

**Oxfordshire Joint Health Overview and Scrutiny Committee
Health Scrutiny arrangements for Oxfordshire
25th June 2020**

Purpose

1. This paper outlines proposed changes to the health scrutiny arrangements in Oxfordshire for consideration by the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC). The changes seek to ensure health scrutiny is appropriate and effective according to the scale and geography concerned.
2. The report seeks Oxfordshire Joint HOSC's support for changes, which will be recommended to the relevant Local Authorities for their agreement.
3. Oxfordshire Joint HOSC are asked to **SUPPORT**:
 - a) **A change to the scope of the Horton Health Overview and Scrutiny Committee to allow scrutiny of the development of a masterplan for the Horton General Hospital and pursuit of associated capital investment.**
 - b) **The introduction of a new Health Overview and Scrutiny Committee to scrutinise health issues which impact upon the entire Buckinghamshire, Oxfordshire and Berkshire West (BOB) area. This new committee would not discharge the health scrutiny power of referral to the Secretary of State.**
4. To finalise the details of changes to Terms of Reference and associated arrangements, Oxfordshire HOSC are asked to **SUPPORT**:
 - c) **Delegation to the Oxfordshire County Council Monitoring Officer and Director of Public Health, in consultation with the Chairman of Oxfordshire Joint HOSC, to finalise the Terms of Reference for the Horton HOSC.**
 - d) **Delegation to the Oxfordshire County Council Monitoring Officer and Director of Public Health, in consultation with the Chairman of Oxfordshire Joint HOSC, to formulate and finalise a Terms of Reference for a new BOB HOSC (in accordance with the principles outlined in this report).**
5. Oxfordshire Joint HOSC are also asked to **RECOMMEND**:
 - e) **The approval of the change to Horton HOSC and the BOB HOSC Terms of Reference by to Oxfordshire County Council by Full Council.**

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| Executive Summary |
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6. Health Services have a legislative duty to consult a local authority's Health Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority, the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (HOSC) for the purposes of the consultation.
7. Oxfordshire has a Joint HOSC which scrutinises almost all health and wellbeing issues for the county of Oxfordshire. The exception to this is a separate committee constituted in 2018, known as the Horton HOSC, which with Northamptonshire County Council and Warwickshire County Council has scrutinised NHS proposals consultation on consultant-led obstetric services at the Horton General Hospital.
8. Following its work on consultant-led obstetric services, a recommendation was made at the Horton HOSC's meeting in September 2019 to revise the committee's scope to allow scrutiny of a masterplan for the Horton General Hospital.
9. Alongside changes needed in health scrutiny to allow very local plans at the Horton to be scrutinised effectively, there has been an evolution in ways of working across the health and care system which has led to a need to scrutinise issues at a wider geography.
10. In response to the development of an Integrated Care System (ICS) across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) footprint, a health scrutiny committee is needed for the patient-flow geography impacted by service changes at a BOB-level. This includes the authorities of Buckinghamshire County Council, Oxfordshire County Council, West Berkshire Council, Reading Borough Council and Wokingham Borough Council.
11. This report sets out proposals to amend the scope of the Horton HOSC to allow scrutiny of a Master Plan for the Horton General Hospital. It also sets out proposals for a new HOSC which would operate across the BOB geography to allow scrutiny of issues which impact upon the entire population within the area.

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| Background and key issues |
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Health scrutiny powers

12. Health scrutiny powers are held by local upper tier authorities. Chief among health scrutiny powers is the ability to:
- a) Require officers of NHS bodies to attend committee meetings.
 - b) Require the local NHS to provide information about the planning, provision and operation of the health service in the area.
 - c) Make reports and recommendations to NHS bodies.
 - d) Refer proposals for substantial changes to health services to the Secretary of State for decision if the committee believes the consultation has been inadequate, if there were inadequate reasons for not consulting, or if the proposals would not be in the interests of the local health service.
 - e) The NHS is obliged to consult the HOSC on any substantial changes it wants to make to local health services, in addition to its wider responsibility to involve and consult the public.

