

## **Divisions Affected - All**

### **OXFORDSHIRE HEALTH AND WELLBEING BOARD 6 October 2022**

#### **UPDATE TO TERMS OF REFERENCE FOR HEALTH AND WELLBEING BOARD AND DRAFT TERMS OF REFERENCE FOR INTEGRATED CARE PARTNERSHIP**

#### **Report by Corporate Director of Public Health & Community Safety**

### **RECOMMENDATION**

#### **1. Health and Wellbeing Board is RECOMMENDED to**

- a) APPROVE the updated Terms of Reference for the Oxfordshire Health and Wellbeing Board (See Annex 1)
- b) NOTE the draft Terms of Reference for the newly establishment Integrated Care Partnership (See Annex 2)

### **Executive Summary**

2. The Health and care Act 2022 established Integrated Care Systems (ICSs) as legal entities and created new NHS bodies called Integrated Care Boards (ICBs). Within this legislation all ICSs are required to establish new partnership forums called Integrated Care Partnerships (ICPs). These bring together ICBs and Local Authorities (LAs) with responsibility for Social Care and Public Health in order to integrate the services they plan, purchase, and provide for local residents.
3. Health and Wellbeing Boards continue to be a crucial partnership forum at a Place footprint (ie Oxfordshire) to bring partners together to improve health and wellbeing of local residents. This has not changed with the passing of the new Health and Care Act, however the Board does need to review and update its own terms of reference to reflect this changing landscape and different partnership organisations

### **Exempt Information**

4. No information in this report is exempt

## Background- Change to Health Landscape from 1<sup>st</sup> July 2022

5. **Integrated care systems (ICSs)** are geographically based arrangements that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services. They gained formal legal status on 1<sup>st</sup> July 2022
6. The aim of ICSs is 4-fold.
  - 6.1. To improve population health and healthcare
  - 6.2. Tackle inequalities in outcome, experience and access
  - 6.3. Enhance productivity and value for money
  - 6.4. Help the NHS to support broader social and economic development
7. **The Integrated Care Partnerships (ICP)** are formed in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007 as introduced by Section 26 of the Health and Care Act 2022. The ICP is a statutory joint committee of the BOB Integrated Care Board (ICB) and the local authorities in the ICS who are responsible for adult social care: Buckinghamshire Council, Oxfordshire County Council, Reading Borough Council, West Berkshire Council, Wokingham Borough Council. In addition to these Founding Members listed above, it is proposed with the BOB ICP Terms of Reference that wider health and social care partners are also included with the membership of the ICP. Full details are within the proposed ToR in annex 2.
8. Additionally, the ICP is required to develop and publish an Integrated Care Strategy. This is initially due to be published by Dec 2022 and will inform the plans and work programmes of organisations of partners within the ICP.
9. **Integrated Care Boards** are the NHS body that plans and commissions services for local residents. Locally, there is one ICB that covers the BOB area. There is work in progress for ICBs to take on greater commissioning responsibilities than CCGs have historically delivered as responsibilities move to ICBs from NHS England's regional teams. ICBs have the ability to delegate decision making to a Place level (ie Oxfordshire level) via new Place Based Partnerships.

## Health and Wellbeing Board Changes to Terms of Reference

10. The creation of ICPs is not intended to duplicate existing arrangements such as Health and Wellbeing Boards but provide opportunity to establish greater integration at a larger system footprint. The principle of subsidiarity is critical to the establishment of ICPs, meaning that where decisions and planning can happen at an Oxfordshire level it will.
11. The Health and Wellbeing Board for Oxfordshire has been in place since 2013 and is required to publish an annual Joint Strategic Needs Assessment (JSNA), develop a (Local) Joint Health and Wellbeing Strategy to meet the needs identified in the JSNA and ratify plans to utilise the Better Care Fund to improve outcomes for local residents. It also is required to publish a Pharmaceutical Needs Assessment every 3 years. None of these requirements have changed.

12. However, there is clearly a need for collaboration and interaction between the ICP and the HWB Board. When the ICP Strategy is completed the HWB Board will need to consider it when preparing its own strategy- now called a Joint **Local Health and Wellbeing Strategy (JLHWBS)**- to ensure that they are complementary. Conversely, HWBs should be active participants in the development of the integrated care strategy as guidance on the content of the integrated care strategy may also be useful for HWBs to consider in the development of their JLHWS.
13. To reflect the changing landscape with the creation of ICSs and the Local Government arrangements in Oxfordshire, the following changes to the Health and Wellbeing Board's Terms of Reference are proposed. The updated ToR are included in annex 1.
- 13.1. Two members from NHS Oxfordshire CCG (Chief Executive and the Clinical Chair) are replaced by ICB Clinical Lead with Oxfordshire responsibilities and the Place Director for Oxfordshire from the ICB. Once appointments are made, one of these 2 posts will take the role of vice chair
- 13.2. The two City/ District representatives (Chair and Vice-Chair of the Health Improvement Board) are replaced by one representative from each of the 5x Oxfordshire City/ District Authorities.
- 13.3. The role of a Chief Executive representative from City & District Councils is included in the Terms of Reference- in practice this is already in place, but has not been formalised before in the Terms of Reference
- 13.4. The TORs continue to give the Health and Wellbeing Board the power to establish sub-groups, tasks and finish groups and similar. Currently the HWB has 2 formal sub-groups- the Children's Trust and the Health Improvement Board. No changes to sub-groups are proposed in these amended ToR.
- 13.5. The Health and Wellbeing Board is able to approve changes to its own ToR and future changes can be made if needed as ICSs and associated structures develop and mature.

## **Corporate Policies and Priorities**

14. The establishment of Integrated Care Boards within the new ICS structures provides even greater opportunity to integrate health and care services for residents in Oxfordshire than has happened to date. It is anticipated this will have a positive impact on health and wellbeing across the life-course. It will also provide further opportunity to support the improvement of the health of those with the greatest need the fastest. It will therefore contribute the following strategic priorities of Oxfordshire County Council;
- 14.1. Tackle inequalities in Oxfordshire
- 14.2. Prioritise the health and wellbeing of residents

- 14.3. Support carers and the social care system
- 14.4. Create opportunities for children and young people to reach their full potential

## **Financial Implications**

15. There are no direct financial implications arising from this report. More broadly, the establishment of the ICS and its associated structures aims to allow greater integration of services. This may include changes to the current arrangements where Oxfordshire County Council and the local NHS commissioning body (now the ICB) pool some of their budgets through Section 75 arrangements. Any such changes will be subject to separate approval processes.

Comments checked by:

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## **Legal Implications**

16. As described in paragraph 7, Oxfordshire County Council has a statutory responsibility to form an Integrated Care Partnership with other founding partners. This report seeks the approval of the Terms of Reference for this new forum to support this statutory duty.

Comments checked by:

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## **Staff Implications**

17. There are no direct staffing implications associated with this report. It is anticipated the Member and Officer time taken to participate in this new partnership forum will drive efficiencies of working for a range of teams in the council and therefore have a positive impact on staff capacity.

## **Equality & Inclusion Implications**

18. One of the 4 aims of Integrated Care Systems is to tackle inequalities in outcomes, experience and access. These inequalities in health can be experienced by a range of population groups, including those with protected characteristics. It is therefore anticipated that supporting the establishment of the new ICP will have a positive impact on equality and inclusion.

## **Sustainability Implications**

