

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Friday, 2 August 2024 commencing at 11.00 am and finishing at 3.20 pm

Present:

Voting Members: District Councillor Katharine Keats-Rohan – in the Chair

Cllr Jane Hanna (present virtually)
Cllr Jenny Hannaby (present virtually)
Councillor Nick Leverton
Councillor Freddie van Mierlo
Councillor Mark Lygo
District Councillor Paul Barrow
District Councillor Susanna Pressel
Councillor Joy Aitman
Cllr Dorothy Walker
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Co-opted Members: Barbara Shaw

Other Members in Attendance: Councillor Damian Haywood

By Invitation:

Officers:

- Hannah Iqbal- BOB ICB Chief Strategy and Partnerships Officer.
- Matthew Tait- BOB ICB Chief Delivery Officer.
- Stephen Chandler- Executive Director, People and Transformation, OCC.
- Ansaf Azhar – Director of Public Health, OCC.
- Sylvia Buckingham- Trustee for Healthwatch Oxfordshire.
- Olly Glover- MP for Didcot and Wantage.
- Dr Michelle Brennan- GP and chair of Oxfordshire GP Leadership Group.

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

51/24 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

The following members tendered their apologies:

Cllr Nigel Champken-Woods

The following members were not able to attend in person but attended virtually (meaning they verbally participated in the discussions although were not permitted to formally contribute to decisions or recommendations made by the Committee):

Cllr Jane Hanna
Cllr Jenny Hannaby

52/24 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

No declarations of interest made.

53/24 MINUTES

(Agenda No. 3)

The minutes of the committee's meeting on 6 June 2024 were assessed for their accuracy.

The Committee **AGREED** the minutes as an accurate record of proceedings and that the Chair should sign them as such.

54/24 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chair invited the registered speakers to address the Committee.

1. Statement by Olly Glover, MP for Didcot and Wantage:

Glover expressed his concerns about the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board's (BOB ICB) proposed reorganisation. He found the proposal difficult to follow due to its jargon-heavy nature and lack of clear diagrams. Glover focused his remarks on the needs of the Didcot and Wantage constituency, highlighting his worries about the removal of a dedicated director position for place and joint commissioning for Oxfordshire. He feared this change would dilute the focus on Oxfordshire's specific needs and create misalignment with the County Council.

Glover also criticised the lack of proper consultation time, especially since the proposals were introduced during the summer when many people were away. He pointed out the exceptional population growth in Didcot, Wantage, Grove, and Wallingford, which had strained local healthcare services; including general practice, community pharmacy, and NHS dentistry. He praised the progress made by the Committee and the ICB Director of Place in addressing urgent care needs and prioritising projects like the new GP surgery in Didcot and the refurbishment of Wantage Community Hospital.

Glover concluded by expressing his hope that the new restructure would not undermine the promises made to local residents and urged for reassurance that efforts to protect progress in Oxfordshire would continue.

2. Dr Michelle Brennan

Dr Michelle Brennan, Chair of the Oxfordshire GP Leadership Group, acknowledged the potential for legislative changes to provide a platform for improvement but stressed that these alone could not facilitate the necessary cultural and systemic changes. She noted that Oxfordshire had many excellent individual providers but had historically struggled with system-wide collaboration, resulting in complex and difficult-to-navigate healthcare services.

She viewed the establishment of Integrated Care Systems (ICS) and place-based partnerships as an opportunity for collaborative work to improve health outcomes, practice sustainability, and staff well-being. However, she expressed concern that the proposed operating model represented a shift towards centralisation, which she believed was contrary to the principles of subsidiarity and the current political vision. Dr Brennan feared that the hierarchical model would fail to support the transformational changes needed to meet residents' needs.

She praised the progress made by the place-based partnership, particularly the development of urgent treatment centres and integrated neighbourhood teams. Dr Brennan emphasised the importance of maintaining clinical leadership within the ICB to address local health inequalities and drive local projects. She warned that a reduction in clinical leadership and corporate knowledge posed a critical risk to the organisation's effectiveness.

Dr Brennan concluded by stressing the need for a proactive health system focused on prevention rather than a reactive one. She called for a balanced approach, with some initiatives led at the ICB level and others at the place and neighbourhood levels, to ensure the development of the ICS.

3. Sylvia Buckingham

Sylvia Buckingham, a trustee and former Chair of Healthwatch Oxfordshire, welcomed the model's renewed emphasis on working with people and communities and the commitment to allocate more resources to support this aim. Sylvia highlighted the importance of closer communication and engagement with the public and patients, as well as clearer information from BOB ICB to enable effective support and navigation of healthcare services.

She stressed the need for transparency and accountability in decision-making and noted that while the ICB's role and purpose were positive and clear, there was less emphasis on building relationships and supporting integrated care. Sylvia called for clearer communication pathways into BOB ICB for Healthwatch and other organisations to fulfil their roles in supporting the patient voice.

