



Oxfordshire Joint Health Overview & Scrutiny Committee Thursday, 21 November 2024

ADDENDA

4. Co-Optee Appointment (Pages 1 - 6)

The purpose of this item is for the Committee to **AGREE** to the appointment of a Coopted member.

The Committee is **RECOMMENDED** to: -

1. **NOTE** the requirement to fill in two vacant co-opted posts on the Oxfordshire Joint Health Overview Scrutiny Committee (JHOSC) and the work undertaken to fill these posts.
2. **AGREE** to Sylvia Buckingham's appointment as a co-opted member of the JHOSC (subject to her completion of the necessary paperwork).

NB This paper is to follow.

7. BOB ICB Restructure Situation Update (Pages 7 - 22)

A verbal update will be provided to the committee on the BOB ICB restructure by Stephen Chandler, OCC Executive Director (People), on current discussions around the BOB ICB restructure. The Committee will also be provided with the letter sent to the Secretary of State and is recommended to **CONFIRM** its support for the submission.

NB This report is to follow.

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Divisions Affected – all

Oxfordshire Joint Health Scrutiny Committee

21 November 2024

CO-OPTED MEMBERS OF THE OXFORDSHIRE JOINT HEALTH OVERVIEW SCRUTINY COMMITTEE

**Report of the Director of Law and Governance and Monitoring
Officer**

RECOMMENDATION

The Committee is RECOMMENDED to: -

1. **NOTE** the requirement to fill two vacant co-opted posts on the Oxfordshire Joint Health Overview Scrutiny Committee (JHOSC) and the work undertaken to fill these posts.
2. **AGREE** to Sylvia Buckingham's appointment as a co-opted member of the JHOSC (subject to her completion of the necessary paperwork) from 30 January 2025 meeting.
3. **AGREE** that the Scrutiny Officer should take all reasonable steps to fill the second co-optee vacancy.

Executive Summary

1. According to Part 6.1B (3) of the Council's Constitution, in addition to Councillors, the Joint Health Overview & Scrutiny Committee shall, in order to assist it in its work, include in its membership up to three non-voting co-opted members. Co-opted members can be appointed because of the personal contribution they would make to the work of the Committee or to represent health related interests as determined by the Committee from time to time. Following the need to fill two vacant co-opted member posts of the JHOSC, the Health Scrutiny Officer has undertaken a recruitment exercise. Following this recruitment exercise, the Committee is asked to agree to the appointment of Sylvia Buckingham.
2. **Please note:** a biography for Sylvia Buckingham is available in annex 1 of this report below:

Background

3. Part 6.1B (3) of the Council's Constitution allows for up to three co-opted members to sit on the Joint Health Overview and Scrutiny Committee (JHOSC). Co-opted Members are normally to serve for a period of 2 years, and may be extended for a further term of two years.
4. Two of the Committee's serving co-opted members previously wrote to confirm their wishes to cease being co-opted members of the Committee with immediate effect (Jean Bradlow on 30 June 2023, and Siama Ahmed on 11 January 2024). This means the Committee has vacancies for two co-opted members.
5. Ordinarily, the Committee would have been advised to agree to an immediate recruitment exercise to identify a new co-opted member. However, in a report submitted by the Scrutiny Manager to the Committee at its 21 September 2021 meeting, the JHOSC was advised not to do so immediately. The rationale for this advice was based on the experience derived from earlier attempts to fulfil the Committee's express wish to extend the representation on the Committee. Previously, two well-qualified candidates were identified but both put forward a need for payment to enable their participation which does not form part of these roles currently. With two vacant posts, the Health Scrutiny Officer has sought to help the committee make an appointment by running a recruitment exercise to identify suitable candidates for the Committee to appoint.

Work Undertaken to date:

6. An advert for the vacancy for this co-optee posts was launched publicly on the Oxfordshire County Council website (on the Scrutiny Page) from Monday 05 August until Monday 12 August. During this time, Sylvia Buckingham applied for this post, and was subsequently interviewed by a panel comprising the Health Scrutiny Officer, Chair and Vice-Chair of the JHOSC on Wednesday 9th October. The outcome of the interview was a decision by the panel members to recommend to the Committee that Sylvia Buckingham be appointed as a co-optee member of the JHOSC. No other submissions were received.
7. In the interests of full disclosure, Sylvia is a non-politically aligned parish Councillor for Kennington Village Parish Council although she has declared in her application that she is a member of the Labour party. However, this would not legally bar her appointment and involvement as a JHOSC co-optee for two reasons:
 - Her position as a parish councillor is one where she is not affiliated with any political party.
 - Whilst she is a member of the Labour party, she is not actively involved in campaigning as a Labour party candidate or acting as an elected representative of the party.