Health scrutiny for Oxfordshire

13. For Oxfordshire County Council, health scrutiny powers are primarily discharged through the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC). This is a joint committee comprising 12 non-executive voting members (seven county councillors and five district/city councillors) and three co-opted non-voting members.
14. The Oxfordshire Joint HOSC and NHS partners have developed a protocol on ways of working and also have an agreed process to help both parties determine if a proposal constitutes a substantial change, known informally as 'the toolkit'.
15. The 'Horton HOSC' formed in 2018, the committee holds all health scrutiny powers, specifically on the issue of consultant-led maternity services at the Horton General Hospital. It does not scrutinise any other health or wellbeing issues. This is a joint committee of nine non-executive voting members and one co-opted non-voting member. Having due regard to the patient flow for the Horton Hospital, the committee has eight members from Oxfordshire, one from Northamptonshire and one from Warwickshire. Members are appointed to the committee from the respective local authorities and are reflective of the political balance accordingly.

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| Scope of the Horton HOSC |
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Scope of the Horton HOSC

16. Throughout twelve months from September 2018, an extensive process was undertaken to examine and scrutinise obstetric services at the Horton General Hospital. Following this, a decision was made by Oxfordshire Clinical Commissioning Group (OCCG) in September 2019 to:

- a) Confirm an earlier decision made in August 2017 to create a single specialist obstetric unit for Oxfordshire (and its neighbouring areas) at the John Radcliffe Hospital and establish a Midwife Led Unit (MLU) at the Horton General Hospital, for the foreseeable future.
- b) To work closely with Oxford University Hospitals (OUH) and local stakeholders to further develop the masterplan for the Horton General Hospital, ensuring it includes high quality, flexible clinical space that could be used for different services over time, including obstetric services if circumstances demand.
- c) To actively pursue with OUH the need for significant capital investment in the Horton Hospital, in clear recognition that this can improve recruitment and ensures the site is fit for its future as a thriving 21st century hospital for the whole of North Oxfordshire and beyond.

17. The Horton HOSC responded to this decision by referring to the Secretary of State on the following grounds:

I. The Horton HOSC was not satisfied with the adequacy of the content of the consultation (Regulation 29(9)(a)).

II. The Horton HOSC believed the proposal would not be in the interests of the health service in this area (the latter being the cross-boundary area represented by the Horton HOSC) (Regulation 23(9)(c)).

18. The Committee accepted that partners were working to improve Horton General Hospital and stated that the Horton HOSC should continue meet to hold OUH and OCCG and others to account in the development and implementation of the positive vision for the future of the Horton General Hospital (through the masterplan). To achieve this, it requires Oxfordshire County Council and its counterpart authorities in Warwickshire and Northamptonshire to amend the scope of the delegated health scrutiny power.

19. The Oxfordshire Joint HOSC is therefore asked to **SUPPORT** the recommendation that health scrutiny powers are delegated to the Horton HOSC in regard to:

- a) **Development of the masterplan for the Horton General Hospital, ensuring it includes high quality, flexible clinical space that could be used for different services over time, including obstetric services if circumstances demand.**
- b) **The active pursuit of significant capital investment in the Horton Hospital.**

20. It is not recommended to amend any other parts of the Terms of Reference for the Horton HOSC committee.

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| Health scrutiny across BOB |
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21. The way in which the health and care system works together is becoming increasingly integrated. In some areas across the country, partnerships are evolving and forming an 'Integrated Care System' (ICS). These partnerships are designed for close collaboration. In an ICS, NHS organisations, local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

22. Oxfordshire is part of an ICS spanning the Buckinghamshire, Oxfordshire and Berkshire West (BOB) footprint. Because health scrutiny legislation requires that a Joint HOSC be appointed where substantial developments or variations to health services affect an area covering more than one local authority, a HOSC reflecting the BOB geography is required. This is for the purposes of the health and care system to consult with a HOSC representing the interests of specific populations.

23. The patient-flow geography impacted by service changes at a BOB-level includes the authorities of Buckinghamshire Council, Oxfordshire County Council, West Berkshire Council, Reading Borough Council and Wokingham Borough Council.

24. The BOB ICS is made up of three Integrated Care Partnerships (ICP's)- one for each of the Buckinghamshire, Oxfordshire and Berkshire West Clinical Commissioning Group current geographies. The ICS leaders have identified that they anticipate 80% of activity to remain at an ICP level, with 20% at a BOB level. A new BOB HOSC does therefore not negate the need for local scrutiny arrangements to remain.

