Oxfordshire Health & Wellbeing Board
Thursday, 16 March 2023

ADDENDA

7.   Report from the Board's Workshop on the Integrated Care System Strategy (Pages 1 - 6)

2.15pm

This report summarises the main outcomes from the Health and Wellbeing Board workshop on 19th January 2023 undertaken to input into the consultation exercise for the development of the Integrated Care Systems strategy. The ICS strategy has since been finalised and signed off by the Integrated Care Partnership on 1st March 2023.

The Board are asked to note the output from the workshop on 19th January 2023 regarding the new Integrated Care System Strategy and that this strategy has now been finalised and published.

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Quality and Access

Like? Aspiration everything is joined-up Digital and technology Neighbourhood teams and not just GPs / local team References to inequality Improve access – stronger by shared approach using local assets. Continuity of care People wont' have to travel far Democratic process – i.e. all NHS and local authorities signed up Benefit of teams working together and people know their neighbourhood teams (quality benefit)	*Missing?* *Definition of different bits e.g. neighbourhood teams etc.* *Describe quality more – safe, effective, experience* *Describe people's journeys/pathways, from people's point of view more and not service/providers* *Voice of Districts, VCS, communities* *Asset-based approach – identify local assets that can help (e.g. one public estate, health on high street)* *Explicit about focus on areas of greatest needs (re-allocate resources)* *What did we learn from pandemic – joint working, decision-making, local community actions* *Be more explicit about challenges people face accessing services (NB transport)* *Describe journeys or pathways* *Need to mention buildings, planning processes, accommodation will be important* *How will re-engage some of the dis-engaged people* *Create a compelling case for re-allocating resources, better in long-term to address inequality and contribute to growth*
Scale? *Planned care (will people travel for good outcomes, short waits and local follow-up)* *Technology and digital enabling (economies of scale, same/similar systems)* *Effectiveness and evidence – quality.* *Harness innovation* *Shared learning, peer review and benchmarking* *Roll-out innovation and spin-offs* *Examine/reduce unwarranted variation – access, outcomes, experiences*	*Place?* Prevention Join-up plans/services between local authorities and NHS. Work with neighbourhoods/localities/districts/PCNs/council – integration Local campaigning and awareness raising Realise benefits of innovation Address inequality of access and outcomes Address inverse care laws by re-allocation of resources, using local assets Work together to share estates and facilities – identify local assets to build on together.

Promote and Protect

What do you like about this theme in the strategy?

- *Proposed actions will lead to demand reduction leading to financial saving***
- *A focus on enabling or empowering residents and on educating to improve their own health*
- *Reductions in smoking drinking an unhealthy weight make people happier (links to vision)*
- *The priorities acknowledge the causes of unhealthy behaviours which are often social environmental and beyond the control of the individual***
- *The generational impacts of unhealthy behaviours are important*
- *There is a place making thread throughout these five priorities*
- *The wider determinant of health are rightly a focus in this theme***

Do you think there is anything missing from this theme?

- *Should drugs be included alongside alcohol due to the harm and misery they cause?*
- *Priority 4 the wider determinants of health- is really an overarching area which influences many of the strategies priorities. It should be a cross cutting principle not one of about multiple priorities***
- *Priorities 1-3 have an too strong an individual responsibility focus which is too narrow/ineffective***
- *Instead take a tiered approach, ie- what individuals can do for themselves, what's our services can do to support them, what needs to be addressed more broadly within society and national policy.*
- *No mention of anchor institutions***
- *Time scales are note referenced, ie- supporting current smokers and preventing future ones*
- *Housing and economic factors are key building blocks for health-not sufficiently referenced**
- *Section 106/SIL money more readily used to develop health estate***
- *Key worker housing is critical to support workforce locally***
- *E cigarettes not included. should be clear if they are harm free or harm reduction option.*
- *Not sufficiently data-driven**. Better join up of data between different orgs needed*
- *The voice of the community is not clearly present nor is the role of volunteering and non statutory services which often at a local level are a critical part of the well-being agenda*
- *No reference to the rurality and challenge of access to services that county like Oxon faces.*

In this theme, what is the benefit of working 'at scale'