8. Should the committee agree to appoint Sylvia Buckingham as a co-opted member, there will remain one vacancy on the committee. The committee is not under a duty to fill this vacancy, but it is advised to seek to do so on the basis that it will further broaden its overall knowledge and representation.

Corporate Priorities

9. The primary corporate priority served by the appointment of co-optees to the committee is 'Play our part in a vibrant and participatory local democracy'. However, in strengthening the quality of Scrutiny provided towards the Health Overview and Scrutiny Committee's remit, it is expected that there will be positive impacts on 'Prioritise the health and wellbeing of residents' also. The Committee's focus on bringing in expertise and insights from under-represented communities also contributes to 'tackle inequalities in Oxfordshire'.

Financial Implications

10. The costs of appointing an additional co-optee are negligible, for instance potentially incurring costs for travel reimbursement, and these can be met from existing budgets within Democratic Services.
11. It is intended to publicise any future co-optee recruitment through direct approaches and existing networks, meaning no costs will be incurred.

Comments checked by: Thomas James, Head of Finance Business Partnering. thomas.james@oxfordshire.gov.uk

Legal Implications

12. Co-opted members are formal members of the Committee, and would therefore be bound by the members' Code of Conduct. Any appointment is conditional on agreeing to abide by the Code of Conduct, and submitting a declaration of interest form.
13. Under Part 6.1b (3) of the Constitution, co-optees have no voting rights.
14. The committee's power to appoint co-optees arises from Part 6.1b of the Council's constitution also. There are no further implications to highlight.

Comments checked by: Anita Bradley

Anita Bradley, Director of Law and Governance and Monitoring Officer. anita.bradley@oxfordshire.gov.uk

Staff Implications

15. None arising from this report.

Equality & Inclusion Implications

16. There are no additional equality or inclusion implications beyond the Council's overall equality duties.

Sustainability Implications

17. None arising from this report.

Anita Bradley

Director of Law and Governance and Monitoring Officer

Annex 1: Biography of Sylvia Buckingham

Background papers: None

Other Documents: None

Contact Officer: Dr Omid Nouri, Health Scrutiny Officer

November 2024

Annex 1: Biography of Sylvia Buckingham

Sylvia trained as a children's nurse in Birmingham where she was born, moving to Oxford to undertake more training. She worked at both the Churchill and John Radcliffe hospitals before moving to London to become Head of Children's Nursing at Kings College Hospital London. This was a time of change, and Sylvia was recruited to help change practice. After working with staff of all grades and disciplines for the betterment of patients, Sylvia moved to Kings College London as a lecturer and then senior lecturer. She then moved to Southampton University where her professor and many lecturers from Kings had relocated. Sylvia is passionate about good patient/service user care and so her role as both chair and trustee at Healthwatch has been very rewarding over the past seven years. She was also recruited as a Patient Safety Partner at Oxford University Trust in 2022, and had helped change some areas of practice and policy. Sylvia is invited to the Safety Learning and Improvement Conversation which occurs every Thursday, where she has the opportunity to raise patient issues related to safety and care. She is also currently helping set up a young person and carer group for those young people moving from child to adult services, and is hoping to work with the porters to understand the complexity and demands on their services. Sylvia is currently a parish councillor in Kennington but plans to step down in December.

On a very personal note, Sylvia cared for her husband who was misdiagnosed with cancer, having been investigated for cardiac problems. She nursed her husband at home so knows firsthand the support services or lack of them in the community and the constraints staff work under. Sylvia also have a grandchild with a disability, and so has some knowledge of current care practices."

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Divisions Affected – All

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

21 November 2024

Update on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Restructuring Proposals

Report by Director of Law and Governance and Monitoring Officer

RECOMMENDATION

1. **The Committee is recommended to: -**

1.1 **NOTE** the verbal update provided by the Executive Director (People) in relation to the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) restructuring proposals

1.2 **CONFIRM** its support for the request submitted to Secretary of State for Health and Social Care for the call-in in relation to the proposed BOB ICB restructuring plans.

Executive Summary

2. On 02 August 2024 the Joint Health Overview and Scrutiny Committee (HOSC) convened for an extraordinary meeting to consider a report on the BOB ICB's restructuring proposals and new operating model, specifically to determine whether these proposals constituted a 'substantial change' and, if so, whether it was necessary to request that the Secretary of State intervene via his powers of call-in. At that meeting it was agreed that the proposals and new operating model did constitute a substantial change. However, the decision to request a call-in was deferred to allow more time for a locally-agreed solution to be brokered.