Principles of a BOB HOSC

25. Oxfordshire Joint HOSC discussed the need for a BOB HOSC at its meeting on the 6th of February 2020. The following principles reflect that discussion and outlines how the BOB local authorities will consider a new BOB health scrutiny committee. The conventions for a new committee exist and a BOB HOSC would operate in-line with the provisions set out in legislation and guidance to allow it to operate as a mandatory committee.
26. In addition, the following principles are suggested for the basis of negotiations for a BOB Joint HOSC, amongst upper-tier local authorities across the BOB footprint.
- a) A new Joint HOSC would operate formally as a mandatory joint committee i.e. where the councils have been required under Regulation 30 (5) Local Authority (Public Health, Health and Well-being Boards and Health Scrutiny) Regulations 2013 to appoint a joint committee for the purposes of the specified consultation on service change which impacts the **entire patient flow of BOB**.
 - b) With the exception of substantial variation proposals that impact on the entire patient flow of BOB, responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees. It is anticipated that a BOB HOSC would scrutinise approximately 20% of activity across the footprint and 80% of activity is anticipated to remain the responsibility of local health scrutiny arrangements. This in effect would give **primacy to constituent local health scrutiny arrangements** for consultation on substantial variations impacting their population.
 - c) In exercising its health scrutiny powers, the purpose of a Joint HOSC across BOB would be to:
 - i. Make comments on the proposal consulted on
 - ii. Require the provision of information about the proposal
 - iii. Require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
 - d) The response to the consulting health service would be agreed by the BOB Joint Health Overview and Scrutiny Committee and signed by the Chairman.
 - e) The health scrutiny power to refer to the Secretary of State on the consultation of BOB-level services where the HOSC is not satisfied of the following, would be **retained** by the local health scrutiny arrangements in the constituent authorities:

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- f) Consultation on any proposal for a substantial change or development has been adequate in relation to content or time allowed (NB. The referral power in these contexts only relates to the consultation with the local authorities, and not consultation with other stakeholders)
- i. That the proposal would not be in the interests of the health service in the area
 - ii. A decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate
 - iii. This would require any referral to the Secretary of State to be made by the constituent local scrutiny arrangements.
- g) Because anticipated scrutiny of BOB issues would constitute approximately 20% of scrutiny activity across the footprint, the new Committee would be constituted and only then **convened as necessary**. The Committee would schedule meetings according to need.
- h) **No matter to be discussed by the Committee shall be considered to be confidential** or exempt without the agreement of all Councils and subject to the requirements of Schedule 12A of the Local Government Act 1972.
- i) Meetings of the BOB Joint HOSC will be conducted under the Standing Orders of the Local Authority hosting and providing democratic services support.
- j) Membership of the BOB Joint HOSC would be appointed by Buckinghamshire Council, Oxfordshire County Council, West Berkshire Council, Reading Borough Council and Wokingham Borough Council as authorities that have responsibility for discharging health scrutiny functions.
- k) Appointments to the Joint Committee would have regard to the proportion of patient flow for the entire BOB patient flow.
- l) Appointments by each authority to the Joint Committee would reflect the political balance of that authority. Any co-opted member appointed will not have a vote.
- m) To ensure the BOB HOSC could be quorate, it is suggested the Committee would have 20 members, with the quorum for meetings being 5 voting members (based on normal 'quarter of the whole' principle), comprising at least one member from Buckinghamshire, Oxfordshire and the Berkshire West Integrated Care Partnership areas.

27. The Oxfordshire Joint HOSC is therefore asked, to **SUPPORT** the following:

28. Introduction of a new Health Overview and Scrutiny Committee to scrutinise health issues which impact upon the entire Buckinghamshire, Oxfordshire and Berkshire West (BOB) area. This new committee would not discharge the health scrutiny power of referral to the Secretary of State.

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| Next steps |
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29. Detailed planning and negotiation is needed between the local authorities holding the relevant health scrutiny powers for the proposals outlined in this report. The changes require Full Council approval across the areas in question.

30. Oxfordshire Joint HOSC is therefore asked to **SUPPORT** the following:

- a) Delegation to the Oxfordshire County Council Monitoring Officer and Director of Public Health, in consultation with the Chairman of Oxfordshire Joint HOSC, to finalise the Terms of Reference for the Horton HOSC.**
- b) Delegation to the Oxfordshire County Council Monitoring Officer and Director of Public Health, in consultation with the Chairman of Oxfordshire Joint HOSC, to formulate and finalise a Terms of Reference for a new BOB HOSC (in accordance with the principles outlined in this report).**

31. Finally, Oxfordshire Joint HOSC are asked to **RECOMMEND**:

- c) That Oxfordshire County Council (Full Council) approve changes in local health scrutiny which amend the scope of the Horton HOSC's Terms of Reference and introduce a new BOB HOSC Terms of Reference.**

Steve Jorden
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June 2020

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