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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 Wednesday 24 January 2024 in The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF, commencing at 2.03 pm and concluding at 4.49 pm.

## Members present

Councillor Nigel Champken-Woods, Councillor Phil Cunnington, Councillor Nigel Foot, Councillor Paul Gittings, Councillor Jane Hanna (Vice-Chairman), Councillor Jenny Hannaby, Councillor Carol Heap, Councillor Nick Leverton, Councillor Jane MacBean (Chairman), Councillor Adrian Mather, Councillor Ruth McEwan, Councillor Howard Mordue, Councillor Michael O'Connor, Councillor Susan Morgan, Councillor Alan Turner, Councillor Robin Stuchbury and Councillor Martha Vickers

## Others in attendance

Tom Fowler, Dr Omid Nouri, Vicky Phoenix, Liz Wheaton, Sally Moore, Ms Zoe McIntosh, Dr Nick Broughton, Ms Louise Smith, Sarah Adair, Veronica Barry, Dr Rachel DeCaux, Hannah Iqbal, Dr Abid Irfan, Catherine Mountford and Sim Scavazza

## Apologies

Councillor Damian Haywood, Councillor Freddie van Mierlo, Jemma Durkan, Madeleine Shopland and Richard Woodford

## Agenda Item

### 1 Welcome

The Chairman welcomed everyone to the meeting.

### 2 Apologies for absence/changes in membership

Apologies were received from Cllrs Damian Haywood and Freddie van Mierlo.

Cllrs Hannaby, O'Connor and van Mierlo had replaced Cllrs Elphinstone, Leigh and Levy on the Committee.

### 3 Declarations of interest

There were no declarations of interest.

### 4 Minutes

The minutes of the meeting held on 15<sup>th</sup> June 2023 were confirmed as an accurate record.

## 5 Public Questions

There were no public questions.

## 6 Chairman's update

- The Chairman agreed to circulate the recent inquiry report undertaken by Buckinghamshire's Growth, Infrastructure and Housing Select and the Health & Adult Social Care Select Committee. The inquiry looked at future planning for primary healthcare and the report was due to be discussed at the forthcoming Select Committee meeting.
- The Chairman reported that a small working group of JHOSC Members had met to discuss the ICB's Digital and Data strategy and a response was currently being prepared. The response would be circulated to Members for their approval before submitting to the ICB.
- The ICB's draft primary care strategy had been published on 10<sup>th</sup> January as part of a public engagement exercise and was an item on the agenda for the meeting.

## 7 Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board update

The Chairman welcomed Sim Scavazza, ICB Acting Chair and Dr Nick Broughton, ICB Chief Executive Officer (Interim) to the meeting. In response to a question about when these roles would be made permanent, Ms Scavazza explained that she had been acting chair since April 2023 and an announcement was expected soon on both roles.

The following main points were made during their update.

- Clarification about the roles and responsibilities of the ICB and the ICP was provided – the Integrated Care Board (ICB) is a statutory NHS body with responsibility for the finances surrounding delivery of health services across the defined geographical integrated care system (ICS). The Integrated Care Partnership (ICP) is made up of key partners within the ICS who work together to deliver the services locally.
- The BOB ICB became a statutory organisation in May 2022 and whilst there had been some leadership changes over this period, the senior management team was strong and able to deliver the strategic responsibilities. All the non-executive members had been in post since May 2022.
- The ICB had produced an Integrated Care Strategy which detailed how the ICB would work with partners, with a clear focus on collaboration and delivering seamless care for residents against very challenging financial constraints.
- The BOB ICS was one of 42 ICS's across the country and was responsible for a population of 1.8 million and an NHS budget of £3.3 billion.
- The Integrated Care System comprised 5 NHS organisations and one ambulance trust.
- All GP practices in Buckinghamshire were rated "good" or "outstanding" by the Care Quality Commission and GP practices in Oxfordshire and Berkshire

West were of a similar standard. The three geographical areas had significant areas of deprivation which had led to health inequalities but the ICS was working had to address health inequalities.

- Budget pressures meant that there was a need to think differently about how services would be delivered in future with an emphasis on innovation.