3. At its 12 September meeting, the HOSC were updated on attempts to broker a local solution and determined that progress was insufficient. As such, it was agreed to make a request to the Secretary of State for Health and Social Care to request he call-in BOB ICB's restructuring proposals. This was submitted online on 23 September 2024.

4. The committee is requested to re-confirm the submission.

5. Since the call-in, multiple stakeholders have continued to seek to work with BOB ICB to identify a compromise solution. The Executive Director (People) at the County Council is one of these key stakeholders and will provide a verbal update to the committee on the current situation.

Corporate Priorities

6. Improving health and wellbeing of residents and reducing health inequalities are stated ambitions within the Council's Strategic Plan.

Legal Implications

7. Regulations 23(9), 23(10) and 23(11) of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 set out the conditions that a report to the Secretary of State must satisfy.

Comments checked by: Anita Bradley

Anita Bradley, Director of Law and Governance and Monitoring Officer.
anita.bradley@oxfordshire.gov.uk

Financial Implications

8. There are no direct financial implications arising from the recommendations in this report as the committee is being updated and asked to confirm its support for actions already taken, for which there were no direct financial implications.

Comments checked by: Thomas James, Head of Finance Business Partnering.
thomas.james@oxfordshire.gov.uk

Anita Bradley
Director of Law and Governance and Monitoring Officer

Annex: 1. Copy of the call-in request made to the Secretary of State

Background papers: None

Other Documents: None

Contact Officer: Tom Hudson, Scrutiny Manager
tom.hudson@oxfordshire.gov.uk

November 2024



Department
of Health &
Social Care

Call-in request form - reconfiguration of NHS services

Complete this form to request the Secretary of State for Health and Social Care to consider using their call-in powers to take a decision on a reconfiguration proposal.

The Department of Health and Social Care (DHSC) expects this form will only be submitted in exceptional situations where local resolution has not been reached.

If organisations or individuals have concerns about a proposed reconfiguration of NHS services, they should seek to resolve any concerns through their local NHS commissioning body or raise concerns with the local health overview and scrutiny committee (HOSC).

Further information can be found in [Reconfiguring NHS services - ministerial intervention powers](#) statutory guidance.

How to submit a call-in request form

The easiest way to submit a call-in request form is to [complete and submit the online form](#).

Alternatively, send the information we ask you to provide below to dhscreconfiguration@dhsc.gov.uk or to:

DHSC Reconfiguration
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

A call-in request will not lead automatically to a Secretary of State intervention. Anyone making a call-in request should provide evidence that they have tried to resolve concerns with the relevant NHS commissioning body or have raised concerns with the local HOSC (see question 13). Whether or not to use the call-in power is ultimately a decision for the Secretary of State.

Considerations for use of the powers

All call-in requests will be considered as set out in the Reconfiguring NHS services - ministerial intervention powers statutory guidance.

The Secretary of State and DHSC will need to consider the use of the call-in power on the merits of each case. It is, however, likely that a reconfiguration will not be called in before:

- NHS commissioning bodies and local authorities have taken all reasonable steps to try to resolve any issues
- those making a request or others have tried to resolve any concerns via the relevant NHS commissioning body or have raised concerns with their local HOSC

Data protection

In line with government policy, and in accordance with the provisions of the Data Protection Act 2018 and the EU General Data Protection Regulation (GDPR), the information you provide in this form will be held confidentially. You can read more about how we handle your personal information in the privacy notice published alongside this document.

Information required

Please provide as much information as possible. For any questions you do not know the answer to, leave blank and we will assume the information is not known to you.

This call-in request is being made by the Oxfordshire Joint Health Overview and Scrutiny Committee on behalf of Oxfordshire County Council. The following Oxfordshire MPs are also in support of this call-in request:

Layla Moran- Member of Parliament for Oxford West & Abingdon.

Calum Miller- Member of Parliament for Bicester & Woodstock.

Olly Glover- Member of Parliament for Didcot & Wantage.

Charlie Maynard- Member of Parliament for Witney.

Freddie van Mierlo- Member of Parliament for Henley & Thame.

1. Your full name:

- Dr Omid Masood Nouri (Health Scrutiny Officer, Oxfordshire County Council)
- Cllr Jane Hanna OBE (Chair, Oxfordshire Joint Health Overview Scrutiny Committee, Councillor for Wantage and Grove)
- Stephen Chandler (Deputy Chief Executive/Executive Director for People & Transformation, Oxfordshire County Council)
- Ansaf Azhar (Director of Public Health, Oxfordshire County Council)

2. Your email address:

Omid.nouri@oxfordshire.gov.uk

3. Your telephone number:

07729081160

4. Are you acting on behalf of an organisation? If so, what is the name of that organisation?

I am the Health Scrutiny Officer at **Oxfordshire County Council**. The Oxfordshire Joint Health Overview Scrutiny Committee (JHOSC) (which includes councillor representation from Oxfordshire County Council as well as the City and District Councils of Oxfordshire), unanimously agreed during its public meeting on 12th September 2024 to a recommendation proposed by the Chair of the Committee Cllr Jane Hanna OBE and seconded by Cllr Mark Lygo, to request a call-in from the secretary of state for Health and Social Care in relation to

the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) proposed operating model.

