



**OXFORDSHIRE  
COUNTY COUNCIL**



**Reading**  
Borough Council  
Working better with you

**West  
Berkshire**  
COUNCIL



**WOKINGHAM  
BOROUGH COUNCIL**

# 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 Wednesday 25 January 2023 in The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 2.00 pm and concluding at 4.00 pm.

## Members present

Councillor Peter Brazier, Councillor Nigel Champken-Woods, Councillor Phil Cunnington, Councillor John Ennis, Councillor Jane Hanna, Councillor Carol Heap, Councillor Tony Linden, Councillor Jane MacBean, Councillor Adrian Mather, Councillor Ruth McEwan, Councillor Howard Mordue, Councillor Claire Rowles and Councillor Alan Turner

## Others in attendance

Jemma Durkan, Tom Fowler, Michaela Green, Vicky Phoenix, Eddie Scott, Madeleine Shopland, Liz Wheaton, Dr Jane O'Grady, Rob Bowen, Councillor Jason Brock, Ansaf Azhar and Professor Tracy Daszkiewicz

## Apologies

Councillor Imade Edosomwan, Councillor Damian Haywood, Councillor Nick Leverton, Councillor Dr Nathan Ley, Councillor Freddie van Mierlo and Councillor Susan Morgan

## Agenda Item

### 1 Election of Chairman

Councillor Jane MacBean was proposed by Councillor T Linden and seconded by Councillor J Hanna. No other valid nominations were received.

Resolved: That Councillor Jane MacBean be elected Chairman of the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee for the ensuing 24 months.

### 2 Election of Vice-Chairman

Councillor Jane Hanna was proposed by Councillor A Mather and seconded by Councillor J MacBean. No other valid nominations were received.

Resolved: That Councillor Jane Hanna be elected Vice Chairman of the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee for the ensuing 24 months.

### **3 Apologies for absence**

Apologies were received from Councillors F Van Mierlo, D Hayward, N Leverton, I Edosomwan and S Morgan.

Cllr D Levy substituted for Cllr F Van Mierlo.

### **4 Declarations of interest**

There were no declarations of interest.

### **5 Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership - Strategic Priorities**

The Chairman welcomed Cllr Jason Brock, Chairperson, Integrated Care Partnership; Rob Bowen, Deputy Director of Strategy; Jane O'Grady, Director of Public Health, Buckinghamshire; Ansaf Azhar, Director of Public Health, Oxfordshire and Tracy Daszkiewicz, Director of Public Health, Berkshire West to the meeting.

Cllr Brock, Jane O'Grady, Ansaf Azhar and Tracy Daszkiewicz attended the meeting virtually.

During their presentation, the following key points were made:

- The Integrated Care Partnership (ICP) was a new statutory committee that would formally meet on Friday 27<sup>th</sup> January 2023. The membership of the ICP included six elected Members from across the BOB local authorities as well as health partners from the Integrated Care Board (ICB) and organisations from the community and voluntary sector.
- One of its purposes was to set a clear strategy for the integrated care system, which had been developed by representatives of the member organisations. The Public Health Directors from across BOB had been instrumental in bringing together the health and wellbeing strategies and identifying the common issues as well as highlighting fundamental differences in health outcomes across the BOB footprint.
- The strategic priorities had been divided into 5 categories, as follows:
  - Promoting and protecting health;
  - Start Well;
  - Live Well;
  - Age Well;
  - Improving quality and access to services.
- The draft strategy had been shared with key stakeholders, including the Health & Wellbeing Boards from across BOB. It was currently in a period of engagement to provide an opportunity for the public and partner organisations to respond to the proposed 18 priorities outlined in the strategy.
- The feedback from the draft strategy would help to inform the joint 5 year forward plan which was being prepared and would be circulated to key stakeholders in March.

