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Minutes

of a meeting of the

Joint Scrutiny Committee

held on Monday, 10 July 2023 at 6.30 pm

at the Abbey House, Abbey Close, Abingdon OX14 3JE

Open to the public, including the press

Present in the meeting room:

Members:

South Oxfordshire District Councillors: Stefan Gawrysiak (co-chair), Tony Worgan (substitute), Leigh Rawlins, Jo Robb, Ed Sadler

Vale of White Horse District Councillors: Katherine Foxhall (co-chair), Andy Cooke, Kiera Bentley (substitute) and Judy Roberts

Cabinet Member: Councillor Helen Pighills (Community Health and Wellbeing)

Officers: Candida Basilio, Democratic Services Officer

Also present: Councillors Ken Arlett and Andy Foulsham

Present Remotely: Tim Oruye (Head of Policy and Programmes), Jayne Bolton (Community Wellbeing Manager), and Dan Leveson (Place Director for Oxfordshire, NHS), Cllr David Rouane, Council Leader (South Oxfordshire)

Sc.1 Apologies for absence

Apologies were received from Councillor Alexandrine Kantor. Councillor Tony Worgan attended as substitute.

Apologies were also received from Councillor Lucy Edwards. Councillor Kiera Bentley attended as substitute.

It was noted that Cllr Maggie Filipova-Rivers, Cabinet Member for Community Wellbeing for South Oxfordshire, and Adrianna Partridge, Deputy Chief Executive for Transformation and Operations, were unable to attend.

Sc.2 Urgent business and chair's announcements

Councillor Stefan Gawrysiak, committee co-chair in the chair, welcomed all to the meeting. He explained that a draft work programme would be circulated and reflected on the new approach to the work programme which would be more proactive, He urged members to think about items they would like to see on the programme. Please inform the co-chairs by email if you have any ideas.

Sc.3 Declaration of interests

None.

South Oxfordshire District Council and Vale of White Horse District Council – Joint Scrutiny Committee minutes

Monday, 10 July 2023

Sc.1

Sc.4 Minutes

The minutes of the joint scrutiny meeting held on 27 February 2023 were agreed as a correct record (including the confidential minutes) and the chair signed them as such.

Sc.5 Public participation

None.

Sc.6 Integrated Care Strategy

Vale cabinet member for Healthy Communities introduced the item. Cabinet member for South was unable to attend, but the South council leader was present remotely, as a South Oxfordshire member of the Integrated Care Partnership.

The cabinet members for Healthy Communities were members of the Oxfordshire Health and Wellbeing Board and contributed to the formation of this strategy over many months with other partners, such as GP's, Local Authorities, Health Charities and NHS. Both South and Vale cabinets had endorsed the strategy at their last meetings.

The strategy was created by the ICP for Buckinghamshire, Oxfordshire and West Berkshire (BOB). This replaced the previous Clinical Commissioning Group (CCG).

Dan Leveson, Place Director for Oxfordshire (referred to as Place Director), gave a presentation on the strategy, which can be found attached to these minutes. The committee then asked questions.

The committee gave their observations. Overall, committee were pleased with the focus on prevention.

Observations from the committee:

- Committee members asked about what was perceived to be the difference or improvement in having a multi authority partnership over the previous single Oxfordshire partnership (previously known as a Clinical Commissioning Group, or CCG)? The Place Director explained that on looking at variations in access to services, there were deficiencies that were different across authorities, and working together could help to bridge the differences. It would also help reduce bureaucracy. He also stressed the importance of some areas of work that were done locally and were still important and to be continued.
- Members queried how improvements would be monitored? It was explained that measures were reported at the monthly executive, and that the Place Director reports into boards, such as the ICB. Using the Health and Wellbeing Strategy, we will identify aims and report on them.
- Members asked how they could help at a local level. The Place Director meets with Oxfordshire Chief Executives each week, so members could feed in any comments or queries that way. The Place Director suggested how can we co-locate staff and mentioned "health on the high street" as a potential idea to help revive the high street and access to healthcare.
- Place Director shared link to the King's Fund as a suggested read: <https://www.kingsfund.org.uk/publications/driving-better-health-outcomes-integrated-care-systems-role-district-councils>
- The focus on prevention and wellness was commended by committee members. There was discussion around private interests. Mr Leveson commented that if there were underutilised resources privately, they would be considered for use, for example, body scanners
- Committee considered geographical overlap
- Discussion about notoriously difficult IT integration

