

## **COUNCIL – 8 DECEMBER 2020**

### **BOB Joint Health Scrutiny and Overview Committee**

**Report by Corporate Director of Commercial Development, Investment and Assets and Monitoring Officer**

#### **RECOMMENDATION**

**Subject to agreement by the other relevant local authorities; Council is RECOMMENDED to agree the Terms of Reference (in Annex 1) for delegation of health scrutiny powers to Joint Health Overview and Scrutiny Committee across the Buckinghamshire, Oxfordshire and Berkshire West geography to allow of health issues at a system level.**

#### **Executive Summary**

1. 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.
2. 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.
3. 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.
4. 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.

#### **Background**

##### *Health scrutiny powers*

1. 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*

2. 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*

3. The health and care system is becoming increasingly integrated as a key plank of the NHS Long-Term Plan. The Long-Term 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 communities<sup>1</sup>.*

4. Oxfordshire is part of an Integrated Care System 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**

5. Health scrutiny legislation requires that a Joint HOSC be appointed where substantial developments or variations to health services affect an area covering

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

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.

6. 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.
7. 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, which duly followed. During the process, 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.

## **Oxfordshire JHOSC**

8. At its meeting on the 26<sup>th</sup> of November 2020, the Oxfordshire JHOSC considered a Terms of Reference for the BOB HOSC. Members of the committee wished to specify the following change (added as a footnote to point 17 in Annex 1):

*There is provision for two co-opted members on the BOB HOSC. One of these places will be offered to Healthwatch to represent patients and the public; it will be for Healthwatch across the BOB geography to discuss and determine whether this is the most effective way to have patient and public views feeding into the committee. If co-opted membership is deemed not to be the most appropriate role for Healthwatch; a standing item on BOB HOSC agendas will be created to allow for Healthwatch to report patient and public views across the ICS.*

*Vacant co-opted seats on the committee will be advertised and appointed to by the BOB HOSC committee as necessary.*

9. The Oxfordshire HOSC voted to support the draft Terms of Reference in Annex 1 and therefore recommend them to Council for their agreement.

10. The establishment of the BOB HOSC requires all relevant local authorities (as outlined in this paper) to agree the draft Terms of Reference, as such, they are subject to agreement by those authorities through their respective Councils

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Background papers:

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