

Public Document Pack



Oxfordshire Joint Health Overview & Scrutiny Committee Thursday, 26 November 2020

ADDENDA

11. Proposed changes for health scrutiny (Pages 1 - 16)

13:45

Update on proposals for scrutiny of issues at a BOB-wide level (Bucks, Oxon, Berks West).

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Oxfordshire Joint Health Overview and Scrutiny Committee
Health Scrutiny arrangements for Oxfordshire
26th November 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 (JHOSC). The changes seek to ensure health scrutiny is appropriate and effective according to the scale and geography concerned.
2. The report seeks Oxfordshire JHOSC's support for changes, which will be recommended to the relevant Local Authorities for their agreement.
3. Oxfordshire Joint HOSC are asked to
 - a) **SUPPORT the draft Terms of Reference for a health scrutiny committee for health system-wide issues across Buckinghamshire, Oxfordshire and Berkshire West (BOB).**
 - b) **RECOMMEND that the Terms of Reference be discussed and ratified at Full Council.**

Executive Summary

4. 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 (JHOSC) for the purposes of the consultation.
5. 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 exists to scrutinise NHS proposals related to the Horton General Hospital.
6. 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 Council,

Oxfordshire County Council, West Berkshire Council, Reading Borough Council and Wokingham Borough Council.

7. This report sets out proposals for a new HOSC which would operate across the BOB geography to allow scrutiny of system-wide issues that impact upon the BOB population. Throughout, the report describes how the principles important to the Oxfordshire JHOSC have been addressed in the development of the BOB HOSC draft Terms of Reference.

Background and key issues

Health scrutiny powers

8. 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

9. For Oxfordshire County Council, health scrutiny powers are primarily discharged through the Oxfordshire JHOSC. 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. There is a separate committee constituted in 2018, known as the Horton HOSC, which with Northamptonshire County Council and Warwickshire County Council scrutinises NHS proposals related to the Horton General Hospital.

Integrated Care Systems

10. The health and care system is becoming increasingly integrated as a key plank of the NHS Long Term Plan. This Plan aims to deliver improvements by:

Doing things differently: we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities¹.

11. Oxfordshire is part of an ICS spanning the Buckinghamshire, Oxfordshire and Berkshire West (BOB) footprint. Integrated Care Systems (ICSs), are groups of local NHS organisations working together with each other, local councils and other partners, to develop and implement their own strategies for the next five years. These strategies are expected to set out how an ICS intends to take the ambitions of the NHS Long Term Plan, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve.

Health scrutiny across BOB

12. 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 therefore required to reflect the patient-flow geography of BOB. This includes the authorities of Buckinghamshire Council, Oxfordshire County Council, West Berkshire Council, Reading Borough Council and Wokingham Borough Council.
13. 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.
14. Since the creation of the BOB Sustainability Transformation Plan in 2015, the health scrutiny Chairmen from across the footprint have met, informally and on an ad hoc basis, with key health partners. These meetings have been hosted by each authority with the last one taking place in Buckinghamshire on 15th November 2019. At this meeting, health scrutiny Chairmen (or representative) and health scrutiny officers from across the footprint where the proposal to set-up a joint health scrutiny committee was first requested by the ICS.
15. The BOB ICS produced an engagement document in the autumn of 2019 containing proposals for the future arrangements for NHS commissioning. The Oxfordshire JHOSC's response, which is contained within Appendix A of this

¹ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf>

report, contains a number of questions for the BOB ICS (which remain outstanding). The Chair of the Buckinghamshire Health and Adult Social Care Select Committee expressed the following in a letter on their behalf: *“There was general concern expressed about the overall accountability of the ICS and the transparency around the current decision-making process. Members felt that there needs to be a greater level of transparency and independent scrutiny around the decision-making, particularly at the BOB ICS level.”*

16. At Oxfordshire’s JHOSC meeting in June 2020, the committee agreed a number of principles to guide the discussion of officers with counterparts across the BOB footprint. A number of discussions have taken place with the officers across the BOB footprint to discuss the governance issues in setting-up a new joint health scrutiny committee.