During the discussion, Members asked the following questions and made the following comments.

- A Member referred to a recent Rowntree report which was published on 23<sup>rd</sup> January, which highlighted poverty and the related health inequalities.
- In response to a question about ICB monitoring of the South Central Ambulance Service (SCAS), the Chief Executive explained that the ICB works closely with all partners and supports partners on their improvement journeys.
- Tackling health inequalities was acknowledged as a key priority across the ICS. The Deputy Chief Executive provided examples where better outcomes had been achieved in areas such as maternity and COPD. Greater partnership working across the system was recognised as way of tackling health inequalities.
- In response to a question about whether there were specific projects aimed at tackling obesity and providing more support for people with learning disabilities, the Chief Executive Office explained that the primary care strategy recognised Cardio-Vascular Disease as a priority area, in terms of prevention and weight management was part of this work. The Director of Primary Care added that Health Checks were available for people with learning disabilities but agreed more could be done to support people.
- The Chief Executive explained that in order to undertake more preventative work, there needed to be a shift resources into primary care.
- Members raised concerns about the lack of any mention of independent scrutiny within the governance structure outlined in the presentation slides. The Chief Strategy and Partnerships Officer explained that a more detailed Board paper had been published recently and agreed to circulate this to Members.

**Action: Chief Strategy and Partnerships Officer**

- A Member raised issues around very lengthy waiting lists for assessing children with mental health issues, including autism and other neurological disorders (around 2 years in some cases). The Chief Executive Officer acknowledged that access to mental health services for children and young people was very challenging and would continue to be as the demand continued to increase at a significant rate. He went on to say that a number of improvements had been made to this service but acknowledged that more needed to be done.
- A Member mentioned the scorecard and asked whether it was robust enough to track progress of the ICB's key goals. The Chief Strategy and Partnerships Offices explained that the Board paper included a set of metrics for each key goal which was a transparent way of measuring progress in each

area.

- The Chairman suggested that ICB colleagues be invited back to a future JHOSC meeting to provide more detailed information on the key goals and the metrics being used. The Chief Executive agreed and went on to suggest a workshop for JHOSC Members and ICB colleagues might be a useful way to impart some of the information discussed during this item and to clarify further the current health landscape, in terms of the roles and responsibilities of the ICB and the ICP.

The Chairman thanked Sim and Nick for attending the meeting and providing a useful overview on the work and priorities of the BOB ICB.

## **8 Draft BOB ICB Primary Care Strategy**

The Chairman welcomed colleagues from the Integrated Care Board - Dr Rachael De Caux, Deputy Chief Executive and Chief Medical Officer, Dr Abid Irfan, Director of Primary Care and Louise Smith, Deputy Director of Primary Care.

Dr De Caux provided an outline of the ICB's draft primary care strategy which had been published on 10<sup>th</sup> January 2024 and was currently out for public engagement (deadline end of February). Key stakeholders were encouraged to provide feedback on the draft strategy within the engagement period so that comments could be considered before the final strategy was presented to the Board in the summer.

During her presentation, she made the following main points.

- Primary Care includes General Practice, Community Pharmacy, Optometry and Dentistry services. These services provide the first point of contact, have an ongoing connection with local communities, and lead on improving the "whole person" health of the population.
- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) had a population of nearly 2 million, approximately 253 pharmacies, 203 dental practices, 51 Primary Care Networks and 156 GP practices.
- The draft strategy had been developed using national guidance alongside local plans.
- Demand for primary care outstrips current capacity and inefficiencies were created where parts of the system were not working well together. The challenges required a system response and could not be solved by primary care alone.
- The vision for primary care centres on people being directed to the right health and care support to meet their needs first time. This does not necessarily mean a GP but the right health care professional and in the right place.
- The strategy outlines four key enablers – workforce, digital and data, estates and resourcing.
- The introduction of Integrated Neighbourhood Teams (INT) would be a key part of delivering the strategy. INTs would be made up of professionals from

a range of disciplines, operating at the appropriate scale to support people with more complex needs to stay well in their communities.

