

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

30 JANUARY 2025

Update report on the work of the Oxfordshire Joint Health Overview Scrutiny Committee Substantial Change Working Group

Report by Director of Law and Governance and Monitoring Officer

RECOMMENDATIONS

The Committee is **RECOMMENDED** to

1. **NOTE** the work of the HOSC substantial change working group around scrutinising the project to redevelop Wantage Community Hospital since the previous update provided to the Committee in January 2024.
2. **CONFIRM** its support for the continuation of the working group's existence and its ongoing scrutiny of the project to redevelop the Hospital.

CONTEXT

1. Inpatient services at Wantage Community Hospital were temporarily closed in July 2016, and they have not reopened since (with the exception of maternity). The Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) has been involved with scrutiny of the inpatient bed closures ever since, and members have sought to work with NHS and local stakeholders to find a resolution. A fuller history of the events surrounding the closure of the inpatient beds at Wantage Community Hospital has been included in the agenda papers for the Committee's 30 June 2023 meeting: [Wantage Community Hospital Timeline.pdf \(oxfordshire.gov.uk\)](#)
2. The previous OX12 project involved the NHS working with the community as well as a HOSC working group between 2018 and 2020 following a public protest in Wantage Town square and request for HOSC support. The final report recommended the likelihood of the closure of the beds being permanent. Nonetheless, there was no explicit outcome for planned alternative provision leading to a loss of confidence in the NHS. In 2020 all services at the hospital closed including maternity. Following public petition and scrutiny from HOSC, there was a refurbishment and bringing back of maternity services with live births during 2022 by Oxford University Hospitals NHS Foundation Trust. This was facilitated by funding contributions by the Wantage Hospital League of Friends. Several temporary pilot hospital services were also launched and reported to HOSC by Oxford Health NHS Foundation Trust. Nick Broughton, Chief Executive Officer of Oxford Health NHS Foundation Trust in 2021, gave his personal assurance then that if the Wantage Community trusted in working again with the NHS that there

would be a solution. The Place Director for the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) apologised to the population for their previous experience of working with the NHS and gave assurance that this would not be repeated. A proposal to develop a solution with Wantage Town Council and local stakeholders came to HOSC in June 2023 following a local stakeholder event, and a proposal to work in coproduction was accepted. Intensive work followed with stakeholder and public engagement involving coproduction with Wantage Town Council health representatives and HOSC working group scrutiny, leading to a public meeting on a plan, a report, and clear proposal to HOSC in January 2024. This was against the backdrop of scrutiny consideration of whether to refer the closure of the community hospital beds to the Secretary of State for Health and Social Care.

3. The working group last reported to HOSC a year ago in the 16 January 2024 public meeting, during which the following recommendation was made to HOSC:

*“That the matter of the closure of inpatient beds at Wantage Community Hospital is **NOT** referred to the Secretary of State for Health and Social Care.”*

4. This recommendation was agreed to by the Committee, and in agreeing to this, the Committee took into consideration the report before it which was submitted by the NHS and which outlined the NHS’s offer, in addition to the assurances given by local organisations and letters of support from all partners. Annex 1 below outlines the full list of recommendations as to the future of Wantage Community Hospital that the NHS’s coproduced report outlined (these recommendations emerged subsequent to the public engagement exercise which took place in 2023):
5. Additionally, a Wantage Town Council Motion supported the recommendations of the coproduced report in light of urgent improvement needed for the local patient population (having increased by nearly 10,000 since 2014) projected at 41,000 by 2030. Namely the permanent retention of existing outpatient pilot clinics and additional outpatient services which could only be facilitated by accessing approximately £600,000 of (Community Infrastructure Levy) CIL funding from housing developments to carry out necessary refurbishments and other capital expenditure <https://wantagecouncil.gov.uk/wp-content/uploads/2024/01/Health-Committee-motion-from-Wantage-Town-Council-corrected-15Jan2024-1.pdf>. It also welcomed the statements made about palliative and urgent care. No member of the public petitioned the Committee to refer the matter to the Secretary of the State.
6. The Committee also issued the following recommendations to Oxford Health NHS Foundation Trust and the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB):
 1. That there is no undue delay in securing the CIL funding available in full for the purposes of providing the additional proposed clinical services on the ground floor of Wantage Community Hospital given the removal of the inpatient beds since 2016. It is recommended that there is a maximisation of the ground floor of the hospital for the purposes of expanding these specialist services.

