

# BUCKINGHAMSHIRE, OXFORDSHIRE, AND BERKSHIRE WEST JOINT HEALTH OVERVIEW SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Tuesday, 17 March 2026 commencing at 1.00 pm and finishing at 3.28 pm

**Present:**

**Voting Members:** Councillor Jane Hanna OBE – in the Chair

Councillor Stuart Wilson (Deputy Chair)  
Councillor Ron Batstone  
Councillor Lesley Clarke OBE  
Councillor Imade Edosomwan  
Councillor Rebecca Margetts  
Councillor Stephanie Steevenson  
Councillor Martha Vickers  
Councillor Liam walker  
Councillor Emma Garnett  
Councillor Roz smith  
Councillor Ruth McEwan  
Councillor Beth Rowland

**Officers:** Sam Burrows (Managing Director, NHS Frimley ICB)  
Caroline Corrigan (Chief Transition Officer)

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

## **2/26 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS** (Agenda No. 1)

Apologies have been received from Cllr Robin Jones, with Cllr Emma Garnett substituting.

Apologies were received from Cllrs Gareth Epps, Judith Edwards, and Paul-Austin Sargent, with Cllr Roz Smith substituting for Cllr Epps and Cllr Liam Walker substituting for Cllr Sargent.

Apologies had been received from Cllr Mathers, with Cllr Beth Rowland substituting for Cllr Mathers

Apologies had been received from Cllrs Shade Adoh, Dominic Pinkney, and Simon Rouse.

Apologies had also been received from Cllr Rachel Eden and Cllr Paul Gittings. Councillor Ruth McEwan attended as a substitute to represent Reading Borough Council.

### **3/26 DECLARATION OF INTERESTS**

(Agenda No. 2)

Cllr Hanna declared her interest as an employee of SUDEP Action.

### **4/26 MINUTES OF THE PREVIOUS MEETING**

(Agenda No. 3)

The Committee considered the minutes of the previous meeting on 16 October 2025.

The Chair raised some concern about the level of detail contained in the draft minutes, particularly in relation to the substantive discussion held at that meeting. It was important that the minutes clearly recorded specific requests made by the Committee, as well as commitments and assurances given by the ICB in response.

The Chair reminded members that, at the previous meeting, the Committee had reached clear and unanimous positions on a number of matters, including the need for greater transparency, detailed information on organisational changes, and engagement with the Committee ahead of the establishment of the new ICB. This included specific requests for sight of, and engagement on, the draft ICB constitution. The Chair expressed concern that these points were not sufficiently reflected in the draft minutes.

The Health Scrutiny Officer confirmed that recommendations arising from the previous meeting had been submitted to the ICB.

The Committee **NOTED** that a formal response had not yet been received and asked that this be followed up.

The Committee **AGREED** that the Chair and officer would review the recording of the previous meeting and amend the minutes to ensure an accurate and detailed record of the Committee's requests and the responses given. The Health Scrutiny Officer would continue to pursue responses to outstanding recommendations.

Subject to the requested amendments, the Committee **AGREED** that the Chair should sign the minutes as a true and accurate record.

### **5/26 PETITIONS AND PUBLIC ADDRESS**

(Agenda No. 4)

There were none.

## 6/26 CHAIR'S UPDATE (Agenda No. 5)

The Chair provided a detailed update on developments since the previous meeting and the context for the current meeting.

The Chair explained that there had been a change in ICB personnel engaging with the Committee, which had contributed to delays in agreeing a date for a scoping meeting. As a result, the scoping meeting for this BOB JHOSC public meeting had not taken place until February. This had inevitably delayed confirmation of the meeting date and made it more difficult to secure a venue.

The Chair noted that, because of these delays, there had been no effective working time between receipt of the ICB's presentation and the publication of the agenda. The Chair expressed concern that this limited the Committee's ability to scrutinise effectively.

The Chair explained that, during the scoping meeting, there had been discussion about what information could be shared and when, given the statutory consultation with staff on proposed organisational changes. The Chair and scrutiny officer had understood that detailed information could be shared with the Committee once ICB staff had received that detail.

The Chair reminded the Committee that assurances about the provision of detail had been given as far back as July 2025, reinforced during a briefing with the ICB Chief Executive in August 2025. The Chair also reminded members that the 16 October 2025 BOB JHOSC meeting had clearly set out the Committee's concerns and made specific requests regarding the level and nature of information expected.