During the discussion, Members raised the following questions:

- Cllr Brock explained that the area covered by the ICS was complex, including a range of different demographics. It was therefore important to consider issues at place level as well as at system level.
- Cllr Brock and Mr Bowen highlighted the importance of the Joint Committee's role in scrutinising the work of the ICP and the ICB.
- A Member emphasised the need for greater public engagement to ensure the strategy delivered better outcomes for residents. Feedback already received from members of the public highlighted the need for information to be provided at an early stage. Members also raised concerns around the lack of information and communication with local authorities. Mr Bowen explained that the timescales for engaging with the public and key stakeholders had been extended to ensure more meaningful engagement. In response to a Member question, Mr Bowen advised that whilst the ICP was a statutory committee, there was no current guidance on how frequently the strategy needed to be refreshed. Dr O'Grady added that the strategy had been written in order to remain relevant for the foreseeable future, though amendments could be made in line with feedback. She further emphasised the focus on prevention and health inequalities, which also needed to be reflected in the NHS' 5-year-plan.
- It was noted that the local authorities shared a number of the same issues which needed to be tackled at the local level, such as access to dentistry, which were not considered in enough detail within the strategy. Mr Azhar explained the importance of allowing time for the strategy to develop, recognising its strengths as it evolved. He also noted that whilst much of the prevention element happened at the local level, scrutiny and implementation of the strategy needed to happen at both at place and at system level. Whilst the strategy did not provide the details around implementation and timescales, it was recognised that some services had not been referenced in enough detail in the strategy, for example, dentistry and pharmacy services.
- Members expressed concern about the number of priorities contained in the draft strategy and suggested that they should be presented as objectives rather than priorities.
- The Chairman highlighted the importance of local scrutiny for challenging local issues but went on to say that the joint committee had provision for setting up working groups to review specific issues at system level.
- A Member was concerned that the impact of future housing growth on healthcare provision had not been given enough consideration within the strategy. More collaboration between the ICP and planning authorities was needed to ensure health provision was a key factor in the development of local plans. Cllr Brock explained that housing was one of the most important wider determinants of health and could significantly reduce pressure on healthcare. Ms Daszkiewicz agreed that bridging the perceived gap between public health and local government when developing housing would result in

faster achievement of the strategic priorities. Further factors integral to preventing health concerns, such as maintaining a healthy workforce and engaging with district and city councils, were also noted.

- Concerns were raised about the ways in which resources were distributed across the BOB footprint. It was noted that funding for the NHS was provided through a nationally agreed formula which considered factors such as areas of deprivation and health inequalities.
- The ways in which the current priorities would be monitored and measured was discussed. Dr O'Grady explained that metrics to measure certain outcomes were already in use, such as mental health indicators. Mr Bowen added that the thematic working groups would hold further meetings to agree the specific metrics to be used. Furthermore, delivery plans would be developed by each of the different partner organisations to ensure that objectives were met. Members suggested that mortality rates, avoidable admissions and vacancy rates across the footprint should be taken into consideration.
- The importance of partnership working to enable the successful delivery of the strategy was highlighted. This included involvement from the voluntary and community sector, patient participation groups and partner organisations such as Healthwatch.
- Cllr Brock emphasised the importance of social care, with healthcare being considered a subsector of it. He explained that conversations around social care, its funding and delivery needed to be held at national level.
- A Member asked what the ICP felt were successful levels of public engagement, based on a total BOB population of around 2 million. It was acknowledged that more could be done to improve public engagement and Members suggested that more quantitative and qualitative data needed to be gathered to help identify gaps and provide evidence of improved services.

The Chairman thanked the presenters for their attendance and participation.

## **6 Work Programme**

Members discussed the work programme and the ways in which the Committee would carry out their work. It was acknowledged that in person meetings were required in order to make formal decisions but Members felt that some of the work of the JHOSC could be conducted virtually. The Chairman agreed to review the working arrangements of the JHOSC and put forward a proposal for the Members to consider. Members also discussed the role of Healthwatch on the JHOSC which is referred to in the terms of reference.

## **7 Date of next meeting**

The date of the next meeting would be confirmed following clarification around the timeframes for the draft 5 year joint forward plan.