- *System wide approach to developing health a state and infrastructure using SIL money***
- *A strategy for key worker housing***
- *A programme like Move Together would have greater reach across the system**. Either as a uniform systemwide service, or at least as a case study to other Places*
- *Generation/collation of evidence to inform place action on environmental determinants of health*
- *Sharing of case studies (successes and failures) to help build healthy competition and honesty*
- *The social care challenge of keeping people within their own homes.*
- *Join up of disabled facilities grants*
- *Mental ill health prevention** and addressing issues of out of county inpatient placements*
- *Overall system should be focused on strategy where as Place is focused on delivery*
- *Overall much more of the activity against these priorities is delivered at place than ystem level.*
- *Unclear how much added value ICS therefore really brings.*
- *On some matters can ICSs join-up into regional partnerships?*
- *Develop sophisticated accounting tools to help move ££ and demonstrate value of ICS working.*
- *Top slice of organisation's budgets to create some system financial headroom*

In this theme, what do you think can only be done at Place?

- The actions or implementation of strategy which has been formed at system
- Place needs to have a voice to shape systems strategy
- Housing delivery via district authority local plans critical to establish at Place**
- There is an interconnection between the three lifestyle priorities- how they are addressed joined up way needs local/ Place approaches
- Community engagement and relationship building with residents**
- Identification of high risk people and communities
- Targeted work in areas of inequality
- Joined up public a state/ co-location of services. Initiatives like 20 minute neighbourhoods
- Providing a joined up offer of local support

Start Well

Page 3

What do you like about this theme in the strategy?

- *Strong focus on transition to adult Services.*
- *Themes are important – Early years: we need to catch up. This does need the cross system focus with local delivery*
- *Great to have Maternity services mentioned, particularly inequalities.*
- *Focus on CYP mental health and wellbeing is important – good to mention all settings (e.g. Education)*
- *Strong focus on inequalities. Everything should start with the person*

Do you think there is anything missing from this theme?

- *We need to take a holistic approach to all children's support / care. These focusses still feel quite siloed.*
- *Need to develop real partnerships and collaborations for supporting our CYP across all aspects of life ('communities of providers')*
- *Intro needs to do more that recognises deprivation. And early years inequalities*
- *Transition needs to cover all ages. Needs to be for all services not just MH but must be person focussed around their needs (and therefore address inequalities)*
- *Need to be clear about support for children who are neurodivergent*
- *SEND must be managed more holistically and develop a culture of organisations taking responsibility for individuals (rather than passing on to next agency)*
- *Be clear on encouraging healthy behaviours especially encouraging active lifestyles*
- *Need to be clear on what we will do for 'early years'. Lots of maternity but not much on Early years and inequalities.(nutrition, health visiting, etc)*
- *Consider developing a whole system CYP strategy that takes these ambitions to more detail.*

In this theme, what is the benefit of working 'at scale'

- *Perinatal Mental Health support. This must be a pan system focus to ensure consistency – Address stigma and improve access*
- *Consistency of transition support – must be one set of rules and expectations across our system.*
- *Be bold about lobbying the binary nature of age boundaries. Be more flexible depending on the individuals needs.*
- *Make ND / ADHD support more consistent across BOB*
- *Consider developing a children's strategy for BOB.*

In this theme, what do you think can only be done at Place?

- *Need a delivery plan to be clear what will be delivered when*
- *Community focussed activities – Inequalities, active lifestyles*
- *Positive forum for sharing ideas on what is working well for CYP healthy living*
- *Build a strong infrastructure for shared learning*
- *Link with the recently stated 'education commission' in Oxfordshire*
- *Consider Oxfordshire 'promises for children ("all children in Oxfordshire will: have access to…)*

Live Well

What do you like about this theme in the strategy?

- Agreement with the overall priority and like the vision
- But the vision could do with expanding to include right support at the right place at right time.
- Very important areas but very specific (mental health, CVD etc)
- Strong agreement on priorities but they should be named objectives.
- Overall a good high level strategy but needs to explicitly mention that it should inform individual districts/city delivery plan

Do you think there is anything missing from this theme?

- Impact of Housing and wider determinants missing
- Link to physical activity is missing
- Why have we picked very specific topic (mental health and CVD etc)?
- What about Respiratory?
- Need to address the access and responsive gap between mental health services and physical health services?
- Need to also cover early intervention on mental wellbeing not just access.
- Seems very NHS focused , what about social care?
- Voice of the service user missing?

