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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 15 June 2023 in The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 10.00 am and concluding at 12.40 pm.

Members present

Councillor Phil Cunnington, Councillor Nigel Foot, Councillor Paul Gittings, Councillor Jane Hanna, Councillor Damian Haywood, Councillor Carol Heap, Councillor Jane MacBean, Councillor Adrian Mather, Councillor Ruth McEwan, Councillor Howard Mordue, Councillor Alan Turner, Councillor Robin Stuchbury and Councillor Martha Vickers

Apologies

Councillor Nigel Champken-Woods, Councillor Trish Elphinstone, Councillor Dan Levy, Councillor Dr Nathan Ley, Councillor Nick Leverton, and Councillor Susan Morgan

Agenda Item

1 Apologies for absence/changes in membership

Following the local elections in May 2023 and a change in proportionality in Buckinghamshire Council, 5 new Members had been appointed to the committee since the last meeting.

- Cllr T Elphinstone (Oxfordshire)
- Cllr N Foot (West Berkshire)
- Cllr P Gittings (Reading)
- Cllr M Vickers (West Berkshire)
- Cllr R Stuchbury (Buckinghamshire)

Apologies had been received from Councillors Champken-Woods, Leverton, Ley, Elphinstone, Levy and Morgan.

Cllr Howson was present as substitute for Cllr Levy.

2 Declarations of interest

Cllr Damian Haywood declared an interest in item 6 due to a contract with NHS South Central and West Commissioning Support Unit.

Cllr Jane Hanna declared an interest in item 6 as chief executive of SUDEP Action.

3 Minutes of the previous meeting

The minutes of the previous meeting held on 25th January 2022 were agreed as an accurate record.

4 Public Questions

A public question had been received from Cllr Stuart Wilson.

What scrutiny will this Committee have over ICB policy and decision-making for capital investment into primary care, given its importance in the ICB strategy for place-based provision, particularly in ensuring that such decisions are fully aligned to current and future Local Plans for each of the Authorities represented here; and how can we avoid situations, such as the one we have in The Wooburns, Bourne End & Hedsor where we are asked to take significant levels of housing without an adequate upgrade in the quality and capacity of our primary care medical facilities?

Response from Rob Bowen, Acting Director of Strategy and Partnerships.

The Integrated Care Board recognises that housing developments and the associated population growth can put pressure on primary care services, including General Practice, and its existing estate. Where possible the ICB makes representations on planning applications to maximise the opportunity of investment in health from developer' contributions through Section106 or the Community Infrastructure Fund. We are aware that these requests have not always been successful.

The ICB does not hold capital funding directly so are reliant on bidding to NHS England for funding extensions/new builds through revenue payments. Developers' contributions are rarely sufficient to offset any costs to the ICB. The BOB ICB has over 40 schemes in the pipeline and has had to undertake a prioritisation exercise to determine which schemes are for development. The ICB does not receive any additional funding for such developments and therefore needs to make a judgement on affordability and value for money.

Through the course of 2023/24 the ICB has committed to reviewing the best models of primary care and considering how services could be provided in a more joined up way, making best use of other professionals experience and capacity. The ICB welcome the opportunity to work with local authority and system partners to explore opportunities of more integrated working, including the use of one public estate initiatives to ensure that we have adequate and fit for purpose primary care medical facilities.

5 Chairman's update

The Chairman updated Members on the following:

- Dr Nick Broughton, the current Chief Executive of Oxford Health NHS Foundation Trust, had been appointed as the Interim Chief Executive of BOB ICB. The Chairman expressed concerns about the interim nature of the appointment and mentioned discussing it with Steve McManus. The structure

of the ICB would remain an issue to be examined by the Committee going forward, particularly in terms of decision-making processes, the speed of development and accessibility of information.

- Ms Mountford provided assurance to the Committee that their concerns would be addressed. An acting chair was currently in place, and arrangements had been made for the handover of the chief executive position, while an interim executive team ensured that work would continue without interruption. Ms Mountford and the Principal Scrutiny Officer offered to arrange a meeting between Dr Broughton and the Committee's Chairman and Vice-Chairman to address these concerns if requested.

6 Integrated Care Strategy

The Chairman welcomed Robert Bowen, Acting Director of Strategy and Partnerships for the Buckinghamshire, Oxfordshire and Berkshire West ICB, and Catherine Mountford, Director of Governance for BOB ICB to the meeting.

The following points were highlighted:

- The Integrated Care Strategy was owned by the ICP and set the direction across all the BOB area. Local Authorities and the NHS fed directly into the establishment of this strategy. It is notably selective of areas that would be beneficial to work on.
- Feedback received was highlighted, including the general endorsement of priorities and principles. The document was restructured to make several priorities more prominent and clearer.
- Services that were missing from the previous version, such as palliative & end of life care had been added. Ambitions laid out in the plan for several other service areas had been strengthened.
- There was a need to ensure the prevention agenda is strengthened, and the approach to deliverability was touched upon later on in the strategy.