17. Officers have received advice from the Centre for Public Scrutiny (CfPS) who endorse the need for a joint health scrutiny committee and see it as a key component of the work of the ICS, they indicated that:

- Setting up a joint health scrutiny committee for the ICS should be seen as a necessity;
- Elected Members from across the ICS need to have oversight of what is being planned at system level (at an early stage) and health bodies would gain a greater awareness of the political impact of their proposed decisions;
- The BOB ICS is a vanguard and at the forefront of ICS development and therefore this joint committee should be viewed as a positive;
- There is no existing function for scrutinising and holding to account the ICS so a joint committee should be viewed as an opportunity to strengthen and add value to the existing local scrutiny arrangements.

BOB HOSC

18. The latest draft Terms of Reference are attached to this paper in Appendix B. The key discussion points have been informed by the principles agreed by Oxfordshire JHOSC around the following:

- a) Defining the work of the joint committee;
- b) Membership of the committee;
- c) Referral powers to the Secretary of State;
- d) Frequency of meetings;
- e) Election of Chairman and determining the host authority.

Defining the work of the joint committee

19. The Oxfordshire JHOSC, at its meeting in June 2020 requested that it be clearer what would be considered by the BOB HOSC. Officers have discussed how best to ensure that local issues are dealt with locally and that the larger, strategic and regional issues are fed into the BOB ICS joint scrutiny committee.
20. The Kings Fund published a report in April 2020 “Integrated Care Systems explained: making sense of systems, places and neighbourhoods”² which says that NHS England and NHS Improvement has adopted the following terminology to describe a three tiered model – System, Place and Neighbourhood.
- System - typically covering a population of 1–3 million people. Key functions include setting and leading overall strategy, managing collective resources and performance, identifying and sharing best practice to reduce unwarranted variations in care, and leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation.
 - Place – a town or district within an ICS, typically covering a population of 250-500,000. This is where the majority of changes to clinical services will be designed and delivered and where population health management will be used to target intervention to particular groups. At this level, providers may work together to join up their services through alliances and more formal contractual arrangements.
 - Neighbourhood – a small area, typically covering a population of 30-50,000 where groups of GPs and community-based services work together to deliver co-ordinated, pro-active care and support, particularly for groups and individuals with the most complex needs. Primary Care Networks and multi-disciplinary community teams form at this level.
21. The proposal is for ‘System’ activities to be scrutinised by the BOB joint health scrutiny committee and activities at ‘Place’ and ‘Neighbourhood’ would be scrutinised by the relevant local authority through their existing health scrutiny arrangements.
22. The definitions above have been incorporated into the draft Terms of Reference. A protocol toolkit will also be developed to ensure work is considered at the most appropriate level of scrutiny. The draft in Appendix B states:

The process for determining the appropriate level of scrutiny – ie. System or Place/Neighbourhood will be in accordance with an agreed toolkit which will set out the process for initiating early dialogue between ICS Leads and the Members of the JHOSC. All constituent authorities will be notified of the outcome of those discussions.

² <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>

23. The toolkit in question will be developed ahead of the meeting of the BOB HOSC and scrutiny committees will agree the toolkit. In-line with the wishes of the Oxfordshire JHOSC, this toolkit will help to ensure that local health scrutiny arrangements retain their integrity and primacy.

Membership of the Committee

24. Oxfordshire JHOSC, at its meeting in June 2020, requested that appointments to the Joint Committee would have regard to the proportion of patient flow for the BOB patient flow. This is in line with the legislative framework of health scrutiny. OJHOSC also asked that co-opted (non-voting) members be given a seat on the committee. Alternatives on the size of the committee have been discussed and the following agreed:

- 7, 6, 6 (7 Members for Oxfordshire, 6 Members for Buckinghamshire and 6 Members for Berkshire West). This calculation is based on population figures. Committee size – 19 Members.
- There would be two additional non-voting and co-opted members. One of these will be from Healthwatch.

