



Health & Adult Social Care Select Committee agenda supplement

Date: Thursday 5 November 2020

Time: 10.00 am

Venue: MS Teams

Agenda Item	Time	Page No
9 Buckinghamshire, Oxfordshire and West Berkshire Integrated Care System - joint health scrutiny committee Details on this item to follow.	12:45	3 - 10

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Liz Wheaton on 01296 383856, email democracy@buckinghamshire.gov.uk.

This page is intentionally left blank



Report to Health & Adult Social Care Select Committee

Date: 5th November 2020

Title: Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) - *Setting-up a joint health scrutiny committee*

Author: Nick Graham, Service Director – Legal and Democratic Services

Officer support: Liz Wheaton, Committee & Governance Adviser (HASC)

Recommendations/Outcomes:

- ***For Members of the Health & Adult Social Care Select Committee to discuss the progress made to date in setting up a joint health scrutiny committee for the BOB ICS which will aid continued negotiations.***
- ***For Members to approve the draft terms of reference and to delegate the final sign-off of the terms of reference for the joint health scrutiny committee to the Chairman of the Health & Adult Social Care Select Committee.***
- ***For Members to approve that the final terms of reference will be discussed and ratified at Full Council.***

1. Background

1.1 Since the creation of the Buckinghamshire, Oxfordshire and Berkshire West 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.

1.2 At this meeting, health scrutiny Chairmen (or representative) and health scrutiny officers from across the footprint heard from a number of BOB ICS Leads about the planned activity being undertaken by the ICS. It was at this meeting that the proposal to set-up a joint health scrutiny committee was first raised.

In conjunction with this meeting, the Buckinghamshire HASC had provided feedback on the proposals for the BOB ICS future arrangements for NHS commissioning – an engagement document produced by the BOB ICS. Part of the HASC's response (in a

letter from the Chairman to the ICS Lead) included the following: “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.”

- 1.3 In May 2020, a letter was sent by the Monitoring Officer of Oxfordshire County Council to the Monitoring Officers of Buckinghamshire Council, West Berkshire Council, Reading Borough Council and Wokingham Borough Council. The letter requested the support of all authorities in establishing a new joint committee. 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 authority, the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.
- 1.4 The BOB ICS Leads have identified that they anticipate 80% of activity to remain at the local level (delivered by the Integrated Care Partnership) with 20% at the BOB ICS level.
- 1.5 From July 2020 to date, a number of meetings have taken place with the officers across the BOB footprint to discuss the governance issues in setting-up a joint health scrutiny committee.
- 1.6 Officers have received advice from the Centre for Public Scrutiny (CfPS). The CfPS endorses the need for a joint health scrutiny committee and sees it as a key component of the work of the ICS.

2. Main content of report

The latest draft terms of reference are attached to this paper. The key discussion points have been 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.

2.1 Defining the work of the joint committee

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.

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.

The proposal is for System activities to be scrutinised by the joint health scrutiny committee and activities at Place and Neighbourhood would be scrutinised by the relevant local authority through their existing health scrutiny arrangements.

The definitions above have been incorporated into the draft terms of reference. Consideration has also been given to developing a protocol to ensure work is considered at the most appropriate level of scrutiny.

2.2 Membership of the Committee

Two alternatives on the size of the committee have been discussed:

- 8, 6, 6 (8 Members for Oxfordshire, 6 Members for Buckinghamshire and 6 Members for Berkshire West). This calculation is based on population figures. Committee size – 20 Members;

- 6, 6, 6 (6 Members for Oxfordshire, 6 Members for Buckinghamshire and 6 Members for Berkshire West). This calculation is based on fair and equal representation across the footprint. Committee size – 18 Members.

2.3 Referral powers to the Secretary of State

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. Oxfordshire have suggested including a “Notwithstanding clause” in the terms of reference. This would allow member authorities the right to refer an issue to the Department of Health if the BOB joint scrutiny committee chose not to.

2.4 Election of Chairman and Host Authority

- 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.

2.5 Frequency of meetings

The draft terms of reference currently 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.

3. Next steps and review

- 3.1 It was agreed that Buckinghamshire Council would draft the terms of reference for the joint committee which would then be discussed by each authority.
- 3.2 The latest version of the draft terms of reference has been circulated to each authority for further discussion with Members and Officers.
- 3.3 The agreed terms of reference would then be signed off by the local health scrutiny committee (or delegated to the Chairman) and approved to go to Full Council for ratification.

Version as at 2 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. 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

9. 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

10. 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

11. 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

12. Membership of the JHOSC will be appointed by Buckinghamshire, Oxfordshire, Reading, West Berkshire, Wokingham that have responsibility for discharging health scrutiny functions.
13. Appointments to the JHOSC have regard to [the proportion of patient flow]. The Joint Committee will therefore have [x] members, consisting of [x] from Buckinghamshire, [x] from Oxfordshire, [x] from Reading, [x] West Berkshire, [x] from Wokingham
14. Appointments by each authority to the JHOSC will reflect the political balance of that authority.
15. The quorum for meetings will be [x] voting members, comprising at least one member from each authority.
16. The JHOSC shall include in its membership a representative from Healthwatch. Any co-opted member appointed will not have a vote.

Chairman & Vice Chairman

17. 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.

18. The Vice-Chairman of the JHOSC shall be drawn from members on the Committee and elected every 24 months.

Task & Finish Groups

19. 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

20. 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.
21. Meetings of the committee are to be arranged and held by the host authority.
22. 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.