

REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):

Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board Operating Model:

**REPORT BY: HEALTH SCRUTINY OFFICER, OXFORDSHIRE COUNTY
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INTRODUCTION AND OVERVIEW

1. The Joint Health and Overview Scrutiny Committee considered a report by the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) on the changes to the ICB's Operating Model.
2. The Committee would like to thank Matthew Tait (BOB ICB Chief Delivery Officer) and Stephen Chandler (Oxfordshire County Council Deputy Chief Executive) for attending the meeting item on the BOB ICB Operating Model on 30 January 2025 and for answering questions from the Committee in relation to this.
3. The Committee understands that the ICB had made changes to its operating model since the summer of 2024. A significant aspect of these changes revolved around the ICB role of Director of Place for Oxfordshire. This role was to be removed, and a new role of Director of Places and Communities was created by the ICB, with a responsibility for Directing all three places of Buckinghamshire, Oxfordshire, and Berkshire West.
4. The Committee also issued a call-in request to the Secretary of State for Health and Social Care in September 2024. The outcome of this was a reluctance by the Department of Health and Social Care to invoke ministerial powers to call-in the decision, although the government urged the Council and the ICB to continue to work together and to negotiate a resolution to the dispute over the ICB's changes to its Operating Model.
5. This item was scrutinised by HOSC given that it has a constitutional remit over health and healthcare services as a whole. When commissioning the report for this item on the ICB Operating Model, some of the insights that the Committee sought to receive were as follows:
 - The current state of affairs around negotiations between the County Council and the ICB.
 - How the ICB will continue to work with Oxfordshire County Council to ensure that health and care services operate optimally.

- Details of any delegated budgets that will be retained at place level.
- Any details on the Urgent Care Director for Oxfordshire, including on whether this role will continue to operate as usual.
- Given that the ICB will merge the place director roles into a single role of Director of Places, and that the ICB had expressed that it is supportive of initiatives taken by Oxfordshire to establish a Place convenor role if its own, how will this role be supported if it is not hosted formally by the ICB?
- Clarity around the nature and extent of the ICB's Oxfordshire Executive Sponsor's role and responsibilities.

SUMMARY

6. The BOB ICB Chief Delivery Officer provided the Committee with a brief summary of the updated operating model. The Urgent Care Director role for Oxfordshire would focus on addressing local needs based on feedback the ICB received during its consultation period in the summer of 2024. As the Executive Sponsor for Oxfordshire, the Chief Delivery Officer would attend key meetings, engage with stakeholders, and represent Oxfordshire at the ICB board to address local issues. The Chief Delivery Officer would also participate in the Health and Wellbeing Board and Place-Based Partnership Boards, acting as the main representative for scrutiny Committees and involving experts when necessary. They were to act as a key decision-maker for joint decisions between the ICB and local structures, particularly in joint commissioning.
7. Efforts were being made to establish a place convenor for Oxfordshire with the Oxfordshire County Council Executive Director for People. The joint commissioning model supported by a section 75 agreement remained unchanged, with budgetary decisions staying the same.
8. The Oxfordshire County Council Executive Director for People highlighted that a strong partnership with the BOB ICB Chief Delivery Officer was being built, and referred to their collaboration in managing organisational tensions effectively. The solid section 75 agreement as well as the Joint Commissioning Unit were cited as critical factors in mitigating the risks of organisational changes. Both organisations were committed to fulfilling the recommendations set by the Committee last summer, making substantial progress in addressing feedback and realigning their relationship with a clear future vision.
9. The discussion also emphasised the importance of commissioning at the system level to be evidence-based, and for the ICB to continue to engage with Oxfordshire County Council as a key partner to ensure this was the case.
10. The discussion also highlighted the imperative to expand primary care services in response to increased demand in Oxfordshire Place. The

Committee was assured that the new Executive Sponsor for Oxfordshire would play a crucial part in understanding and prioritising primary care issues, mobilising resources, and ensuring the model's effective operation in Oxfordshire. It was emphasised that investment in primary care estates was a key priority, especially given the urgency driven by new housing developments.

11. Another crucial point discussed revolved around establishing a Place convener for Oxfordshire, including whether the ICB supported this initiative and if it was committed to sharing its data, and what role the ICB played in making this position effective. The ICB endorsed the establishment of a place convener for Oxfordshire and was committed to supporting and integrating this role effectively within its operations. The place convener was to be provided with necessary data, resources, and intelligence by the ICB to ensure coordination and informed decision-making.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS:

12. This section highlights some key observations and points that the Committee has in relation to the BOB ICB Operating Model. These key points of observation were also expressed during the formal meeting on 30 January, and have been used to determine the recommendation being made by the Committee which is outlined below:
13. It is worth noting that during the meeting on 30 January, the Committee agreed on the urgent need for the ICB to:
 - a. Engage in ongoing negotiations with Oxfordshire County Council to ensure that the ICB's operating model supports effective commissioning and delivery of health and social care services at Place.
 - b. Ensure that delegated budgets relevant to Oxfordshire Place were retained at Place.
 - c. Support the continued existence of the role of Urgent Care Director for Oxfordshire.
 - d. Support the initiative to establish a Place Convenor for Oxfordshire, and for the ICB to clarify how it will be supportive of this role despite it not formally hosting this.
 - e. Clarify the nature and extent of the ICB Oxfordshire Executive Sponsor's role and responsibilities.
 - f. Clarify the role of associate directors for place.
14. Effective engagement by the ICB with key partners/stakeholders at Oxfordshire Place is crucial for the purposes of building confidence in the ICB

and enhancing trust. The Oxfordshire Joint Health Overview Scrutiny Committee as well as the Oxfordshire Place-Based Partnership expressed, on 02 August 2024, concerns with the nature of the engagement embarked upon by the ICB as part of communicating the changes to its Operating Model to its key partners. The Committee therefore urges that engagement is crucial for reasons outlined below.

