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Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee minutes

Minutes of the meeting of the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee held on Thursday 16 October 2025 in The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 10.30 am and concluding at 1.00 pm.

Members present

Councillor Lesley Clarke OBE, Councillor Paul Gittings, Councillor Jane Hanna, Councillor Rebecca Margetts, Councillor Adrian Mather, Councillor Simon Rouse, Councillor Stephanie Stevenson, Councillor Martha Vickers, Councillor Ron Batstone, Councillor Judith Edwards, Councillor Robin Jones, Councillor Dominic Pinkney, Councillor Alan Sherwell, Councillor Stuart Wilson and Councillor Laura Gordon

Others in attendance

Liz Wheaton, Vicky Phoenix, Madeleine Shopland, Jemma Durkan, Dr Omid Nouri, Rob Bowen, Dr Nick Broughton, Dr Priya Singh, Mr Steve McManus, Naomi Radcliffe and Lisa Reynolds

Apologies

Councillor Shade Adoh and Councillor Rachel Eden

Agenda Item

1 Election of Chairman

The meeting commenced with the formal election of the Chair. Members were invited to nominate candidates, and the process was conducted in accordance with Committee procedures. The Clerk asked if there were any nominations. Cllr Jane Hanna from Oxfordshire County Council was nominated by Cllr Adrian Mather, and was seconded by Cllr Judith Edwards. Cllr Hanna was elected Chair of the Buckinghamshire, Oxfordshire, and Berkshire West Joint Health Overview Scrutiny Committee (BOB JHOSC) as there were no other nominations.

The Committee **AGREED** to the appointment of Cllr Hanna (as Chair for 24 months as per the Committee's terms of reference), who assumed the position of Chair at this point.

2 Election of Vice-Chairman

Following the election of the Chair, nominations were sought for the position of Vice Chair. Cllr Dominic Pinkney nominated Cllr Stuart Wilson from Buckinghamshire Council, and Cllr Robin Jones seconded this.

The Committee **AGREED** to electing Cllr Stuart Wilson, who assumed the position of Vice-Chair of the BOB HOSC for the ensuing 24 months.

3 Apologies for absence

Apologies for absence were received from Cllr Shade Adoh, Cllr Gareth Epps, and Cllr Rachel Eden. Cllr Laura Gordon substituted for Cllr Gareth Epps.

4 Declarations of interest

Members were invited to declare any interests relevant to the items on the agenda. Cllr Jane Hanna declared her interest as an employee of SUDEP Action.

5 Minutes of the last meeting

The minutes of the previous meeting held on 22 November 2024 were reviewed. Members were invited to raise any matters arising or corrections.

The minutes were **AGREED** and approved as an accurate record of the proceedings.

6 Public Questions

There were no public questions received.

7 NHS reforms - update on the development of a Thames Valley Integrated Care Board

Dr Nick Broughton (Chief Executive NHS Buckinghamshire, Oxfordshire & Dr Nick Broughton (Chief Executive NHS Buckinghamshire, Oxfordshire & Berkshire West [BOB] ICB and NHS Frimley ICB) was invited to present a report with an update on the development of a Thames Valley ICB.

Below are the following themes that were discussed during the items:

National and Regional Context:

The Committee received a comprehensive update on the national changes driving NHS reorganisation. The Chair and Chief Executive of the cluster, now comprising BOB and Frimley ICBs, explained the rationale for creating the Thames Valley ICB. The reforms were described as part of a national framework, with the Southeast region participating in these changes. The drivers included the government's transformation agenda, the Darzi Review, the 10-year health plan, and a shift towards prevention, digital access, and community-based care.

Organisational Changes:

It was reported that the changes would not affect service delivery directly but would alter the organisational structure and strategic commissioning. The new ICB would focus on improving population health, reducing inequalities, and enhancing collaboration both locally and regionally. A significant reduction in running costs was

anticipated, with a target of 50% following a previous 30% reduction.