Referral powers to the Secretary of State

25. Buckinghamshire and Berkshire West are keen that the power of referral on System related activities remains with the BOB joint health scrutiny committee. The Centre for Public Scrutiny also agrees with this approach.

26. Oxfordshire OJHOSC requested at its meeting in June 2020 that the power of referral be retained by Oxfordshire. The advice received from the CfPS is that disaggregating the power of referral for the BOB HOSC committee could result in five separate referrals on the same issue. It would also fracture the unified voice of five authorities created by a BOB HOSC. To ensure that Oxfordshire (or other local authority/ health scrutiny committee) can independently refer a matter to the Secretary of State if the BOB committee chooses not to, Oxfordshire has ensured that the draft Terms of Reference contains a "Notwithstanding clause". This allows member authorities the right to refer an issue to the Department of Health if the BOB joint scrutiny committee chose not to.

Election of Chairman and Host Authority

27. The Chairman would be elected by the joint Committee. The host authority would be for a two year term and the Chairman of the joint committee should be from the hosting authority.

Frequency of meetings

28. The Oxfordshire JHOSC wished to see the new Committee convened as necessary. The draft Terms of Reference state that the joint committee will be a standing committee and dates would be organised and put in the Committee Members diaries. If there was no business to be discussed, then the meeting would be cancelled.
29. This approach is advised on logistical ground of trying to coordinate the Members (and officers) across five different local authorities. Coupled with the toolkit approach for determining which issues are scrutinised by the BOB HOSC, Oxfordshire JHOSC will retain its position within the health scrutiny landscape.

Draft Terms of Reference

30. It was agreed that Buckinghamshire Council would draft the Terms of Reference for the joint committee which would then be discussed by each authority. The latest version of the draft Terms of Reference has been circulated to each authority for further discussion with Members and Officers. This is contained within Appendix B of this report.
31. The Oxfordshire JHOSC is therefore asked, to **SUPPORT** the following:
- **The draft Terms of Reference in Appendix B for a health scrutiny committee for health system-wide issues across Buckinghamshire, Oxfordshire and Berkshire West (BOB).**

Next steps

32. The changes require Full Council approval across the areas in question. Oxfordshire Joint HOSC are asked to **RECOMMEND**:
- **That Oxfordshire County Council (Full Council) approve the final Terms of Reference and ratified accordingly (on the 8th of December).**

Steve Jordan
Monitoring Officer
November 2020

Contact Officers: Glenn Watson, Principal Governance Officer
Sam Shepherd, Policy Team Leader

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Date: 16th October 2019

To: OCCG.media-team@nhs.net

**Oxfordshire Joint Health Overview and
Scrutiny Committee (OJHOSC)
County Hall
New Road
Oxford
OX1 1ND**

Contact: Martin Dyson
Direct Line: 07393 001252
Email: martin.dyson@oxfordshire.gov.uk

Dear BOB ICS Team,

Re: BOB ICS Interim Report response

Thank you for the opportunity to comment on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ISC) interim report. I have shared the report with the members of the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) and collated the responses as follows.

We welcome the aspiration for more partnership working across the area and the potential for a streamlining of systems, which in turn should not only help create a smoother service for patients and residents, but also staff having to navigate and use the various systems. The challenge however will be making that work in practice.

It is also encouraging to see the focus on a bottom-up approach, allowing more people to have greater control over their health and care.

At the moment it's challenging to comment on the priorities, without additional detail behind it. As high-level priorities they appear appropriate, however some clarity is needed around how 'places' are to be held to account for support/delivery, as it is not clear who is responsible. Another aspect of the priorities that'll be interesting to see, is how they are planned to interlink with each other.