This request is being issued on behalf of Oxfordshire County Council as a local authority.

This call-in request letter has been compiled with contributions from myself, the Chair of the JHOSC (Councillor Jane Hanna), the Deputy Chief Executive/Director for People & Transformation at Oxfordshire County Council (Stephen Chandler), and the Director of Public Health at Oxfordshire County Council (Ansaf Azhar).

5. State which NHS providers are undergoing the service change:

This call-in request is being made in relation to the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board and its proposals for a new operating model. Significant changes are being proposed to the ICB's operating model, which will not only affect the ICB, and the ramifications of this will be felt amongst system partners (including Oxfordshire County Council).

6. Provide a description of the NHS service change or reconfiguration:

The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board commenced consultation in July 2024 with the description of the consultation being **ICB consultation on Revised Operating Model**. The ICB referred to the consultation as being a staff restructuring and therefore limited its engagement with key partners, yet it is clear from the consultation document itself that it related to a significant change in the way that NHS services were to be delivered in Oxfordshire. Specifically, changes were proposed relating to prevention and early intervention, urgent care services, infection control resources and the place convenor (Director of Place) role. These changes proposed a centralisation of functions and activities that were previously managed effectively at Place level without a clear rationale or mitigation as to why those changes were firstly necessary, and secondly, would result in improved outcomes rather than a worsening of provision for the people of Oxfordshire and the partners working across the Health & Social Care sector within Oxfordshire.

10. Why are you requesting that the Secretary of State intervene? Please explain your concerns and what you would like the Secretary of State to do in response:

We understand the imperative to resolve any disputes between the NHS and local authorities locally, and for the request for a call-in to only be made as a final resort. Nonetheless, in the case of the BOB ICB proposed operating model, we feel strongly that the ICB had not effectively and adequately reached out to Oxfordshire County Council (as well as other key stakeholders/member organisations of the Oxfordshire Place-Based Partnership for that matter) prior to formally presenting and announcing these proposals to

key stakeholders. The ICB is of the view that the proposed operating model DOES NOT constitute a substantial change, and that there is therefore no statutory obligation to engage in a formal public consultation. However, we feel that the proposed operating model **does indeed constitute a substantial change**. We are therefore requesting that the secretary of state intervenes on account of two things:

- The process of consultation embarked upon by the ICB was far from ideal for two reasons. Firstly, the timing of the consultation period was very brief and announced with a deadline of 4th August. We have evidence that the proposals, which include the removal of the posts of the Director of Place for Oxfordshire as well as the jointly commissioned post of Director of Urgent and Emergency Care for Oxfordshire, fundamentally change the way the ICB has operated with Oxfordshire County Council and all the Oxfordshire Partnership stakeholders across the whole system and are of such magnitude that one would expect the ICB to engage more extensively and much earlier on at least with the key County-level local authority partner (as identified in the ICB's own strategic and constitutional documents). The ICB had an opportunity for early engagement on financial challenges from February this year and at multiple meetings since, but chose instead to engage and issue a consultation document in the middle of July. Councillors and officers at the local authority had to work at pace to respond during a period of annual leave and the Joint Health Overview Scrutiny Committee was put in a position of having to organise an extraordinary meeting on the 2nd August. This was well attended with written and speaking participation which included two MPs whose communities would be impacted, HealthWatch, Oxfordshire Community and Voluntary Action and the Chair of the Oxfordshire GP leadership group who were united in being shocked and upset by the likely impacts of the proposals. The nature of the consultation had essentially run counter to the spirit of good partnership working at a local level, which is a key principle expounded by government and the department of health and social care and also called for by the King's Fund, National Voices and Third Sector organisations.
- The proposed significant changes to the ICB operating model itself, which includes the removal of the two dedicated Place-based posts outlined above, not only caught Oxfordshire County Council by surprise, but pose a high risk of negatively impacting upon the commissioning and delivery of Health and Care Services across Oxfordshire, most especially in the lead up to this Winter. The proposed changes are also inconsistent with previous discussions between the ICB, Oxfordshire County Council, as well as the Oxfordshire Place-based Partnership. Although the proposal directly affects BOB ICB staff, the ramifications will be felt throughout and across the BOB ICS. Therefore, the lack of involvement from system partners in developing the proposal has resulted in many questions and concerns.