2. That the Project Delivery Plan for the future of the hospital's ground floor services is delivered on schedule as much as possible, and that there is ongoing scrutiny over the process of delivering the plan and its outcomes for the local population.
3. For a meeting to be convened as early as possible between identified leads within BOB ICB, Wantage PCN, Oxford University Hospitals, Oxford Health, Oxfordshire County Council, Wantage Town Council, and HOSC; with a view to plan for continued momentum on co-production and agreed scrutiny moving forward.
7. All three recommendations set out in paragraph 6 above were agreed to by Oxford Health NHS Foundation Trust and the Integrated Care Board, and commitments were expressed to implement these.
8. The purpose of recommendation 3 was to create the mechanism through which management, oversight, and scrutiny of the project delivery plan as to the future of hospital-like services at Wantage Community Hospital would be agreed. The agreement was made for there to be two mechanisms through which governance and oversight of the project would take place:
 - a) The Wantage Community Hospital Governance and Oversight Group, which comprises key representatives of system organisations responsible for contributing to the implementation of the project delivery plan for the future of services to be delivered at the hospital. This group meets regularly. The Chair of Wantage Town Council Health Committee and the HOSC Chair and Health Scrutiny Officer also sit on this group. There would be updates made available to the Wantage Town Council Health Committee.
 - b) The HOSC Substantial Change Working Group (comprising Cllr Hanna, Cllr Champken-Woods, District Cllr Paul Barrow, and Cllr Haywood), which meets with and received quarterly check-ins with representatives from Oxford Health and the BOB Integrated Care Board.

KEY SUMMARY OF WORKING GROUP ACTIVITY AND POINTS OF OBSERVATION

9. Since the working group last reported to the Committee in January 2024, it has held 3 meetings with representatives of Oxford Health NHS Foundation Trust and the ICB on 23 May 2024, 22 October 2024, and on 16 December 2024.
10. Below is a summary of some key themes/areas of discussion that the working group has had in its interactions with the NHS since January 2024. The below themes also include some points of observation that the working group has in relation to the ongoing project to expand hospital-like services on the ground floor of Wantage Community Hospital.

Securing initial £600,000 CIL funding: It is the working group's understanding that CIL funds will need to be accessed for the purposes of refurbishing the ground floor of the hospital in order to initiate the delivery of the clinical services that were specified in the recommendations of the report initially co-produced at the conclusion of the NHS's Public Engagement Exercise in Wantage. Given that there are strict and procedural avenues through which sources of funding can be accessed for NHS projects, as well as the fact that the NHS had initially informed stakeholders that CIL funding from the Vale of the White Horse is the one capital source of funding that has been identified over the last six months, the working group has routinely and strongly recommended that the £600,000 available is fully utilised for the purposes of renovating the ground floor of the hospital to expand clinical provision and to maximise space for hospital-like services. The working group notes that the Vale of White Horse District Council had confirmed that with support of the ICB, the CIL amount of £600,000 is indeed ringfenced for the purposes of delivering this project. The working group has also been informed that the amount of £600,000 is sufficient to cover the original specifications of the project.

Securing total amount of £950,000 CIL fund: The working group also understands that as of the summer of 2024, the ICB and the District Council have had further discussions around potentially increasing the CIL funding to provide £950,000 toward the project in total. The working group welcomes this development and believes this would enable the project to be delivered in one full segment, without the need to phase the delivery of the project, and to enable inclusion of an increased specification that was requested by hospital consultants. This is a crucial development as reliance on the amount of £600,000 would have meant the project would have to be delivered in phases. This increased CIL amount would hence negate the need to phase the project's delivery. Phasing the delivery of the project will also likely produce further delays and increase costs.

Securing £100,000 charitable legacy: The working group welcomes the additional fund of £100,000 that will be released by the Oxford Health NHS Foundation Trust charitable fund from a legacy intended for Wantage Community Hospital. The use of this fund has been possible because of partnership working on the refurbishment and is to be used to provide an enhanced digital facility at the hospital for residents using the hospital and for staff.