She emphasised the importance of resourcing relationships at the place level and praised the significant progress made by the Oxfordshire Place-based Partnership in integrated working. Sylvia expressed concern that the proposed model's shift towards

centralisation and the potential loss of local place directors would undermine local working and the ability to tackle healthcare inequalities. She concluded by advocating for strong relationships to support health and care systems at the neighbourhood level and warned against the detrimental impact of centralising functions previously managed at the place level.

Contributions from Absent Speakers

Two contributions were read out from individuals who could not attend:

1. Laura Price

Laura Price, representing the joint Oxfordshire Voluntary, Community and Social Enterprise (VCSE) sector, expressed concerns about the proposed changes to the BOB ICB operating model. She highlighted that these changes would significantly impact the relationship that VCSE organisations in Oxfordshire had built with the ICB. Laura emphasised the importance of the role of the Director of Place for Oxfordshire, noting that this position had been crucial in fostering rapid progress in relationship building and collaboration. She cited examples of successful initiatives, such as the whole system approach to physical activity, which had reached 12,000 people and saved 8,100 GP appointments, and the Well Together programme, which had funded over 75 grassroots community groups.

She acknowledged the need for financial sustainability and the benefits of working across a wider geography but stressed that for local residents and community organisations, the term “BOB” was meaningless. Laura argued that without a local voice at a strategic level, it would be impossible for the VCSE sector to find a route into the system, and the ICB would struggle to unlock the potential of the sector to co-produce solutions to health service challenges. She urged the ICB not to dismantle the role of the place-based director, warning that it would undermine the progress made in Oxfordshire.

2. Doctor Simon Morris

Dr Simon Morris, representing Wallingford Primary Care Network (PCN), expressed concerns about the proposed changes to the ICB operating model. He highlighted the potential negative impact on primary care estate improvements, particularly for Wallingford Medical Practice, where he is a full-time GP and partner.

Dr Morris emphasised the dire state of the current premises, which were significantly undersized and inadequate to meet the growing demand due to local housing developments and an ageing population. He noted that the practice had already ceased some services due to space constraints and was operating out of converted storage rooms. He stressed the importance of the ongoing plans to relocate to a new building, which had made significant progress, including securing a valuable site from a local developer and support from various stakeholders.

He warned that the proposed ICB changes could stall these improvements, which would be harmful to primary care provision and negatively impact patient health and welfare. Dr Morris urged that any restructuring should not make it more difficult to

improve primary care estate, highlighting the critical need for investment in this area to ensure the sustainability and quality of services.

55/24 BUCKINGHAMSHIRE, OXFORDSHIRE, AND BERKSHIRE WEST INTEGRATED CARE BOARD PROPOSED NEW STRUCTURE AND OPERATING MODEL

(Agenda No. 5)

Matthew Tate (Chief Delivery Officer), and Hannah Iqbal (Chief Strategy and Partnership Officer), attended the meeting as representatives of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB).

The Chief Delivery Officer highlighted that the consultation process with staff was ongoing, and that partner engagement was being actively sought. He acknowledged the concerns raised by various stakeholders about the potential impact of the restructure on place-based partnerships and service delivery. He assured the attendees that the feedback received would be carefully considered and that the final proposals would reflect the input from both staff and partners.

The Chief Delivery Officer explained the context and necessity of the restructuring. He highlighted that the ICB was required to reduce its running costs by 30%, which prompted a review of their management structures. This review aimed to drive economies of scale and ensure the ICB could address strategic challenges more effectively.

The Chief Delivery Officer outlined that the initial set of structures proposed in April had received significant feedback, particularly concerning the clarity of the operating model and the potential transfer of staff to other organisations. This feedback, combined with the ICB's need to sign off a deficit position of £60 million, led to a revised set of proposals. These new proposals aimed to strengthen internal functions, such as finance and Continuing Healthcare (CHC), to better control and understand strategic issues.

The Chief Delivery Officer acknowledged the significant progress made by the place directors and the importance of maintaining strong relationships and collaborative working at the local level. He suggested that the new model could involve different leadership arrangements, with partners stepping into some of the roles previously held by ICB staff. He reiterated the commitment to supporting place-based partnerships and ensuring that the restructure would not undermine the progress made.

The Chief Strategy and Partnership Officer added context to the partnership development and collaboration aspects. She emphasised that the changes were not about altering service priorities or collaborative intent but were focused on management structures. She acknowledged the difficulty in balancing the consultation process with staff and the engagement with partners, given the sensitivity around potential redundancies.

The Executive Director of People in Oxfordshire County Council expressed his pride in the Oxfordshire contingent and his respect for the representatives from the BOB ICB. He provided a brief background of his career, highlighting his experience in the NHS and local government, emphasising the importance of collaborative work to achieve meaningful impacts on people's lives.