- A member wanted to better understand the link between strategic, operational and tactical approaches
- Members discussed the issue of people who are hard to reach through IT. Mr Leveson explained that the same approaches would be available for those who don't use IT and there will be an inclusion and equality assessment.
- Regarding operational risk, members were asked to consider this with Cabinet member.
- Members considered the issue of BOBICP not being able to procure property to set up new surgeries etc. He also raised the ongoing costs of new builds, and that it may be more cost effective to consider vacant existing buildings. Members considered whether local councils could be landlords?
- Bed blocking was felt to be an area that should be focussed on. Mr Leveson confirmed that Social Care and Community Services would be worked with. Focus on primary care and supporting people in their own homes. There was no new investment and funding so would need to look elsewhere for funds.
- Members raised the issue that ONS figures do not include housing growth. Mr Leveson explained that figures would also be used from Housing and Economic Development Needs Assessment (HEDNA). Post meeting, Mr Leveson made contact with the strategy team about the 5% population growth reference in the ICS strategy
- Death / dying well – should this be included alongside “start well, live well, age well”?
- Breastfeeding – a member questioned why no mention of this as it links to ‘start well’?
- How do we measure outcomes? Mr Leveson explained there were measures such as school nonattendance, adults on sick leave as examples
- Members would like to find out more about how Community Infrastructure Levy and Section 106 contributions could be utilised to assist with the property issue
- A member stated that we should challenge the history of austerity and its impact. Mr Leveson stated that partnership relationships were good, however it was expected that there was no funding over the next three to five years, and we need to work with those in the voluntary and community sector who were already supporting and working well together
- Community midwives, school nurses and health visitors, give young families life skills. ‘Sure Start’ and youth centres are no longer. A member saw the benefit of two-year old’s free childcare hours funding
- Members wondered how the transitions between age ranges would be managed
- Consideration should be given to the role of pharmacists

The main point members wished to take away was to consider how councils can help regarding property, and whether we can utilise available S106 and CIL funds that were earmarked for CCG and the timescales for using those funds.

The chair thanked Mr Leveson for speaking to the committee and hoped to invite him back in the future for an update.

Sc.7 Exclusion of the public

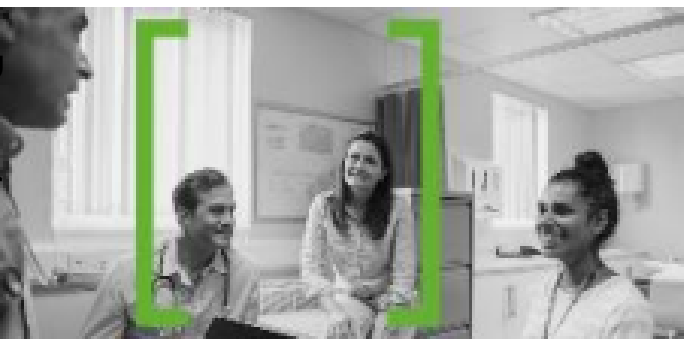
This item was not required.

The meeting closed at 8.11 pm

Signed:

Date:

Co-chair of Joint Scrutiny Committee:



INTEGRATED CARE SYSTEM

~ 1.8 million people

Integrated Care Board (ICB)

Integrated Care Partnership (ICP)

PLACE
~ 500k people

Place-Based Partnership (PBP)

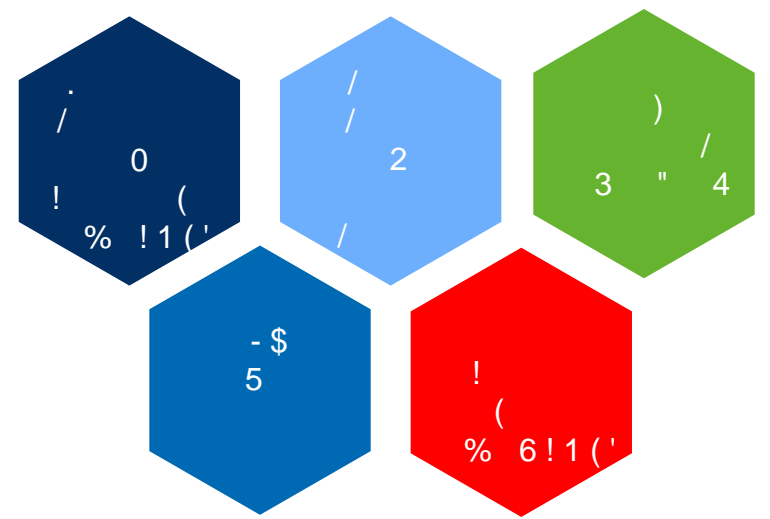
NEIGHBOURHOOD
~30k – 50k people

PROVIDER
COLLABORATIVES

Primary Care Networks (PCN)