- Pharmacy First would be launched on 31<sup>st</sup> January 2024 and enabling pharmacists to treat a number of common minor illnesses.
- Local authorities were thanked for their help in contacting residents who were harder to reach.

Primary Care challenges were outlined and included the following key points.

- Year on year, since 2021, patients had increasingly reported difficulties in making an appointment with a GP or a dentist.
- There were significant challenges in the workforce, both in terms of recruitment and retention of staff. There were also challenges around staff wellbeing across the system.
- Demand for services was rising with capacity unable to keep pace and with an ageing population and people living with more complex health needs, this situation would not improve unless significant changes were made in the way services were delivered.
- Whilst estates were a key enabler in delivering future primary care services, it was acknowledged that the ICB had no capital funding for primary care estates so more creative solutions needed to be found, involving greater collaboration with key system partners.
- Currently 10% of patients present at A&E as they cannot access a GP with this rising to around 30% when the surgeries were closed. This situation also put additional pressure on the Ambulance service and the NHS 111 service.
- At the heart of the draft strategy was the creation of INTs which put the patient at the heart of the health system, with the aim of providing personalised care so people could access the health and care professionals they needed to at the right time.

During the discussion, Members asked the following questions and made the following comments.

- A Member felt that the INTs were a positive development in providing multi-disciplinary care for patients.
- The Deputy Chief Executive stressed the importance of partner working to ensure the vulnerable and lower-income groups were supported in all aspects of health and the wider determinants of health, including housing, education and transport. She provided the example of COPD patients living in poor housing and the need to work together to make improvements, in partnership.
- The Director of Primary Care explained that in a “typical” day, he would see around 50 patients but the new model of primary care would mean that his time would be spent focussing on fewer patients with more complex needs.
- A Member asked why Cardio-Vascular Disease (CVD) had been made a prevention priority in the draft strategy rather than other conditions, such as

dementia or obesity. The Deputy Chief Executive explained that, whilst CVD was a key priority in the strategy, the other prevention measures and interventions were just as important.

- The Director of Primary Care explained that primary care estates were the biggest concern for all primary care providers. The fact that GP practices were individual businesses added to the challenges around estates and planning for future provision.
- The ICB's Digital and Data strategy was mentioned and the need for patients to feel confident in using the NHS App for repeat prescriptions and test results would help deliver better solutions and improve access for patients to certain health services.
- A Member pointed out the low response rates to the engagement process, particularly referring to the 52 responses from Berkshire West. The Deputy Chief Executive explained that there had been a soft launch of the draft strategy in November 2023 and since then, she had received significantly more responses from members of the public and also from Patient Participation Groups. There had also been a significant amount of work to reach all part of the BOB population.
- The Deputy Chief Executive explained that there needed to be a shift in funding between acute and primary care to rebalance the current 80:20 funding. She went on to stress that this did not mean de-stablising the acute services but there needed to be more focus on primary care to ensure better outcomes for patients.
- A Member expressed concern about the lack of NHS dentists but commended the introduction of flexible commissioning for dentists and asked for further information on how this would be sustained. Over 30 dental practices across BOB had taken up this flexible commissioning approach. It was hoped to set-up mobile dentistry units in 2025. It was acknowledged that poor dental health was one of the main causes of hospital admissions for children.
- A Member commented that the introduction of INTs would help co-ordinate services and make it easier for patients to access the services they needed within their local communities, particularly mental health services. The Chief Executive Officer explained that mental health practitioners were key members of the INTs.
- The Deputy Chief Executive Officer explained that the draft primary care strategy was meant to be ambitious but at the same time, pragmatic. INT's would provide ongoing care for patients and include a range of partners, include community health professionals and social workers. She went on to say that the strategy provided an opportunity to integrate services which were currently quite fragmented.

The Chairman thanked all ICB colleagues for attending the meeting and explained that the BOB JHOSC would be preparing a formal response to the draft primary care strategy. It was agreed that the primary care strategy would be discussed at a future JHOSC meeting once it had been ratified by the ICB and delivery plans had started to be developed.

## 9 **BOB ICB Communication and Engagement Strategy update**

The Chairman welcomed Sarah Adair, ICB Director of Communications and Engagement (Acting) and Hannah Iqbal, Chief Strategy and Partnerships Officer.