During discussion, comments and questions raised by the Committee the following main points were noted:

- There was ambition in the Joint Forward Plan to work on the future model of primary care. Later this year, a piece of work would be completed to establish the model of primary care and the key infrastructure requirements. There were some critical enablers in estates that would be worked out prior to that.
- The need for supporting Children's education was recognised. The Start-Well ambition would work alongside place-based plans that would contain more detail about how this would work in practice. Plans would be linked across the different organisations to ensure interconnection. Lifelong disabilities would be addressed by the Start-Well commitment.
- A workshop was to be held in the week following the committee meeting to address governance arrangements and accountability for the ICP and how it works with the ICB. This workshop would also consider the role of Health and Wellbeing Boards in the new structure.
- Members were reassured that all Local Authorities, including District Councils in Oxfordshire had engaged with the process in producing the Integrated Care

Strategy. Going forward, it would be important to define how the relationships with Local Authority partners would work as part of the ICP.

- Where specific disabilities and medical conditions were not mentioned in the strategy, it was noted these were not being ignored. It would not have been feasible to 'namecheck' every important medical condition in the integrated Care Strategy.
- Concern about NHS Dentistry provision was highlighted by the committee. It was noted there was a severe shortage nationally of NHS dentists and patients struggled to sign up with one. A Councillor encouraged Members to contact their MP, as it was recognised as a problem that needs national attention.
- Planning for future healthcare provision was regarded as vitally important for the BOB area. Two Buckinghamshire Council Select Committees were due to undertake a piece of work on the topic in Autumn 2023 (Growth Infrastructure & Housing Select Committee and the Health & Adult Social Care Select Committee).
- Relevant Review/enquiry work done by the respective Select Committees in each Local Authority was to be shared with Committee Members. This sharing of work done would be useful for place-based committee's as well as the JHOSC.

7 Five Year Joint Forward Plan

Robert Bowen, Acting Director of Strategy and Partnerships for the Buckinghamshire, Oxfordshire and Berkshire West ICB, presented the Five Year Joint Forward Plan.

During their presentation, the following key points were made:

- The Forward Plan would be produced annually and would give a 5 year outlook. It would focus on the NHS element of the system and the NHS delivery plans. It would focus on how the NHS is responding to the integrated care strategy, operational requirements and providing services that meet population needs.
- There was balance between the short term and long term in the plan. Furthermore, within the BOB area, the 5-year plan aimed to establish ways of working together across all of the different partners within the ICB.
- Challenges were recognised across the NHS, and it was important to come together to try to address these. Four key challenges had been identified within the forward plan. They were; how to tackle the inequalities prevalent across the system, the 'model of care' which referred to moving the focus of provision of care & support to keep people healthy in the community and Improvement of experience i.e. waiting times & access and sustainability, particularly financial sustainability & workforce challenges.
- More work was to be done to set out a longer-term ambition to address these challenges, which would be done in partnership with the wider system environment, not just the NHS.

During the discussion, Members raised the following questions:

- Silo working was an important challenge to address. Place based partnerships

were key to breaking down silos. Over the coming years, it would become clearer how the constituent organisations would work across the various BOB boundaries. The ICB was early in establishing how scale could be used beneficially across the system, and several different provider collaboratives were being proposed.

- There was an acute provider collaborative between the Buckinghamshire Healthcare NHS Trust, Oxford University Hospitals NHS Foundation Trust and the Royal Berkshire NHS Foundation Trust. They had a number of priorities already and would start to think about planning and using shared resources to break down organisational boundaries. A similar mental health provider collaborative brought together adult mental health, and children mental health services from Bucks Healthcare and Oxford Health.
- The 5-year plan contained ambitions for where each service should be after 5 years. There was further detail on how this would be delivered in the plan. The reporting structure was to be decided, and it was proposed that there would be a twice-yearly update to the ICB Board and NHS Trusts.
- A system transformation group would be setup which would have multiple organisations and professionals involved. The group members were yet to be finalised. This group would look at how to develop plans around challenge areas.
- Data was highlighted as key to understanding the BOB area. By the end of the year, there would be a single integrated data set across the BOB system. This was high priority for the year. There was work being done to digitize our providers to ensure they had modern and fit for purpose systems.

8 Update on implementing engagement strategy

The Chairman welcomed Nick Samuels, ICB Interim Director of Communications and Engagement, to the meeting.

During their presentation, the following key points were made:

- The Strategy would not be set in stone, it would learn, evolve and adapt to what works, and what people experience of it.
- Culture change in the organisation would take time. It would need to be nurtured and supported. With the right infrastructure and role modelling, a communicative culture could emerge.
- Engagement with communities was highlighted. It was important to have conversations with people in different forms and modes. This would allow the ICB to adjust their behaviour, activity, plans and programs accordingly.

