing Ill-Health** – help people to stay well and independent, enjoying better health for longer. We will help develop healthy places and thriving communities to protect and improve people’s health.
- **Tackling Health Inequalities** – we will see to improve the physical and mental health of those at risk of the poorest health. This will include making sure people can access health and care services, whatever their background.
- **Providing Person Centred Care** - we will work together to provide help in a way that meets people’s needs and helps them to make informed decisions and be involved in their own health and care.
- **Supporting Local Delivery** – we will plan and design support and services with local people and provide support as close as possible to where people live, learn and work.
- **Improving the Join Up Between our Services** - we will improve the way our services work together to ensure people get support when they need it and residents have a better experience of health and care services.

**ICS Priorities:**

- **Promoting and protecting health** – keeping people healthy and well
- **Start Well** – helping all children and young people achieve the best start in life
- **Live Well** – supporting people and communities to live healthy and happier lives
- **Age Well** – staying healthy and independent for longer
- **Improving quality and access** – accessing the right care in the best place

15. Each of the Priorities have a number of areas of focus and proposals for measurable achievements/targets which are detailed in the ICS attached at appendix one to this report.

**Consultation**

16. As indicated above much discussion has already been undertaken with partners to develop the draft ICS and a formal public consultation carried out. In addition, a workshop for members and officers was organised by Oxfordshire County Council’s Public Health team working closely with the ICB/P officers. It was held on 19 January 2023 to discuss the ICS in more depth, feedback more detailed local comments and identify anything that was felt to be missing from the priorities presented. This was attended by our Community Wellbeing Manager.

17. Officers from planning, planning policy, infrastructure and wellbeing teams fed back the bullet point comments below either at the workshop or through a formal consultation response agreed by the cabinet member for community wellbeing.
- stronger integration with local authority planning matters especially integration with Local Plans is required to ensure service provision is projected alongside housing developments
  - physical assets such as expansion of or new GP surgeries/health centres should be much stronger – especially in areas of housing growth where developer contributions can be obtained
  - the importance of improving the housing conditions that people live in and addressing the wider social, economic, and environmental issues that affect our health should be much stronger and could include local authority disabled facility grants to support residents to stay in their homes longer
  - links to housing provision for staff resources to ensure appropriate workforce should be included and joint working with local authorities and affordable housing teams
  - the importance of preventative work already being undertaken at a local level to offer support to residents through working with local social prescribers, our community hub support teams and active communities officers
  - the advantage of local information hubs connecting all our services could be developed to offer a one stop shop advice and information service
  - more investment in community and voluntary sector services should be included as they provide valuable local services
  - inequalities in rural areas is a problem and needs to be addressed through a wide range of options such as retention of local resources, digital access to services and/or transport initiatives
  - mental health priority should include loneliness and isolation
  - support for the priority to reduce alcohol consumption and this has a wide impact on whole family's mental health and wellbeing.
  - links to Oxfordshire Food Strategy to address the issues of food insecurity and allowing residents to equal opportunities to access healthy food will help to address the overweight and obese priority
  - dentists need to be included in strategy
  - a joined-up approach to healthy activity schemes using tried and tested systems to measure usage and impacts on health prevention across Oxfordshire.

18. The full engagement report on the BOB ICP Strategic priorities is now available to [read](#).

## **Links to other strategies**

19. The council has recently approved a new active communities strategy and, following endorsement of the Oxfordshire Food Strategy, is just commencing work on a local area food action plan to address the issues of food insecurity, education and these strategies will help to encourage residents to be more active and eat more healthily, already supporting some of the priorities in the ICS.
20. Our consultation response also highlights the importance of linking health into our Local Plans and our housing strategies.

## **Community Hub**

21. The council's community hub team supports initiatives to address health inequalities and works with Oxfordshire local authorities and other partners on programmes and initiatives across the BOB area. The team directly supports our residents who are most in need by securing and redirecting funding to them, advising on policy issues regarding benefits and council tax reduction schemes, working directly with advice services and local food banks. They will lead on the local food strategy action plans and can steer resources and finance to the areas identified in the ICS as being in most need now and in the future.
22. The team will be the key contact on the next stages of the implementation of the ICS and work closely with partners across the BOB area to ensure our areas are given due consideration as part of the wider health agenda. We particularly want to ensure closer working with our planning policy and planning development management teams to ensure appropriate health provision and funding is secured through new developments and to ensure healthy living and appropriate green spaces are provided particularly on key strategic sites and where we have garden communities.

## **Options**

23. There is no legal obligation to endorse the ICS. However, not supporting the strategy and not participating in its implementation may see the Council being unable to influence related work for the benefit of our residents and miss out on partnership schemes and funding that supports the improvement of the health and wellbeing of our residents.