He discussed the BOB ICB's consultation document, agreeing with the importance of ICBs and their role as system leaders. The Executive Director stressed the need to balance system-level benefits with the individuality of place. He pointed out that Oxfordshire's integrated health and care system, supported by a significant pooled budget, was unique within the BOB footprint and required adequate resources to maintain its effectiveness. He expressed concerns about the proposals in the consultation document, questioning their alignment with the policy goals of integrated care systems.

He raised specific concerns about the engagement process, arguing that it was insufficient given the scale of the proposed changes. The Executive Director highlighted the integrated nature of Oxfordshire's commissioning arrangements and the potential risks to progress from the proposed changes. He emphasised the importance of the role of system conveners in fostering partnerships and innovation. The Executive Director also addressed concerns about centralisation, arguing that local performance delivery was crucial, and that centralisation could undermine successful local initiatives, particularly in urgent care. He cited examples of effective local collaboration in reducing hospital discharge delays and improving patient outcomes.

The Director of Public Health at Oxfordshire County Council articulated the significant impact of local initiatives on the health and well-being outcomes of Oxfordshire residents. He emphasised the importance of understanding local populations to deliver tailored outcomes, highlighting the Community Board profiles work, which delved into the ten most deprived areas to identify their specific needs and assets. This approach revealed that while public health challenges were similar across communities, solutions needed to be customised to each community's unique context. He expressed concern over standardisation, arguing that localised approaches were crucial for effective public health interventions.

The Director of Public Health co-chaired the Health Inequality Forum for Oxfordshire Place, which brought together partners across organisational boundaries to address health inequalities. He cited the Move Together programme as an example of a successful initiative that improved physical activity in local communities and reduced GP appointments, demonstrating the importance of place-based initiatives in reducing demand on frontline services.

He warned against the potential negative impact of centralising services and reducing staff, which could undermine local initiatives that had shown significant improvements in health outcomes and cost savings. The Director also highlighted the role of the Health and Wellbeing Board, which had recently refreshed its strategy with input from all partners. He raised concerns about maintaining senior representation and effective delivery of the strategy across multiple local authorities under the new structure. He stressed the importance of the Joint Strategic Needs Assessment in

informing the health and wellbeing strategy and the need for continued collaboration across organisational boundaries.

He expressed concerns about infection prevention, particularly in light of the COVID inquiry report, which highlighted systemic unpreparedness for pandemics. He criticised the reduction of infection prevention staff at the local level, arguing that it contradicted the lessons learned from the pandemic. He emphasised the need for local capacity to manage outbreaks and emerging infections, such as measles and pertussis, which had seen increased prevalence due to reduced screening uptake post-pandemic.

The Committee began by questioning the lack of early engagement with partners and the short consultation period. They expressed concerns that the limited timeframe for consultation might not allow for comprehensive feedback from all stakeholders. The Chief Delivery Officer responded by acknowledging the tight timeline but emphasised that the ICB had made efforts to engage with key partners and gather input, and that they had received an extraordinary amount of feedback that suggested the timeframe was not inhibitive. He assured the Committee that the feedback received would be carefully considered in the final decision-making process.

The Chief Strategy and Partnership Officer added that feedback had been received from various partners, including Healthwatch, voluntary sector organisations, and primary care networks. Partners were notified of the proposed changes later than internal staff in order to allow staff to process the changes and potential redundancies.

The Committee expressed concerns about the short period for public and partner consultation, questioning whether the legal obligations for public involvement had been fully complied with. The Chief Strategy and Partnership Officer explained that the consultation was a management restructure, not a service change, and therefore different rules applied. They acknowledged the need for better partner engagement and admitted that there were lessons to be learned.

The Committee raised concerns about the potential impact on urgent care delivery in Oxfordshire, given the proposed changes to the resource supporting this area. They emphasised the importance of local knowledge and relationships in making improvements. The Chief Delivery Officer acknowledged the concerns and assured that the new model would support place-based change, and mentioned that the feedback might lead to changes in the proposed structures.

The Committee inquired about the alignment of the proposed restructuring with the national agenda on health and social care. They sought clarification on how the changes would support the broader goals of the NHS and the government's health policies. The Chief Delivery Officer explained that the restructuring was designed to enhance the ICB's strategic capabilities and ensure better alignment with national priorities. It was also highlighted that the changes aimed to improve efficiency and effectiveness in delivering health services while maintaining a strong focus on local needs.

The Committee raised a question regarding the substantial change toolkit, specifically addressing the lack of its completion by the ICB. The question highlighted that the toolkit had been sent to the ICB in July, shortly after the Committee learned about the proposed changes. In response, the Chief Strategy and Partnership Officer acknowledged that it was a mistake on their part not to have completed the toolkit. They were unaware that it had been sent and expressed willingness to rectify this oversight. The Chief Strategy and Partnership Officer committed to filling in the toolkit and completing it early the following week. They also reiterated the ICB's commitment to transparency and the importance of the substantial change toolkit in facilitating scrutiny by the Committee.