We understand that the ICB has been instructed to make reductions to staffing costs. However, we feel that the proposals being made by the ICB reflect more than simple staffing

changes or a minor amendment of the ICB's management structure. Services could be negatively and directly impacted in a manner that would make the proposed operating model a **substantial change**. We therefore urge the secretary of state to intervene in this matter so as to ask the ICB to halt/amend its decision to implement the proposed operating model, and further engage with the local authority as a means to find a resolution that would address the concerns of the Oxfordshire Joint Health Overview Committee, Oxfordshire County Council and the Oxfordshire Place-based partnership (**more detail on this and how the proposal constitutes a substantial change is provided below**).

Despite significant formal feedback by partners including Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, Oxfordshire County Council, Oxfordshire Joint Health Overview & Scrutiny Committee, BOB Directors of Public Health, Oxfordshire Voluntary Sector organisations, and the Oxfordshire Place-Based Partnership, we have no formal acknowledgement of the points made as being received by the ICB, nor have we received any formal indication of what the ICB intends to do as a result (we understand the ICB received across its geographical footprint over 400 individual responses). We believe this consultation has been inadequate in the context of the proposed changes, failed to engage in a meaningful way with key stakeholders and will have a detrimental and negative impact on key aspects of health and care delivery. In addition, we understand that a formal decision will be based on any changes in private without any opportunity for partners and stakeholders to be aware of what was being proposed or to, if not contribute to the discussion at least witness the discussion. The matter is time sensitive in light of ICB actions that would follow the ICB private meeting and serious work on local resolution has not led to any written assurance from the ICB to Oxfordshire County Council of a satisfactory resolution, or any at all. The failure of the ICB to provide any written assurance at all to the Joint Health Overview Committee on the 12th September against the strong and united evidence across the whole system locally has therefore necessitated the need to escalate now having made all reasonable attempts at an Oxfordshire local level to resolve this.

7. Does your request meet either of the following criteria?

There are concerns with the process that has been followed by the NHS commissioning body or NHS provider (for example, adequacy of the content of consultation or the time allowed for consultation; how options have been developed).

YES

Although the ICB feels that it may not need to consult its local authority partners in the same vein or importance as it would need to consult its own staff, we feel that the ICB should have communicated clearly with and engaged with the Oxfordshire Joint Health Overview Scrutiny Committee and Oxfordshire County Council (much earlier) regarding the significant changes proposed in the operating model. We have been caught by complete surprise, and provided

with very little time to provide any meaningful and significant input given the timing of the consultation period set by the ICB.

A decision has been made and there are concerns that a proposal is not in the best interests of the health service in its area ('A decision has been made' meaning the point at which a decision-making business case has been approved).

YES (However, the decision is now in the form of a proposal, and there is no clear transparency around whether it will certainly be implemented by the ICB during the ICB board meeting this September, where the proposed operating model is expected to be approved. The lack of transparency and the ambiguity around this is due to the fact that this ICB board meeting will be held in private, and the website contains no information about the meeting taking place or where and when any decision will be made transparent. However, despite the fact that the decision has not yet been officially made, there was and remains no indication to Oxfordshire County Council as to whether the proposals would be amended in line with feedback and concerns raised by the Council as well as by the Oxfordshire Place-Based Partnership and the Oxfordshire Joint Health Overview and Scrutiny Committee.

8. If you answered yes, please provide details on how the request meets either of the above criteria:

Below is an outline of some of the ways in which the ICB proposal/decision constitutes a substantial change, and how it could negatively impact on the commissioning and delivery of Health and Social Care services for Oxfordshire's residents:

Contradictions in 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 our residents. However, the changes in the way the ICB is operating, including the replacement of the three place directors with a single director across the entire BOB geography is likely to diminish this place role and hinder the overall ambition of the ICB. It is clear the execution of this proposal will lead to greater centralisation and the damaging of partnership relationships, reduced resources at place to continue the prevention outcomes that have already been realised and to build on this in support of the national prevention agenda. The JHOSC has received evidence of these outcomes of whole system working at Oxfordshire Place before the ICB was formed and which have matured since the positions at Oxfordshire Place were established by the ICB, with many good practice examples of urgent care to prevent admissions, hospital at home, integrated neighbourhood teams, resolution of disputes with large communities in NHS Neighbourhoods over lack of GP estate and declining service provision. There are also excellent examples of co-production done well, all in line with the constitution of the ICB. At Oxfordshire Place there is evidence from local scrutiny of good practice and outcomes from whole system working that has benefited and been appreciated by local populations and has brought financial benefits as well as

improved performance from whole system working. The experience of the JHOSC is that the Place Based Roles have been a necessary driver for these outcomes and that change at this crucial time will have negative impacts across Oxfordshire at the very time when national ambitions will require increased NHS productivity damaged by funding not being aligned to strategic ambitions to reduce and improve patient flow through hospitals and supporting prevention in the community.