## **Climate and ecological impact implications**

24. There are no direct climate or ecological impacts in relation to endorsement of the ICS.

## **Equalities and Diversity implications**

25. A commitment is required from all the partner organisations of the ICP/ICB, including the district councils, to work together to improve people's health and wellbeing and to reduce the inequalities in health experienced by people in the district.
26. We do have concerns about the number of GP surgeries available for our growing population and the impact this may have causing patients to travel long distances to access services. This has a particular impact on our most vulnerable residents.

## **Financial Implications**

27. There are no direct financial implications relating to the endorsement of this strategy.
28. The community hub core team currently funded until March 2026 can offer some resources to support the work on this health agenda. It will be regularly monitored to understand the level of resource required to have meaningful input into the ICS.
29. There are also financial benefits where funding is already being provided by the ICB for locally led health initiatives such as the Move Together and You Move programmes. It is possible, due to the success of these programmes that similar funding will come forward where specific areas of need are identified.
30. It should also be noted that the council currently allocates 20 per cent of its Community Infrastructure Levy (CIL) proportion to health care infrastructure, balances as of 31 March 2023 are over £7 million. We also secure Section 106 contributions for health purposes from strategic housing development sites.
31. Any council decision that has financial implications must be made with the knowledge of the council's overarching financial position. For South, the position reflected in the council's medium-term financial plan (MTFP) as reported to full Council in February 2023 showed that it is due to receive £644,000 less in revenue funding than it plans to spend in 2023/24 (with the balance coming from reserves), with this budget gap expected to continue in future years. However, there is great uncertainty over this caused by a lack of clarity from government.
32. The future funding gap is predicted to increase to over £8.5 million by 2027/28, based on current cautious officer estimates of future funding levels. Whilst it is anticipated that overall funding for the council will remain relatively unchanged in 2024/25, the lack of certainty on future local government funding from 2025/26 onwards means the level of funding, and the resulting estimated funding gap, could be significantly different from current officer estimates in either a positive or negative way. Every financial decision, particularly those involving long-term funding commitments (i.e. those beyond 2024/25), needs to be cognisant of the potential for significant funding gaps in future years.

## **Legal Implications**

33. Supporting principles of the Integrated Care Strategy neither imposes nor infers any additional obligations on the council and it is therefore considered that there are no legal implications in adopting the strategy.

## **Risks**

34. Lack of support for this strategy could result in a reputational risk that is that the council may not be seen as not having a seat at the table to ensure that strategic decisions are made in the best interests of our residents, as well as damaging potential working relationships with local partners, which we are working hard to retain post pandemic.

## **Other implications**

35. There are not considered to be any other implications beyond those set out above.

## **Conclusion**

36. The ICS and its strategic priorities take the first step in this new partnership approach. It requires a commitment from the partner organisations, including the district councils, to work together to improve people's health and wellbeing and reduce the inequalities in health experienced by people across BOB.
37. The ICS builds on our current Oxfordshire local health and wellbeing strategies, which are currently being updated and will shape the future of health and social care in response to local needs.
38. The ICP reviewed all consultation comments received and considered some minor changes before approving the ICS on 1 March 2023.
39. Officers therefore recommend that Cabinet endorses the ICS attached at appendix one of this report.

## **Next Steps**

40. The ICB and NHS Trusts have a joint statutory responsibility to provide a Joint Forward Plan (JFP) and to engage across the system on its content with various partners including local authorities. This needs to describe how the ICB and its partner trusts intend to arrange and/or provide NHS services including the delivery of the universal NHS commitments. It is envisaged it will be a five-year plan. Formal publication of the JFP is required by 30 June 2023.
41. The JFP is due to be considered at the next meeting of the Oxfordshire Health and Wellbeing Board on 29 June 2023, which our Cabinet Member for Community Wellbeing will attend. The Board will be asked to give a formal opinion 'on whether the draft takes proper account of local health and wellbeing strategy' and this opinion will be published with the JFP. In future years, the ICB and their partner trusts will have a duty to update their JFP before the start of each financial year.



42. An Oxfordshire Place based Partnership will be created, arrangements are being formalised to co-ordinate and leverage collective resources to meet the health needs of the people of Oxfordshire. The Joint Strategic Needs Assessment and Oxfordshire Health and Wellbeing Strategy will inform and guide the plans to:
- identify people/populations that will benefit from more local joined-up services
  - ensure joined-up services are simple, seamless and innovative
  - reduce health inequalities, focussing on people living in deprived areas, minority groups and populations where life expectancy and healthy life years are worst
  - create a sustainable system by designing new models of care that make the best use of our collective resources.

## **Background papers**

[Oxfordshire Health and Wellbeing Board Report of 16 March 2023](#)