In this theme, what is the benefit of working 'at scale'

- Develop evidence base and share best practice
- Decision of testing out pilot programmes
- Identifying resources and BOB level discussion on resource distribution
- Access to specialist centres and developing centres of excellence
- Joined up vision for supporting access to mental health services across the tiers of need across BOB.
- Innovation on Digital integration

In this theme, what do you think can only be done at Place?

- Empowering people and community through local asset based approach
- Utilising community insights to inform action
- Tackling inequalities in access to health services through health links
- Developing action plan
- Co-location of services with community centres etc
- Local health screening sessions at local centres
- Development of community hubs and one stop shops (for BP management, social care needs and social prescribing initiatives)
- Access to health services from new housing developments and rural areas.

4

Age Well

What do you like about this theme in the strategy?

- Older people recognised
- Carers recognised***
- Early intervention***
- Agree with everything in there
- It's split into sub-headings which have their own outcomes
- Loneliness mentioned ** – support from families and communities
- Health and Care both included
- Focus on health within the neighbourhood (with the caveat of health at home as long as its properly supported!)

There was a point of clarity raised in this section of who delivers the strategy?

Do you think there is anything missing from this theme?

- How outcomes will be measured – How the structure will work. Need to know who is
- How to reach seldom heard groups and those who may be suspicious of medical professions and local authorities etc.
- Access to public transport**, consideration of car schemes? Reliance of central health services to get people to appointments on voluntary driver schemes.
- Isolation and transport issues in the City** as well as rural
- Transport links to enable people to be involved in activities – need to resource volunteer transport etc.
- Acknowledgement that 'aging well' is not just older people may also include people with learning disabilities – its not clear. Strategy speaks to 65+ age well should be 18+ - we understand terms differently.
- Too much NHS focus*, themes are too medical – prevention and upstream not weighted enough and not enough ambition for these. e.g. being disconnected, lonely, inactive – leading to serious health issues.
- Improving support for carers
- Nutrition not mentioned *– food provision is a good contact point to see how people are
- Rurality and access to services not mentioned ** and recognition of community services
- Recognition of patient voices – how can they connect in this process and longer term? Are patient voices dominated by older peoples views.* Needs residents views.
- Importance of community leaders – need for structured activity that appears informal e.g. health walks
- Recognition that a lot of volunteers are older people themselves – need to encourage older people to volunteer
- How to keep people connected – where support comes from – sign posting
- Acknowledging impact of dementia on families
- Recognition of the role of activities like tea mornings etc as a check in on people, notice if someone is missing etc
- Dying well and end of care life
- Age friendly and active communities
- Dental services – prevention and maintaining healthy dentition

In this theme, what is the benefit of working 'at scale'

- Sharing ideas and lessons on whats worked e.g. Move Together programme
- Economy of scale
- Buy services at a BOB footprint* – although scaled up commissioning may be a challenge for some .
- Understanding other areas better e.g. spotlight that there are inequalities in Oxfordshire and impact of the wider determinants of health
- Finance – services at place base at scale e.g. learning disabilities – currently artificially raised prices due to competition.*
- *Concern*: scaling up may mean more travel – will services be centralised?* Will personalised care be compromised? Will we forget people are individuals – people still want local and personalised.
- Keeping people active and engaged is important, need to see more and can be scaled up**
- Constructively co-ordinate local knowledge
- How can we use inequalities data to drive what we're doing at scale? Opportunities to overlay data and prioritise.*
- Local insight and non-empirical data important too.
- Replicating and transferring good practice
- More likely to be able invest in research and test e.g. Better Homes Better Health.
- Look at relationship between where and how people live.
- Commonality between urban areas

Comment re disparities of scale across the system e.g. transition into adult services and who is accountable and question of how does live well transition in to ageing well?

In this theme, what do you think can only be done at Place?

- True personalised care planning with the person – health and care
- Supporting older people to remain connected with communities – needs to be local
- Community hubs – use of property for shared services – non-medical feel? ***
- Avoid duplication of hubs/services – avoid competition, allow collaboration and make everyones business
- Scale up good practice e.g. OT drop ins **
- Need to consider ethnic groups and the way that families look after older people
- Age friendly and active communities Getting people out and more active –consider sub place
- Consider how communities connect e.g. LGBTQ+ online *
- Make sure resources flow to where services are provided
- Opportunities to use other parts of the system - choice
- Create better front door experiences where people feel comfortable
- Digital opportunities
- Invest to save in early intervention **
- Community services under pressure need to put resources in the right place in the system

Comment/question: what is place? Network? Locality?

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