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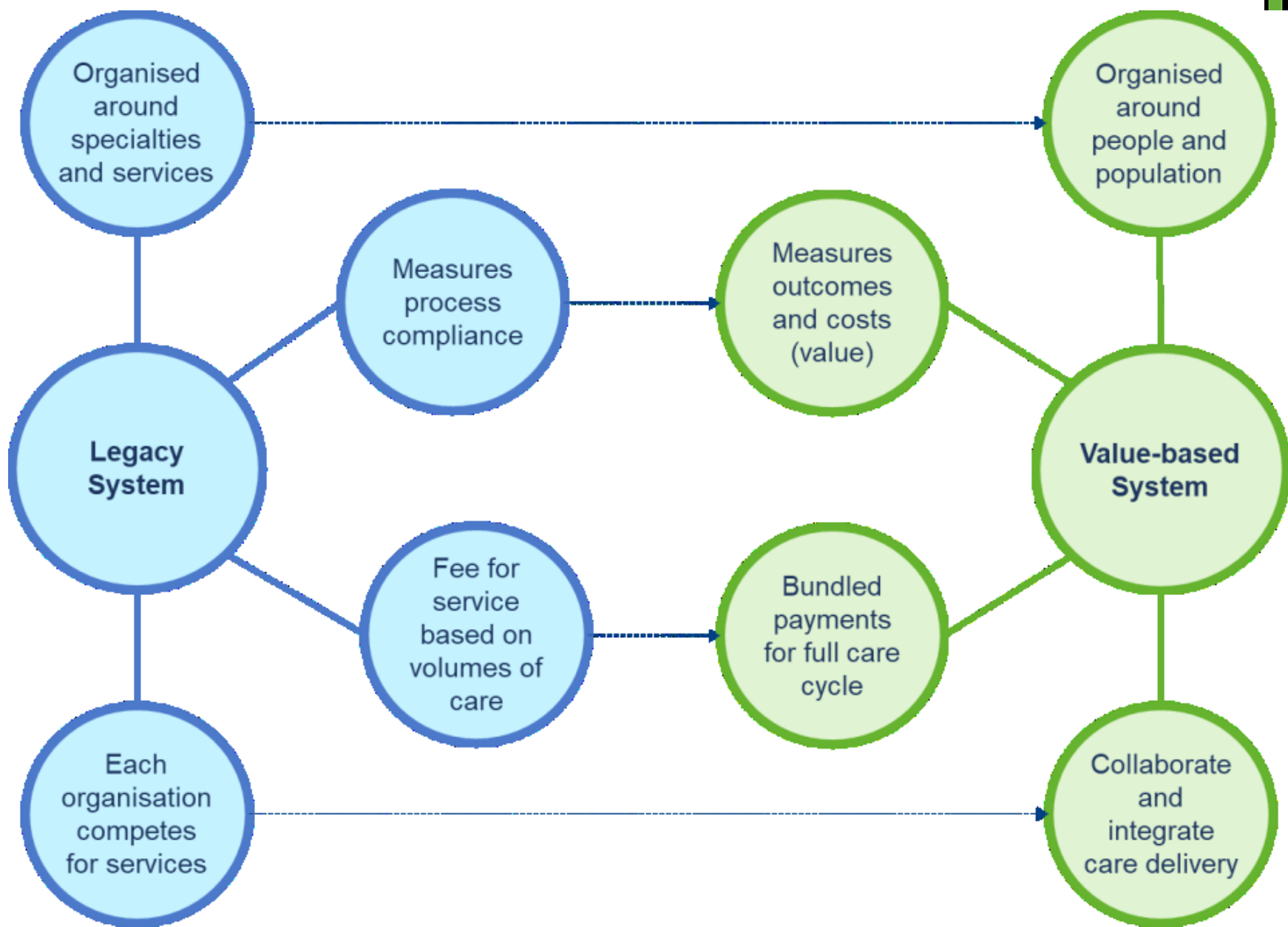
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