As a Health Overview and Scrutiny Committee we'd like to feed in and understand the following challenges:

System Design:

- How is awareness of the NHS long-term plan being promoted and shared locally, to help residents understand how the ICS will work and support that?
- How well are residents and patients being engaged in the design of the ICS? At the moment there doesn't appear to be much widely publicised information available to the public, enabling them to engage with the process.

- The timeline appears tight to be able to both engage meaningfully and then translate that into possible amendments to the BOB priorities.
- Are considerations being given to the projected increase in population in Oxfordshire and beyond, and how is that being factored into the design, in order to help future proof it as far as possible?
- How will Overview and Scrutiny, in the three respective areas be involved in the design and implementation of the system?
- If system leaders are responsible for consulting and engaging their wider populations, what is being done to ensure that is consistent across both Oxfordshire and the wider BOB area? Who would be responsible for overseeing that?
- Are we clear on the constraints within the system, so as to manage the public's perception on what is achievable?

Governance Arrangements:

- Has a board already been established? If so, who sits on it, and are partnership meetings already taking place?
- Where do scrutiny committees sit within the governance arrangement?
- Who will be part of local decision-making processes at the place-based level?
- How will the respective Health and Wellbeing Boards work with the ICS and locally based integrated partnerships? (What happens if there are conflicting health priorities for example)
- How will conflicts and disagreements be managed in the system?
- How will accountability be managed between the separate NHS Trusts and organisations within the current legal framework?
- Is there agreement and consensus between all providers and commissioners on the approach to the ICS? Are there points of divergence?
- How will complaints, feedback and learning about a variety of organisations and providers be integrated and shared across the system?
- How are provider alliances being developed locally and what progress is being made to ensure they can be sufficiently mature to manage complex integrated contracts?

Health:

- Will there be changes in accessibility to services for certain residents (i.e. services rationalised and moved over county boundaries), which may impact on those patients that live remotely?
- How will the ICS work with a large number of distinct Primary Care Networks (PCNs)? And are they sufficiently resourced to do the work expected of them?
- How will the ICS ensure that tackling health inequalities is central to the way the new system operates? How well are health inequalities understood and evidence-based solutions identified?

Other considerations:

- What are the key financial challenges for the ICS? How will financial balance and sustainability of the system be achieved within expected funding allocations?

- How will the ICS work with the community and voluntary sector?
- How is it planned to ensure the voice of the local people doesn't get lost?

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Arash Fatemian', followed by a long horizontal line extending to the right.

Cllr Arash Fatemian
Chairman of Oxfordshire's Joint Health Overview and Scrutiny Committee

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Version as at 19 November 2020

Joint Health Overview and Scrutiny Committee (Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham) Draft Terms of Reference

Purpose

1. Health Services are required 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 (according to patient flow), the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
2. The NHS Long-Term Plan (published at the beginning of 2019) sets out the vision and ambition for the NHS for the next 10 years. It states - "Every Integrated Care System will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level." The purpose of the JHOSC would be to hold to account and challenge these commissioning decisions at system level. This function would be new and a different part of local health scrutiny arrangements. The powers and duties of health scrutiny would remain unchanged at Place and Neighbourhood level (see definitions below). The creation of a JHOSC to scrutinise system level decisions would strengthen existing scrutiny arrangements.
3. These terms of reference set out the arrangements for Buckinghamshire Council, Oxfordshire County Council, Reading Borough Council, West Berkshire Council, Wokingham Borough Council, to operate a JHOSC in line with the provisions set out in legislation and guidance and to allow it to operate as a mandatory committee.

Terms of Reference

4. The new JHOSC will 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 providing independent scrutiny to activities delivered at system level (as detailed below) by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

The Kings Fund published a report in April 2020 "Integrated Care Systems explained: making sense of systems, places and neighbourhoods" which says that NHS England and NHS Improvement has adopted the terminology used in some systems to describe a three tiered model – System, Place and Neighbourhood.