The Chair emphasised that this meeting had been arranged because the Committee had been seeking transparency for many months and had been clear that scrutiny was particularly important given the scale of organisational change and the financial context.

The Chair reiterated concerns that the PowerPoint presentation provided did not give the level of assurance or detail the Committee had been requesting, particularly in relation to governance, capacity and impacts on services.

The Committee **NOTED** the chair's update.

**7/26 BUCKINGHAMSHIRE, OXFORDSHIRE, AND BERKSHIRE WEST  
INTEGRATED CARE BOARD UPDATE**  
(Agenda No. 6)

The Chair introduced the item, noting that the Committee had been seeking clarity and transparency since July 2025 and expected a detailed and open discussion.

**Introduction by the ICB**

Sam Burrows (Managing Director, NHS Frimley ICB) and Caroline Corrigan (Chief Transition Officer) were invited to present the BOB ICB update.

**Consultation, Public Engagement and the Draft Constitution**

The Committee drew attention to the fact that the previous transition from Clinical Commissioning Groups (CCGs) to the BOB ICB had involved statutory public consultation, as well as engagement on the draft constitution.

The Chair stated that the Committee was therefore seeking to understand why a similar approach was not being taken on this occasion.

Members expressed concern that councillors were accustomed to extensive consultation in respect of local authority structural reforms, and that these changes were particularly significant because they encompassed a broad agenda, including neighbourhood working, place-based arrangements and prevention.

The Committee was informed that the decision not to undertake public consultation was a national one, based on the view that the changes were organisational and would not directly impact services.

In relation to the draft constitution, the ICB explained that there was not expected to be significant scope for change, and that the approach would therefore focus on engagement with partners rather than formal consultation.

The Chair asked explicitly whether this engagement would include the Committee, given that the Chair of the ICB had previously confirmed that they were keen to engage with scrutiny.

The Committee reiterated that there had been engagement on the previous draft constitution and asked whether the Committee would have sight of and engagement on the new constitution prior to its adoption. The ICB confirmed that the draft constitution could be shared and that engagement with scrutiny was welcomed, albeit within national constraints.

**Local Authority Representation and Partnership Working**

The Committee drew attention to the importance of improved local authority representation within the new arrangements. The Committee clarified that the proposed local authority roles on the ICB Board were intended to provide expertise, rather than formal representation of individual councils.

The ICB gave a commitment to working in partnership with local authorities. The Chief Executive had previously assured the Committee that there were, and would continue to be, regular meetings with chief executives of local authorities, recognising the significant challenges they faced.

The ICB acknowledged that some local authorities were experiencing population growth of 30–40%, which would drive increased demand for health services, estate and workforce.

The ICB recognised the importance of working with local authorities to ensure access to the best available data and to support strong place-based conversations.

### **Healthwatch and the Patient Voice**

The Committee highlighted the very important role played by Healthwatch, noting that it had been extremely helpful to scrutiny and acted as a vital bridge between the public and the NHS.

The Committee reiterated its unanimous view, previously agreed in its public meeting on 16 October 2025, that the Healthwatch function must be retained as an independent local voice.

The Managing Director NHS Frimley recognised the importance of a strong patient voice and confirmed that responsibility for patient voice would sit with a member of the executive team. However, it was acknowledged that the future of Healthwatch depended on legislation and was not yet fully clear.

The Committee expressed concern that detail previously expected by December had not yet been shared and reiterated its strong concern about proposals for the abolition of local Healthwatch. Members stressed the importance of an independent voice, separate from both the NHS and local authorities, particularly during a period of major transformation.

### **Coterminosity and Mayoral Arrangements**

The Committee raised concerns about coterminosity, describing this as the “elephant in the room”, particularly given that arrangements for a mayoral authority had not yet been determined.

Members asked what would happen if coterminosity was not achieved. The ICB stated that, given ministerial support for the Thames Valley ICB, it was reasonable to infer that mayoral arrangements would align with the ICB footprint.

### **Inequalities, Rurality and Data**

The Committee raised concerns that the word “rural” appeared only once in the report submitted for this item by the ICB and that there had not been sufficient consideration of rural inequalities, which differ from urban inequalities.

Members highlighted that rural areas often suffered from greater data gaps because rural indicators were not routinely gathered, and that lack of access, including transport and service availability, was itself a form of inequality.