Data-Driven Healthcare and Integration:

The importance of data-driven decision-making was discussed and emphasised, with reference to shared care records and research networks already operating across the Thames Valley footprint. The Committee noted the value of these foundations for future integration.

Stakeholder Engagement and Organisational Design:

Updates were also provided to the Committee on the progress of organisational design, including ministerial approval for the new ICB, joint executive roles, and governance structures. In response to the Committee's questions around the extent of stakeholder engagement, it was explained that extensive engagement had taken place with staff, stakeholders, NHS providers, primary care, local authorities, the voluntary sector, Healthwatch, MPs, and academic partners. Key themes from feedback included support for strategic commissioning, data-led approaches, addressing health inequalities and neighbourhood-focused care.

Executive Recruitment and Transition Plan:

The formal process of transition to a new Thames Valley ICB was also discussed. It was explained that the executive consultation for the new Thames Valley team was underway, aiming for a smaller, more efficient team. Staff consultation was planned for early next year, with the formal transition to the new organisation scheduled for April 2026. The challenge of maintaining morale amid redundancies and organisational change was acknowledged.

Public Consultation and Constitution:

Questions were raised about the lack of public consultation for the new ICB. It was clarified that the changes were infrastructural and did not affect service delivery, hence no formal public consultation was planned. However, engagement with Committees and partners would occur during the drafting of the new constitution.

Local Authority Representation:

The Committee discussed local authority representation on the new ICB board. It was responded that there was a commitment to improving engagement and representation, with recognition of the need for a stronger public health voice. The board composition was still under consideration.

Healthwatch and Patient Voice:

Concerns were raised by the Committee about the abolition of Healthwatch and the importance of retaining its function which provided an independent patient voice.

Assurance was given that the new organisation would design mechanisms to ensure strong patient and public involvement.

Alignment with Mayoral Authority and Devolution:

The potential impact of future mayoral authority boundaries was discussed. The ICB was proceeding with the Thames Valley footprint, and the Committee was assured that flexibility was built into the plans in order to adapt to future changes around local authority boundaries.

Commissioning Arrangements and Better Care Fund:

The Committee also enquired about joint commissioning arrangements between local authorities and the ICB within Oxfordshire and Buckinghamshire. It was explained that there was a commitment to equity and consistency in service delivery across populations and that there was still uncertainty as to specific future arrangements.

Addressing Rural Health Inequalities:

The Committee expressed concerns about rural deprivation and access to healthcare, and this was highlighted as an issue that was prevalent throughout the BOB geography. The ICB responded that they were committed to using data and evidence to identify and address inequalities, including those specific to rural areas.

Population Health Challenges:

The Committee raised questions on high asthma rates in West Berkshire, projected increases in healthcare demand from older populations, and nurse-to-patient ratios relative to the national average. It was responded that strategies were in place to focus on value, neighbourhood health services, and prevention.

Equity in Resource Allocation:

The Committee raised concerns around the extent of equity in resource allocation across a Thames Valley geography. It was explained that there was a firm commitment to evidence-based, equitable allocation of resources, with a view to target areas of greatest need.

Community Engagement and Access:

The Committee raised concerns about digital exclusion and transport barriers for rural communities or vulnerable patients. It was responded that plans were in place to deliver more care in community settings and to improve engagement with residents around these.

The Committee **AGREED** to take offline the matter of agreeing any

recommendations to issue to the ICB on the development of a Thames Valley ICB.

8 Provider Collaboratives

Naomi Radcliffe (Director, Thames Valley Acute Provider Collaborative) and Lisa Reynolds (Associate Director, Mental Health, BOB Provider Collaborative) were invited to present a report on Provider Collaboratives.

