



## Report to Health & Adult Social Care Select Committee

**Date:** 5<sup>th</sup> 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 15<sup>th</sup> 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.