The BOB ICB Communications and Engagement Strategy was approved by the Board in July 2023. As the ICB implements its strategy, it aims to create an ICB built on effective engagement and partnerships to successfully serve people across BOB. The ICB continued to develop its digital engagement platform to give people across BOB the opportunity to get involved and help shape the future of health and care.

During discussion, the following main points were made and questions asked.

- The relationship with the Healthwatch within the BOB ICS had strengthened and the ICB had commissioned a number of projects, including place-based outreach work in Oxfordshire and Buckinghamshire to support the work around tackling health inequalities. Healthwatch also supported the ICB in developing Patient Participation Groups, a statutory requirement for GP surgeries.
- The ICB were working closely with voluntary and community organisations across the BOB ICS to better understand this sector and work was being carried out jointly with the Health Improvement Network and research partners.
- Mapping activities were ongoing to identify groups who needed more intervention and an action plan would be developed to help the identified gaps.
- A BOB-wide newsletter had been produced. The Chairman asked for all JHOSC Members to be sent the link to the newsletter so they could sign-up to receive future newsletters.

### **Action: Scrutiny support officer**

- In response to a question about whether Healthwatch had a scrutiny role to play, the Chief Executive of Healthwatch Oxfordshire explained that the role of Healthwatch was to listen, engage and act as the voice of health and social care users. It acted as the critical friend to health providers.
- In response to a question about the use of social media, the Director of Comms and Engagement explained that social media had been used to promote the draft strategy and to encourage people to provide feedback.
- A partner toolkit had been developed which included short articles and a press release so that the strategy could be promoted more widely.
- The ICB Chair went on to say that communications and engagement were difficult areas and there was always more work to be done, particularly in reaching the hard to reach groups. She went on to say that the ICB would be working with local authorities and linking in with their citizen's panels.

The Chairman thanked ICB colleagues for their update and said that the JHOSC would be keeping a watching brief on the communications and engagement plans as

they were delivered over the coming months.

## **10 BOB Healthwatch update**

The Chairman welcomed Zoe McIntosh, Chief Executive of Healthwatch Bucks and Veronica Barry, Chief Executive of Healthwatch Oxon.

There are 5 Healthwatch across the BOB ICS – Buckinghamshire, Oxfordshire and Berkshire West (Reading, Wokingham and West Berkshire). Whilst each Healthwatch works independently to respond to local issues and will set their own key projects, based on their local population, they work together to jointly support and champion the voice across the BOB ICS.

As outlined in their update paper, as a group, they have supported the development of the draft ICB's primary care strategy in the following ways.

- Healthwatch attendance at the Primary Care Strategy Away Day in November, hosted by BOB ICB colleagues. Healthwatch had advocated throughout the engagement process for greater patient and public engagement and involvement as the draft strategy develops.
- Promoting the draft strategy on social media, website and news bulletins to the wider networks and public.

The following key points were made during the discussion.

- Healthwatch keep the patient voice at the heart of everything they do and it was important for patients and carers to know that their voices were heard and that their views had made a difference. Being a patient advocate and critical friend to health providers was a key component of Healthwatch's remit.
- Healthwatch were also a key signposting service for many residents who needed help and support to find the right service.

The Chairman thanked Zoe and Veronica for attending and providing Members with an update on the work of Healthwatch across the BOB ICS.

## **11 BOB ICB Digital and Data strategy - JHOSC working group update**

A small working group of JHOSC Members had been set-up to review the ICB's Digital and Data Strategy. This strategy was not part of a public engagement exercise so there was no deadline for submitting a response. The draft response would be circulated to JHOSC Members in the next couple of weeks before being submitted to the ICB.

## **12 JHOSC work programme**

Members discussed possible items for the work programme which included the following:

- Workforce;

- Primary Care Estates;
- Progress in implementing the Primary Care Strategy;
- Provider collaboratives.

The Chairman asked Members to submit any future items to the JHOSC scrutiny officer.

**13 Date of next meeting**

Date of next meeting to be confirmed.