

PERFORMANCE SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 10 October 2019 commencing at 2.30 pm and finishing at 4.20 pm

Present:

Voting Members: Councillor Liz Brighthouse OBE – in the Chair

Councillor Jenny Hannaby (Deputy Chairman)
Councillor Nick Carter
Councillor Mike Fox-Davies
Councillor Tony Ilott
Councillor Liz Leffman
Councillor Charles Mathew
Councillor Glynis Phillips
Councillor Judy Roberts
Councillor Michael Waine
Councillor Liam Walker

By Invitation: Members of the Oxfordshire Joint Health Overview & Scrutiny Committee: Councillor Jeannette Matelot; Councillor Laura Price; Councillor Alison Rooke; Dr Alan Cohen; Barbara Shaw

Kiren Collison, Clinical Chair, Oxfordshire Clinical Commissioning Group

Officers: Stephen Chandler, Corporate Director for Adult Services; Ansaf Azhar, Corporate Director for Public Health; Lauren Rushen, Policy Officer; Colm Ó Caomhánaigh, Committee Officer.

The Scrutiny Committee considered the matters referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda are attached to the signed Minutes.

56/19 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS (Agenda No. 1)

There were no apologies received from Members of the Committee.

Members of the Joint Oxfordshire Health Overview and Scrutiny Committee were invited to the meeting by the Chairman and the following sent apologies:

Councillor Mark Cherry
Councillor Hilary Hibbert-Biles
District Councillor Paul Barrow
City Councillor Nadine Bély-Summers

District Councillor Neil Owen

57/19 DECLARATIONS OF INTEREST - GUIDANCE NOTE ON BACK PAGE OF THE AGENDA

(Agenda No. 2)

There were no declarations of interest.

58/19 NHS LONG TERM PLAN

(Agenda No. 4)

Stephen Chandler gave a presentation on the NHS Long Term Plan and the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) which is a strand of the Long Term Plan. The ICS is a new service model bringing together the NHS and care systems.

The priorities of the new system will be prevention and health inequalities; better quality and outcomes; greater support for staff; more use of digital systems and maximum impact for taxpayers' money.

There are five levels of organisation: national, regional, county, district/city and local. Members raised a number of issues and Stephen Chandler, Ansaf Azhar and Kiren Collison, Clinical Chair, Oxfordshire Clinical Commissioning Group (OCCG) responded as follows:

- At the local level, groups of Primary Care Networks (PCNs) can agree local initiatives, for example on mental health, loneliness. These will only include patients registered with those PCNs.
- Greater use of digital could include Skype meetings to avoid travel issues or digital monitoring systems. Those not confident with computers can be assisted to use them at GP practices or libraries.
- BOB includes three Berkshire local authority areas Berkshire West, Reading and Wokingham. The boundaries will not be so rigid – many hospitals provide services to patients across county boundaries.
- Some services will be commissioned at BOB level. There will be a lot of strategic planning at that level which will still be delivered at a local level.
- ICS contracts will be outcomes-based so that performance can be scrutinised.
- Fiona Wise was appointed Executive Lead of BOB. It is a time-limited post until 2020 to set up BOB ICS. She has experience as CEO of NHS Trusts.
- David Clayton-Smith was appointed Independent Chair. He has a commercial background having worked for Boots but has also held Chair roles for NHS Trusts.
- A meeting is being set up with the Chairs and Deputy Chairs of HOSCs in the areas covered.
- It is expected that all parts of the country will be covered by an ICS by 2021. Some have been more successful than others so far, but they can learn from each other to avoid major differences in performance.
- Examples of successes include:
 - Gloucestershire provided an extra 100,000 GP appointments.
 - Dorset developed a single care record.

- West Yorkshire achieved a reduction of admissions related to heart disease.
- Early adopters of ICS have reported how it broke down barriers and enabled them to work together, for example on services for frail elderly.
- Oxfordshire already has a very large pooled budget separate from ICS and has led the way in this thinking.
- ICS will not necessarily mean more privatisation. It is about delivering better outcomes. Streamlining is not new.
- The CCGs will have to publicly consult on the proposed merger and the final decision remains with each CCG. OCCG will start with a public engagement programme which will be incorporated into the consultation.
- There will not be a single budget for ICS. It provides an opportunity to use existing budgets more effectively. There may be a Green Paper in future to go further than that but for now there is no single budget.
- The question of NHS Continuing Healthcare budgets needs to be worked through. The budget remains in the Integrated Care Partnership (ICP) in Oxfordshire. People who may meet the criteria can be referred to Oxford Health. There is a right of appeal and the percentage of successful appeals in Oxfordshire is below the national average.
- Any ICS recommendations at this point still need to be agreed by the CCGs. If the CCGs merge, then the decisions will be made at BOB level.
- ICS does not change the statutory obligations for local authorities. OCC will still hold it to account for activities in Oxfordshire. A meeting is being planned with HOSC.
- BOB ICS published its interim report in September. It has already been discussed at the Oxfordshire Health and Wellbeing Board (HWB).
- Health inequality issues are better addressed at the PCN level. Oxfordshire has local health prevention plans and is gathering data at a local level.
- Delayed Transfer of Care (DTC) will be discussed in more detail at the November Performance Scrutiny Committee meeting. Oxfordshire's record is the fourth worst in the country. It is not due to lack of money but the money being spent in the wrong place.
- Since 1 July 2019 all of Oxfordshire has been covered by the 19 PCNs formed. The map can be shared. They are based on GP practices. It has not been worked out yet how PCNs will relate to each other – the CCG wants them to decide for themselves.
- The ambition is to have a digital strategy across BOB – like Dorset – but there are governance issues.

It was agreed that work needs to be done to clarify how scrutiny and accountability of BOB will work - how it relates to HOSC and the HWB.

Stephen Chandler offered to answer some of the questions on DTCs and contracts in writing.

In summary the Committee's main concerns are:

- How to scrutinise at BOB level. There is concern that the local voice is not being heard. People go to their elected representatives if they have a problem but how can their councillors take the issues forward?

- Pooled budgets are difficult to scrutinise. There are concerns that Oxfordshire might end up propping up other areas financially.
- Some Oxfordshire residents have to use services in adjoining counties and how can their councillors represent them in those cases?
- Those who are not confident with digital systems need to be considered in the digital strategy.

..... in the Chair

Date of signing 20