Variation within the three Places: Although major public health challenges and structural drivers for health inequalities remains largely the same in all 3 places across the BOB footprint, the solutions for these challenges are often systematically different and requires ownership across the communities in their local authority areas, taking their specific demographics, insights and needs into account. Evidence has shown that the lack of this localised approach has frequently contributed to the failure of these preventative initiatives over the long term. This is particularly important in a large geographical footprint like BOB where there is significant variation in the population demographics as well as the organisational makeup; including the five local authorities it serves. The place director plays a key role in understanding this detail within place and progressing the important partnership initiatives across place in a way that is appropriate to local communities. This approach is in line with the Government's aspiration to devolve power to local communities and to resolve issues and achieve best outcomes at the most local level. However, the proposed ICB operating plan risks undermining this progress.

ICB representation/contribution to Health & Wellbeing Strategy: The Health and Wellbeing (HWB) Board is the statutory board that brings all crucial statutory and non-statutory partners across each place to agree and deliver the HWB strategy and priorities across organisational boundaries. The Board is a key mechanism for driving joined up working at a local level and to play an important role for setting strategic direction to improve the health and wellbeing of people locally. 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 in most places the clinical lead from place assumes the vice chair role. We are concerned the centralised staff structure means there will be little ability for the ICB to make senior representations to influence, resource and deliver the strategy going forward. The HWB strategy is informed by the Joint Strategic Needs Assessment (JSNA) for place. It is a statutory responsibility of the ICB set out by the NHS Act to play an active role in the production of both the local HWB strategy and JSNA. It is not clear, with the diminished place roles, how the ICB will engage and deliver against these vital responsibilities.

Undermining Prevention & control of infections: Another key statutory role played by the ICB on the prevention and control of infection is critical to the protection of harm to residents across the five LA areas within BOB. The ICB proposals suggest a reduction in the number of infection prevention and control (IPC) nurses, who play an essential

role in managing and preventing outbreaks in various health and social care settings. COVID-19 taught us the importance of this function in supporting settings such as care homes to protect the most vulnerable from infectious diseases. The proposed IPC structure does not seem to consider the lessons learnt and recommendations outlined in the recent UK Covid inquiry report, which clearly pointed out local systems' lack of preparedness and resilience to respond to major infectious disease outbreaks. This was a serious concern scrutinised by the JHOSC during the pandemic with key recommendations about strengthening infection control.

Improved processes and impacts on joint funding arrangements: When the operating model was first under review, the main driver was to reduce operating costs as per messaging from NHS England; the ICB's consultation documents gave no assurance as to how this will be achieved. Alongside this, the BOB system deficit is another obvious driver for change, however, the proposal is in line with basic centralised functions geared towards short term "grip and control." Whilst an element of this may be required, we believe this can be done so with improved processes, rather than changes to organisational structures. There are also many technical nuances to how posts work and are funded in Oxfordshire, for example, the Oxfordshire Urgent & Emergency Care Director post is jointly funded through the Better Care Fund. Oxfordshire has a long-standing commitment to partnership working demonstrated through integrated commissioning arrangements (Including provider reps on exec), pooled budget arrangements, integrated and prime service delivery models. These arrangements have grown and matured and are critical to the continuous improvement required. The Oxfordshire Place-based Partnership has a strong track record of achieving better and more productive outcomes in a short period of time. The foundation which has been built to achieve this and the progress made risk being halted with the proposed removal of critical leadership and convenor posts supporting this work. The Oxfordshire JHOSC scrutiny function has also demonstrated the added value of the ICB positions at Oxfordshire Place. These have included the complex work which brings additional investment from local authority, third sector partners and wider local community partners. COVID-19 taught us the importance of cross-silo working during a time of emergency to benefit residents and this is a time where to support national ambitions. Oxfordshire residents need more of this not less.