The ICB acknowledged the imperfection of current data and committed to addressing rural as well as urban inequalities, recognising the need to work in partnership with local authorities to improve understanding and data quality.

Members also raised concerns about the ICB's response to questions on Marmot principles, noting that the response was concerning given previous commitments to work with local authorities on inequality.

### **Public Engagement, Digital Exclusion and Access**

The Committee expressed concern about how patients and the public were being taken with the reforms, warning that insufficient engagement risked creating public anxiety.

Members highlighted very limited public engagement to date, particularly with highly vulnerable populations, including the significant proportion of residents who did not use digital services. Concerns were also raised about travel distances and access to services, particularly for those communities most likely to be left behind.

The Managing Director NHS Frimley recognised the importance of transport and access and stated that this reinforced the importance of the neighbourhood agenda, with services closer to home. Wantage Community Hospital was cited as an example of shifting activity from acute to community settings.

### **Governance, Scrutiny and Place-Level Engagement**

Members questioned where Thames Valley health scrutiny and place-based scrutiny sat within the proposed governance structure, noting that this was not included in the presentation.

Questions were also raised about the ongoing involvement of senior ICB representation at place level. The ICB responded that relevant senior staff would attend meetings depending on the item under discussion and suggested this was preferable to continuity of representation.

The Committee noted that the full-time Director of Place role had been lost the previous year and expressed concern that continuity of senior representation had been critical to strong relationships with local authorities, providers and effective scrutiny.

### **Funding, Innovation and Sustainability**

The Committee discussed the reduction in ICB running costs and the separate allocation of approximately £58 million for an Innovation Fund, covering a range of grants from small to large. It was responded to the Committee that an independent panel had been used to assess bids.

Members also questioned the sustainability of this funding and how such a relatively small sum could deliver the transformational change expected across the system.

### **Workforce and Organisational Capacity**

The Committee raised concerns that voluntary redundancies had taken place before the statutory consultation, questioning the impact on the workforce and organisational capacity.

Members expressed concern that, without sight of how functions had changed and where capacity had been reduced, it was not possible for the Committee to scrutinise the implications for service delivery and assurance.

### **Primary Care, Estates and Infrastructure**

The Committee highlighted significant population growth and worsening access to primary care in some communities, noting that historically the NHS had not always claimed or used available funding for infrastructure.

Members noted that, following scrutiny, the ICB had recruited estates expertise, and asked what the change in capacity now was for work on primary care and estates: whether it had increased, remained the same or reduced.

It was responded that the ICB did not possess capital that could easily and directly be utilised for primary care estate, and recognised that this was an ongoing challenge.

### **Safeguarding and Vulnerable Populations**

Members were concerned about how changes in ICB functions would affect inspection, assurance and oversight, particularly in relation to mental health and learning disability out-of-county placements, in light of recent neglect and abuse scandals elsewhere.

The Committee also expressed concern about how capacity changes might affect safeguarding and quality assurance for vulnerable populations.

### **ICB constitution and organisational structure:**

The Committee formally noted its concerns that, by this stage, it had not been provided with the draft ICB constitution or detailed information on the new organisational structure, despite previous assurances.

Members observed that the absence of detailed papers beyond the PowerPoint presentation submitted by the ICB meant that it was not possible to gain assurance on a wide range of matters of concern to the Committee and the public.

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

1. For the draft constitution of the Thames Valley ICB to be sent to the BOB JHOC and JHOSCs at place level now and ahead of the first meeting of the ICB.
2. For the Thames Valley ICB to ensure that system-level changes are brought to the attention of JHOSCs at Place until the first meeting of the Thames Valley JHOSC, and that the new ICB ensures senior representation of ICB staff to continue to engage with HOSCs during the period of transition toward a Thames Valley JHOSC.
3. For the Thames Valley ICB to continue with informal engagements a view to shape the new TV JHOSC constitution and agree a memorandum of understanding between the TV ICB and the new JHOSC.

**8/26 FORWARD WORK PLAN**  
(Agenda No. 7)

The Committee **NOTED** that this was expected to be the final meeting of the BOB JHOSC, subject to the establishment of the Thames Valley ICB. This JHOSC was expected to be dissolved, and a new Thames Valley JHOSC was to be established which included additional Local Authorities that would fall within the new Thames Valley ICB boundaries.

..... in the Chair

Date of signing ..... 200