Assurances of commitments to strengthening Place: The ICB outlined that it would like to strengthen and enhance its place role and its partnership with the view of improving the health and wellbeing of Oxfordshire residents. However, the replacement of the three place directors with a single director across the entire BOB geography could come across as diminishing this place role and as hindering the overall ambition of the ICB. It is therefore crucial that the ICB engages with its key partners, including Oxfordshire County Council, to provide assurances by way of explaining how the ICB will continue its commitments and capacity for its Place-based work in a manner that is not jeopardised by the merger of the Place Director role into a Director of all three places in the BOB geography. The Committee raised concerns regarding the centralisation of Place directorship and the impact it could have on relationships at Oxfordshire Place and on ongoing projects being supported by the ICB at place-level. The ICB should thoroughly engage with the Committee as well as key stakeholder organisations in Oxfordshire (including the County Council, Oxford Health NHS Foundation Trust, and Oxford University Hospitals NHS Foundation Trust) to provide reassurances on the extent of the ICB's commitments toward as well as its capabilities to support ongoing improvements to healthcare services at place.

Specificities of Oxfordshire Place: Although major public health challenges and structural drivers for health inequalities remain largely the same in all 3 places across the BOB footprint, the solutions for these challenges are often systematically different and require ownership across the communities in their local authority areas, taking their specific demographics, insights and needs into account. Oxfordshire has its unique experiences and challenges with regard to health and wellbeing (one aspect being the rural nature of many parts of the County). Engagement with key stakeholders in Oxfordshire place, including Healthwatch Oxfordshire, would be crucial to determine:

1. What some of the key health challenges are in Oxfordshire.
2. How the ICB can explore ways to use its expertise and resources to support collaborative efforts to address these challenges.

The Oxfordshire place director previously played a key role in understanding and determining these place-based dynamics in depth, and would progress important partnership initiatives across place in a way that was supportive of as well as appropriate to local communities. Indeed, the Committee firmly places this expectation on what a Place

Director should be involved in. It is therefore pivotal that the ICB continues to engage with local stakeholders to help continue the progression of this work and to avert the prospect of any shortfalls in this regard as a result of the removal of the Oxfordshire Place Director post.

ICB involvement in Health & Wellbeing Strategy: The Oxfordshire Health and Wellbeing Board brings together all key partners to agree on and deliver the Health and Wellbeing Strategy. The Board is at the heart of fostering collaborative work at Oxfordshire place to help set the overall direction of travel for improving health and wellbeing of all the County's residents. It holds all partners to account to properly resource to deliver against these agreed priorities. The NHS is a key partner in this important partnership, and often the clinical lead from place assumes the vice chair role. As such, the ICB should continue to closely engage with Oxfordshire County Council and other place-based partners who sit on the Board for two reasons:

1. To provide assurances that the ICB will continue to be represented and engaged with the Board as effectively as had been the case in the past.
2. To continue to actively contribute toward the development of the Strategy, its delivery, and the monitoring and evaluation of its effectiveness through the strategy's outcomes frameworks.

Democratic oversight, transparency, and accountability: It is vital that there is more, and not less accountability and transparency in the way that the NHS operates. Under the previous operating mode, the ICB Director of Place would attend all Health Scrutiny meetings and would actively answer questions from the Committee on behalf of the ICB and key NHS providers. The Place Director would often act as a first point of contact between the Joint Health Overview Scrutiny Committee and the ICB/NHS, facilitating the process of democratic oversight and accountability through assisting in the process of commissioning reports and attendances at public Committee meetings. The Committee requests that the ICB continues to commit to this form of active engagement. This would also help to build trust and confidence in the ICB by the Committee.

Abolition of NHSE & further ICB budget cuts: The recent announcement by the government to abolish NHS England and to integrate it into the Department of Health and Social Care (DHSC), as well as the announcement of further budget cuts of 50 percent to ICB running costs, has elicited further anxieties both nationally and locally. The prospect of ICBs losing their provider oversight roles inevitably raises further uncertainties. Further clarity is required as to the implications of these rapid developments on commissioning arrangements at place, including the degree to which joint commissioning arrangements between the County Council and the ICB

could be impacted with further cuts being made to the ICB's running costs and the potential further centralisation of commissioning toward the national level. Again, in the context of such developments, the ICB should engage with and work with its system partners (primarily Oxfordshire County Council) to provide reassurances where it can as to how any prospect of a dilution of Place could be averted.

RECOMMENDATION:

15. The observations above have shaped the recommendation issued by the Committee to the ICB outlined below:

For the ICB's Executive Sponsor for Oxfordshire and the Director for Places and Communities to meet with the HOSC chair and Health Scrutiny Officer, as well as to meet with local MPs (as part of the national offer for facilitation), to initiate proper engagement with Oxfordshire Place. It is recommended that clear indicators are developed which demonstrate the levels of engagement being undertaken between the ICB and key stakeholders in Oxfordshire Place.

Legal Implications

16. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 - Power to scrutinise health bodies and authorities in the local area
 - Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 - Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.
17. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.
18. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

Annex 1 – Scrutiny Response Pro Forma

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