Undermining integration, Place development, and localism: The proposed ICB model does not outline a commitment to place development and delegated decision making, nor does it reaffirm a commitment to integration, especially between NHS and Local Authorities or its future relationship with the JHOSC. Members would like to seek reassurances about the recently reviewed Section 75 Agreement, and longstanding joint commissioning arrangements and pooled budgets. Much progress has been made regarding the prevention agenda and addressing the building blocks of health in Oxfordshire, this has been made possible through the Oxfordshire Place-based Partnership. There is concern that the proposal will not further promote the health and wellbeing of our population, and instead will put a greater emphasis on illness and treatment, in an unhelpful way. Oxfordshire County Council is concerned that the proposal is contrary to the expectations surrounding integration as set out in the white paper *'Joining up care for people, places and populations* and the localism agenda.

Undermining democratic accountability in Oxfordshire: Oxfordshire County Council passed a motion unanimously in December 2020 to request an open letter be sent to the Prime Minister, the Select Committee for Health and Social Care, Housing, Communities and Local Government to urge the vital importance of safeguarding local democracy and scrutiny as non-elected decision-makers implement policy across Oxfordshire. The exemplar used was the stalling of an Oxfordshire Population and Health Framework awaiting a review by the BOB ICB under national instruction despite promises made to a local population that had temporarily lost health services in 2016. The ICB apologised for its failure and regained the trust of the local population because, and only because, of the work of the two roles at ICB at Place that worked with the local community and whole system partners to develop a plan and secured firm commitments to delivering a refurbished community hospital and new hospital clinics and integrated neighbourhood teams to support the prevention agenda. There are many other exemplars including prioritisation of new GP estate in Didcot, that are evidence that Oxfordshire needs more, not less, of dedicated ICB positions that have the time to work on solutions for complex problems that necessitate whole system working where health and care and other public and third sector services are being delivered. The JHOSC is unanimous that the proposals for changing operations between the ICB and Oxfordshire Place, including the cutting of dedicated positions at Place level, are a backward step that will undermine the maturity of whole system working in Oxfordshire and could risk the loss of any trust in many previously worked with communities across Oxfordshire. NHS consultation principles require special caution with consultation on proposals that can impact previously worked with communities.

ICB Proposal contradicts National strategies & policies: The Health and Care Act sets out a direction of travel whereby place is an engine room for delivering health and social care transformation. The government has already strongly indicated a direction of travel with prevention at the forefront and cuts in waiting times. Lord Darzi's report has clearly identified the problem of patient flows through the acute sector which have directly led to worsening NHS Performance. Flagship strategic priorities such as community based Urgent Care teams and Integrated Neighbourhood Teams (INTs) are best implemented at Place due to the broad partnership working that is required between local authorities, Healthwatch and VCSE organisations. Place enables a greater focus on prevention and reducing health inequalities by focussing on the building blocks of health. Oxfordshire is in the process of designing a proactive approach to health inequalities using the Marmot principles, resulting in a long-term plan for sustained change in Oxfordshire, this will require senior leaders to dedicate time to further develop transparency and trust to achieve the best possible outcomes with the collective resource available.

The proposed operating model will take BOB further away from the current government's move towards localism. Localism champions the importance of local decision-making and the empowerment of communities to shape their own futures. High functioning Place-based Partnerships with dedicated senior leaders from all organisations, and democratic scrutiny are a key component of this approach. In Oxfordshire, the Joint Commissioning Executive brings together local stakeholders, from commissioning bodies and provider organisations to collaborate and address shared challenges. By moving away from this model, the proposed restructure risks working against upcoming national policy that aims to provide more decision-making power and accountability at place.

In summary, it is for the above reasons that the Committee and the wider Council perceive the ICB's proposed operating model as **a substantial change**. These proposals, if implemented, could have negative consequences on health and care services for Oxfordshire's residents.

13. What steps have been taken to resolve issues locally? Please explain how you have tried to resolve your concerns through your local NHS commissioning body or raise concerns with your local HOSC. What was the outcome?

There have been two avenues through which Oxfordshire County Council has sought to resolve its concerns. One being through efforts made by the Oxfordshire Joint Health Overview Scrutiny Committee itself, and another being through efforts made by the County Council's Senior Leadership Team.

The ICB had not brought the proposals to the attention of the JHOSC. The proposals to remove two dedicated Oxfordshire Place posts had not been communicated to the Committee by the ICB. The Committee received news of these proposals through a chain of word of mouth. It is not in the spirit of partnership working and engagement, democracy, and transparency for such proposals to not be communicated clearly to a JHOSC which is representative of an entire County and 5 District Councils.

In any case, the timing of the ICB's announced consultation period was deeply problematic for the JHOSC from a scrutiny point of view given that:

1. The timeframe of the consultation was very brief for a proposal of great significance to Oxfordshire.
2. The consultation was launched in July just after our June JHOSC meeting during a period when JHOSCs do not ordinarily convene formal public meetings. This necessitated an urgent JHOSC response at a time of year when it is well understood that Councillors and Officers are more likely to be on leave.