During the discussion, Members raised the following questions:

- Citizens Panels would include representatives from local communities that the ICB can go to regularly, but that would be only one element of communication and engagement. From this, they would explore methods to suit the communities.
- Engagement would aim to include children and young people who are not typically organised together in formal groups. The ICB would aim to be adaptive

to suit their requirements.

- Nick was in an interim role as Director of Communications & Engagement until a permanent person takes post. The recruitment process was underway as of the meeting and would aim to have someone in post by September 2023.
- The engagement strategy would be signed off by the board by 18th July 2023, and the operational plan brought together by the time Nick's successor takes post. There was an aim to get infrastructure in place, such as citizens panels, the independent advisory panel and start the audience research to understand in detail who the audiences were, and who the partners and participants would be.

9 JHOSC working protocol

The JHOSC working protocol was agreed.

10 Work Programme discussion

Following discussion with the committee, the following items were suggested for inclusion in the work programme.

- NHS provision of Dentistry
- Primary Care Networks Planning
- Dementia
- Population Health Management
- Private/public conversations

11 Date of next meeting

The date of the next meeting was to be confirmed.

BOB Primary care estates prioritisation matrix v2

CRITERIA AGREED	Measurement	SCORE 0	SCORE 5	SCORE 10	SCORE 15	SCORE 25	SCORE 40	SCORE 75	Other comments	Max Score	Category
Current space is less than needed for the current practice list size	m2 / list size (NHSE 2013 criteria)	Current space is adequate for existing list		Space is currently less than needed in practice (10% to 25 % more is needed)	Space is currently less than needed in practice (26% to 39% more is needed)	Space is currently less than needed in practice (40% to 49% more is needed)	Space is currently less than needed in practice (50% - 99 % more is needed)	Space is currently less than needed in practice (> 100% more is needed)		75	estates drivers max score of 220 (36.6% of total)
Addresses where current premises unsuitable/ not fit for delivery of primary care	Oakleaf 6 Facet survey	No C in any facet	1-2 "C" items	3-4 or more C	5 or more C + over crowded				X the number of Practices relocating	45	
Solves a significant Estates resilience issue/ sustainability issue (including no fault owner-occupier to leasehold transition issues)	Significant current lease issues that can't be dealt with on lease renewal/ by reasonable negotiation	No significant current lease issues			Lease expiring within 5 years with prospect of being renewed on unfavourable terms	Lease with no security of tenure			X the number of leases relocating	75	
Project deliverability (positive)	Planning and legal constraints/risks	planning and other development risks deemed significant and no development partner			Practice financial commitment with Developers on board	clear and rapid deliverability evidently possible				25	
Fits with OCCG strategy for sustainable primary care - working at scale	Projected list size (taking into account population growth)	Practice < 8000 list size	Practice/ combined Practice 8001 to 12000	Practice/ combined Practice 12001 to 20000	Practice/ combined Practice 20001 to 30000	Practice/ combined Practice 30001 to 40000	Practice/ combined list size >40000			40	population drivers max score of 190 (31.7% of total)
Provides required capacity in areas of population growth and where current space is less than needed for the anticipated practice list size	Population growth to 2031 as % of current population	No discernable population growth until 2031	Practice population likely to grow by 5 - 15%		Practice population likely to grow by 16- 22%	Practice population likely to grow by 23- 30%	Practice population likely to grow by 31% to 40%	Practice population likely to grow by >40%		75	
Practice in an area of high deprivation	% of practice list in lowest 20% IMD	<2%	2.01 to 10%	10.01 to 20%	20.01 to 40%	>40 %			X the number of practices relocating	75	
Previous priority for Commissioner	In previous Estates Strategies or with priorities identified	NO		YES						10	strategic fit max score of 190 (31.7% of total)
bespoke PCN accommodation provided		NO		YES						15	
identified in CHP PCN Toolkit as requiring more space		NO		YES						15	
Supports whole system estate development where relevant eg: One Public estate/co-location with other NHS services	A development sympathetic to ICS aims/ principles	NO - isolated project (just GMS space)				Supports 2+ NHS organisations working together	Supports 2+ NHS organisations working together, and is an OPE/ Local Authority Project			40	
Supports practices co-locating, sharing space and facilities and conducive to practice mergers now or in the future - to include consideration of distance from other health services and public transport network	Supports practices co-locating, resulting in more services/better access	Delivers solution for only one practice building				Delivers solution for two practices or practice buildings	Delivers solution for three or more practices or practice buildings			40	
Makes optimal use of available infrastructure funds	Developers contributions or NHS capital funding	Capital funding available to build (NHS E and/or Developer contributions)	No funding available	Funding available to abate rent by 10% or less	Funding available to abate rent by 11 % to 24%	Funding available to abate rent by 25 % to 40%	Funding available to abate the rent by 40 % to 55%	Funding available to abate rent by >55%		75	
		SCORE 0	SCORE 5	SCORE 10	SCORE 15	SCORE 25	SCORE 40	SCORE 75	Other comments		
									TOTAL	605	

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