System - typically covering a population of 1–3 million people. Key functions include setting and leading overall strategy, managing collective resources and performance,

identifying and sharing best practice to reduce unwarranted variations in care, and leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation.

Place – a town or district within an ICS, typically covering a population of 250-500,000. This is where the majority of changes to clinical services will be designed and delivered and where population health management will be used to target intervention to particular groups. At this level, providers may work together to join up their services through alliances and more formal contractual arrangements.

Neighbourhood – a small area, typically covering a population of 30-50,000 where groups of GPs and community-based services work together to deliver co-ordinated, pro-active care and support, particularly for groups and individuals with the most complex needs. Primary Care Networks and multi-disciplinary community teams form at this level.

Activities at Place and Neighbourhood would be scrutinised by the relevant local authority through their existing health scrutiny arrangements.

5. The purpose of the mandatory JHOSC across Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham is to:
 - a. make comments on the proposal consulted on
 - b. require the provision of information about the proposal
 - c. gather evidence from key stakeholders, including members of the public
 - d. require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
 - e. Refer to the Secretary of State only on where it is not satisfied that:
 - 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)
 - the proposal would not be in the interests of the health service in the area
 - a decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate.
6. Notwithstanding point (e) above, Member authorities have the right to refer an issue to the Department of Health if the joint health scrutiny committee does not collectively agree to refer an issue.
7. With the exception of those matters referred to in paragraph [3] above responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.

8. The process for determining the appropriate level of scrutiny – ie. System or Place/Neighbourhood will be in accordance with an agreed toolkit which will set out the process for initiating early dialogue between ICS Leads and the Members of the JHOSC. All constituent authorities will be notified of the outcome of those discussions.
9. 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.

Governance

10. Meetings of the JHOSC will be conducted under the Standing Orders of the Local Authority hosting and providing democratic services support and subject to these terms of reference.

Frequency of meetings

11. The JHOSC will meet at least twice a year with the Integrated Care System Leads to ensure oversight of key priorities and deliverables at system level.

Host authority

12. The JHOSC would be hosted by one of the named authorities. The role of host authority would be undertaken by the chairing authority for the same time period [24 months].

Membership

13. Membership of the JHOSC will be appointed by Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham that have responsibility for discharging health scrutiny functions.
14. Appointments to the JHOSC have regard to the proportion of patient flow. The Joint Committee will therefore have 19 members, consisting of 6 from Buckinghamshire, 7 from Oxfordshire, 2 from Reading, 2 from West Berkshire, 2 from Wokingham.
15. Appointments by each authority to the JHOSC will reflect the political balance of that authority.
16. The quorum for meetings will be 6 voting members, comprising at least one member from each authority.
17. The JHOSC shall appoint a representative of Healthwatch as a co-opted member. The JHOSC shall also reserve the right to consider the appointment of additional temporary co-opted members in order to bring specialist knowledge onto

the committee to inform specific work streams or agenda items. Any co-opted member appointed will not have a vote.

Chairman & Vice Chairman

18. The Chairman of the JHOSC shall be drawn from the members of it and will normally be filled by the member whose authority is hosting the Committee for a period of 24 months.
19. The Vice-Chairman of the JHOSC shall be drawn from members on the Committee and elected every 24 months.

Task & Finish Groups

20. The Committee may appoint such Working Groups of their members as they may determine to undertake and report back to the Committee on specified investigations or reviews as set out in the work programme. Appointments to such Working Groups will be made by the Committee, ensuring political balance as far as possible. Such panels will exist for a fixed period, on the expiry of which they shall cease to exist.

Committee support

21. The work of the JHOSC will require support in terms of overall coordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.
22. Meetings of the committee are to be arranged and held by the host authority.
23. Should a press statement or press release need to be made by the JHOSC, this will be approved all authorities before being signed off by the Chairman.