Upon hearing of these proposals, the JHOSC called a public extraordinary meeting on August 2nd. The Committee invited the ICB to send representatives to attend the meeting to have an open, thorough, and transparent discussion around the proposals (which at this point had elicited immense concerns amongst elected members, many key partners and stakeholders within the Oxfordshire system; including amongst member organisations of the Oxfordshire Place-Based Partnership). The Committee also sent the ICB a substantial change toolkit (which would help the Committee determine if the proposed operating model did indeed constitute a substantial change or not); and the ICB had not filled this in.

The ICB expressed its preference for a private meeting with the JHOSC and senior leadership officers from Oxfordshire County Council. The Committee then agreed to this and held a private meeting with the ICB Chief Executive Officer and other representatives. However, the JHOSC was not satisfied with the explanations given by the ICB and received no reassurance that the ICB would reconsider the proposals in light of the concerns raised by the JHOSC or the County Council's senior officers.

The Committee therefore decided to pursue organisation of an extraordinary public meeting originally planned for August 2nd, and invited the ICB to send suitable representatives. The ICB's Chief Partnerships Officer and its Chief Delivery Officer attended the meeting. The absence of the ICB Chief Executive Officer who was on leave naturally undermined the prospects of the JHOSC receiving any concrete reassurances that the key concerns or asks of the Oxfordshire Place-Based Partnership would be taken into account by the ICB or that the ICB would reverse some of its proposals in light of what was heard.

The meeting had in attendance representatives from most of Oxfordshire's key stakeholder organisations. During the meeting, there was a unanimous agreement by all JHOSC members as well as those present that the ICB proposed operating model would not be in the interests of Oxfordshire's residents and could undermine the effective partnership working and progress that had thus far taken place under the operating model which included the two dedicated place-based posts of the Oxfordshire Director of Place and the Oxfordshire Urgent and Emergency Care Director. The meeting attracted high public interest, with the participation of Olly Glover MP and Freddie Van Mierlo MP, Dr Brennan (chair of the Oxfordshire GP Leadership Group) and Sylvia Buckingham (a trustee and former Chair of Healthwatch Oxfordshire). There was a unanimous opinion that the ICB had not reached out to engage the local authority or any other key stakeholders and that the proposals were against the public interest of Oxfordshire residents. The JHOSC as well as senior leadership officers present at the meeting urged the ICB to reconsider the proposed changes to its operating model, but yet again, no concrete or clear assurances were provided to the Committee (or all those present for that matter) that Oxfordshire's key concerns and asks will be taken on board.

During its August 2nd meeting, the JHOSC agreed to defer requesting a call-in from the secretary of state to provide an opportunity for negotiations between the Oxfordshire County Council's Senior Leadership Team and the ICB, and also delegated the Chair and Health Scrutiny Officer to meet with the Senior Leadership Team to assess whether a resolution was reached by 18th August and in consultation have power to refer at that stage. This was considered at a meeting when the Chair of JHOSC and Health Scrutiny Officer were advised that positive negotiations had taken place with proposals made and that it would be untimely to escalate to the Secretary of State given the importance of attempting local resolution. It was agreed a written statement from the ICB would be necessary to give assurance to the JHOSC which was meeting on the 12th September. The Chair of the JHOSC and Health Scrutiny Officer met again with the Deputy Chief Executive and Executive Director of People

and Transformation to check in on other developments and were advised that in light of nothing yet being in writing to the Council, and that the ICB Board would be making a decision in private, there was no transparency around that and that the Senior Leadership Team was no longer in a position to give assurance. The ICB declined to give a written statement of assurance to the JHOSC by 12th September.

In summary, the JHOSC formally agreed in its 12th September 2024 public meeting that a request for a call-in from the Secretary of State will be made by the JHOSC on behalf of Oxfordshire County Council in relation to this matter. The reasons for requesting a call-in are threefold:

1. The JHOSC fundamentally disagrees with the ICB position in that it feels this proposed operating model does indeed constitute a substantial change and that it could have negative impacts on health and care services in Oxfordshire.
2. Although there were some positive discussions between the Council's senior leadership and the ICB, our request for a written statement from the ICB to indicate the likely recommendations that will be made to the ICB board at the end of September was declined, and the Committee was advised that the Senior Leadership Team of the Council also has nothing in writing that enables the local authority to give any assurance to the Committee.
3. The September ICB board meeting (where the decision to implement the proposed operating model will be made) will be held in private, and there is therefore no indication as to any recommendations that will be made to the board or the reason why decisions about the proposed operating model, which is a matter of high public interest, is being decided in private.

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