- Acute Provider Collaborative:

The Committee received an update on the formation and achievements of the acute provider collaborative, which included joint initiatives such as the fracture liaison service, elective recovery, and patient choice. The Committee discussed resource availability, allocation, and sharing. It was explained that there would be strategic use of scale for procurement and resource allocation, and that the collaborative now comprised four acute trusts.

- Mental Health Provider Collaborative:

There was a discussion with the Committee around the nature and purposes of the mental health provider collaborative. It was explained to the Committee that this collaborative focused on reducing variation of service efficacy, improving outcomes, and reducing out-of-area placements. There were also plans to align the mental health collaborative with any new and ensuing Thames Valley operating model. The importance of working with partners, including the voluntary sector, was also emphasised.

- Estates Strategy and Capital Projects:

The topic of Estates and available capital for estate development and improvement was also raised. It was explained that the ICB was highly supportive of new hospital developments, such as that involving the Royal Berkshire Hospital. It was also highlighted that there was wider strategic planning for NHS estates which aimed to optimise resources.

- Consolidation of Corporate Services:

The need to ensure adequate resource and staffing for provider collaboratives and Trusts was also discussed. It was explained that there was continuous work to consolidate back-office functions, and that the collaboratives had an aim to maximise funding for frontline services.

- Autism and Neurodiversity Pathways:

The Committee noted a significant increase in demand for autism assessments across the BOB geography, and was concerned about this. It was responded that plans were in place to develop needs-based models and that system-wide neurodiversity pathways were discussed between system partners at the BOB and local levels.

- Data Sharing and Quality Improvement:

The topic of data sharing and quality improvements as a result was discussed with

the Committee. It was explained that there were plans to use national and local data sources to identify opportunities for improvements to services provided through the collaboratives. It was also highlighted that there was a commitment to reducing administrative burdens and promoting quality improvement.

- Collaboration and relationship with local authorities:

The relationship between NHS provider Trusts and local authorities was also discussed. It was highlighted that NHS Trusts, with the support of the ICB, were committed to maintaining close and collaborative relationships with local authorities. The Chief Executive of the ICB also reiterated that he held meetings (on behalf of the ICB and wider NHS providers) with the Chief Executives of the local authorities in the BOB geography every few weeks. This was explained to be a crucial step in keeping local authorities continuously engaged and for relationship building purposes. It was also highlighted that in each local area, strong integrated place-based conversations were taking place directly between NHS providers and the local authorities in their area.

- Collaboration on mental health crises and Emergency Departments:

The Committee enquired about how mental health crises were managed through the collaboratives, and whether there was any collaboration between Trusts around reducing demand on emergency departments from patients experiencing a mental health crisis. It was explained to the Committee that there was a lot of ongoing work between Acute Trusts across Oxford, Buckinghamshire and Berkshire with their local emergency departments to see how they could support patient flow, and to get people to receive the right care in the right place as soon as possible. However, it was recognised and highlighted that more work around this was required, including via better use of data.

- Collaboration with the voluntary sector:

The Committee enquired as to the degree to which there was close collaboration between provider Trusts and the voluntary sector, including via the collaboratives. It was responded that acute Trusts do, both via the collaboratives and through their own individual avenues, collaborate closely with the voluntary sector and recognise the important contributions that the voluntary sector provides. The Trusts also keep local charities and community organisations regularly updated on any key developments around their respective services. This was particularly the case in the mental health provider collaborative, where strong relationships existed with some advocacy organisations that were able to support and advise the best way in which to shape and deliver mental health services.

The Committee **AGREED** to take offline the matter of agreeing any recommendations to issue to the ICB and acute Trusts on provider collaboratives.

9 **Work programme**

The committee discussed the future work programme in light of the extensive reforms and ongoing projects.

It was proposed and **AGREED** that an online meeting be held to set priorities and discuss the work programme in partnership with the ICB.

10 Date of next meeting

It was **AGREED** that the next meeting would be scheduled before the end of March 2026, with dates to be confirmed in consultation with the ICB and Committee members.

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