The Committee questioned the capacity of the new structure to support place-based partnerships, given the reduction in the number of place directors. They expressed concerns about the ability of a centralised approach to address local needs effectively. The representatives from BOB ICB explained that the new structure would involve a mix of dedicated support and centralised teams, with a focus on strategic insight and capability. They acknowledged the concerns and stated that the feedback would be considered to ensure the new model supports effective local delivery.

The Committee also raised concerns about the capacity to continue progress on primary care estates and safeguarding. They questioned whether the proposed centralisation would impact ongoing projects and the ability to address safeguarding issues effectively. The Chief Delivery Officer reassured the Committee that the ICB remained committed to these priorities and that the restructuring would not hinder progress. He emphasised that the changes were intended to streamline management structures and improve overall service delivery.

The Committee addressed issues related to infection control and antibiotic stewardship. They were particularly concerned about the potential impact of centralising public health functions on these critical areas. The Chief Delivery Officer acknowledged there were opportunities to operate and learn at scale, particularly in linking with emergency response models to address specific areas effectively. The Chief Nursing Officer at BOB ICB had directly discussed some of the highlighted risks with the Director of Public Health and had been working on ways to mitigate these risks.

The Committee also highlighted the importance of maintaining progress on the Wantage Community Hospital implementation plan. They sought assurances that the restructuring would not delay or disrupt the implementation of this plan. The Chief Delivery Officer confirmed that the ICB was fully committed to the Wantage Community Hospital project. He emphasised that the ICB would continue to prioritise local health infrastructure projects and ensure their successful completion.

The Committee inquired about the future relationship between the ICB and scrutiny, particularly in light of the proposed removal of the place directors who had been key points of contact. In response, the Chief Delivery Officer reiterated the commitment to ensuring effective place-based partnerships. They explained that while the place directors' roles were being restructured, there would still be dedicated senior posts focused on place-based functions. These roles would continue to be embedded in place-based partnership structures, health and wellbeing boards, and scrutiny

processes. The Chief Delivery Officer also mentioned the possibility of having executive sponsors to support place dynamics, ensuring that there was clear executive leadership involved in these areas. They highlighted the importance of strategic alignment across all scrutiny bodies.

The Committee **AGREED** to issue the following recommendations:

1. That the ICB proposed restructure constitutes a substantial change.
2. To **DELEGATE** to the Health Scrutiny Officer, in consultation and with the support of the Chair and the Executive Director for People & Transformation at Oxfordshire County Council, to write to the Secretary of State for Health and Social Care to request a call-in in relation to the ICB restructuring proposals unless:
 - a. The ICB addresses the key asks made by the Oxfordshire Place-Based Partnership by 18th August 2024, and
 - b. It is deemed that a local resolution has been reached.

56/24 RESPONSE TO HOSC RECOMMENDATIONS

(Agenda No. 6)

The Committee had received acceptances and responses to all the recommendations made to Oxford Health NHS Foundation Trust regarding the Trust's quality account, which was discussed during the meeting on 06 June 2024. The Health Scrutiny Officer reminded the Committee that these were not merely requests for additional information to be included in the quality account, but actual recommendations directed towards the Trust.

The Committee **NOTED** the responses to the recommendations.

57/24 CHAIR'S UPDATE

(Agenda No. 7)

The Committee Chair outlined the following points to update the Committee on developments since the previous meeting:

- A HOSC report containing recommendations from the Committee on Integrated Neighbourhood Teams in Oxfordshire, discussed in the June meeting, had been published in the agenda papers for this meeting.
- The Committee had a planned site visit to the John Radcliffe Hospital, focusing on patient safety, and received detailed and interesting insights into the Trust's steps and projects to improve patient safety.
- The Committee received a briefing from Oxford University Hospitals NHS Foundation Trust regarding the CQC inspection of maternity services at the Horton. The topic of maternity services throughout Oxfordshire was broadly discussed and would be revisited as part of the forward plan agreed at the June meeting.

- The HOSC working group examining the Oxford Community Health Hubs Project met with senior representatives of Oxford Health NHS Foundation Trust and discussed key progress made on the project, which was found to be extremely useful.

The Committee **NOTED** the Chair's Update.

58/24 FORWARD WORK PROGRAMME

(Agenda No. 8)

The Committee **AGREED** the forward work plan.

59/24 ACTIONS AND RECOMMENDATIONS TRACKER

(Agenda No. 9)

The Committee **NOTED** the progress made against agreed actions and recommendations.

..... in the Chair

Date of signing