Palliative Care Provision in Wantage: The working group understands that palliative care services are to be expanded in Wantage, and has urged that all relevant system partners, including Oxfordshire County Council, are clear about the role of palliative care services and the resources available for this. This is particularly important given the increased prioritisation of care in the community as per the government's plans as well as the Oxfordshire Way. If there is to be palliative care provision in Wantage, sustainable levels of resourcing for this will be crucial. The working group has also urged system partners to provide clarity around the nature of the palliative care provision that the NHS have expressed a willingness to deliver in Wantage. The overall work that the Committee has invested in extensively scrutinising palliative care provision in Oxfordshire has

added further momentum toward the impetus and emphasis on expanding palliative care services for Wantage.

Importance of transparency on barriers/enablers: The working group has maintained a consistent emphasis on the need for adequate transparency around the delivery of the project. Thus far, communication with the working group as to the operational aspects of the project and its timescales have been promising. However, it is also crucial that clarity around the barriers and enablers surrounding the project's timely delivery are shared whenever any such barriers or enablers arise. The working group was pleased to hear of the prospect of the available CIL funds being increased to £950,000, as this constitutes a potentially key enabler for the project which negates the need for a phased delivery. This would have essentially overcome the barrier of the £600,000 only being sufficient as to deliver a phased delivery.

Impact of ICB restructure: The working group (as does the wider Committee) understands that the ICB is currently in the process of undergoing a restructure of its staffing, with one aspect being the removal of the post of place director for Oxfordshire. The working group has expressed concern regarding the impact that the Oxfordshire place director removal could have on the delivery of the project and the immense progress that has been made so far in reaching the current point. It was partly through the presence and contributions of a place director which enabled the coproduction exercise to be completed in 2023 and which established a clear channel and avenue of communication between the local Wantage community and the ICB. Nick Broughton, the chief executive officer of BOB ICB, gave verbal assurance at the meeting of BOB HOSC in November that the Wantage project would not be negatively impacted and that the NHS offer would be delivered.

The working group has therefore urged for reassurances to be provided over:

- The impacts of the removal of the place director on the project.
- How the project will continue to be delivered in full and on schedule under the new structure of the ICB.

Importance of ongoing coproduction: Coproduction has been at the heart of determining the future services to be delivered at Wantage Community Hospital, particularly in the context of the public engagement exercise which concluded last year. The working group has continually stressed the need for system partners to continue to engage in coproduction with local residents in Wantage so as to not only determine the future hospital-like services to be delivered, but also in the event of any potential future barriers that arise that could result in considerations by the NHS to amend any of the initially coproduced plans for future services.

Bringing new services to the hospital is only possible alongside the proposed major refurbishment. This has only been possible due to the community-based model of working that has developed strong relationships across the NHS, as well as with the local health committee and especially with the Vale of the White

Horse District Council which hold funding for health on behalf of the NHS. The working group is aware of the intensive work that has been necessary through collaboration that has enabled organisations to help each other with barriers they face at an individual organisation level. The importance of the ICB having the capacity to focus on supporting this community-based model has been fundamental, as well as the presence of highly motivated managers working to a shared purpose across all organisations.

Intensive collaboration has also been taken forward against this backdrop on the list of new services that will be provided at the hospital from 2025. With the good news on the increased financial investment on the building, the working group has been assured that progress already made will intensify ahead of a planned public meeting in late spring. The work on new services has taken place exploring what will be provided against the list of services that was shared with the public in January 2024 after the public engagement exercise and again in July 2024. It is therefore vital that any plans to amend the initially agreed and coproduced plans should take into account the views and experiences of local residents. A public meeting is planned for March/April 2025.

Timelines: The general election delayed the July 2024 meeting with the public where the proposed designs and services were discussed by a month. The exploration of additional funding which would substantially benefit the project has meant that market engagement with contractors was deferred until December from the original October timeline. The working group has been assured that the works on the community hospital will take place to the timeline with new services starting in 2025 as outlined in paragraph 14 of this report below. Any disruption from works to patients will be communicated and kept to a minimum.

NEXT STEPS

11. Below is a brief outline of the next steps involved as part of the project delivery plan, and the ongoing role of the working group in this regard.
12. The proposed designs for the ground floor of Wantage Community Hospital have been discussed with local stakeholders, and a quantity surveyor has supported the establishment of an outline cost.
13. The original agreement in Winter 2024 with the local community was to refurbish the ground floor of the hospital, and this included:
 - Converting historical ward spaces into specialist clinic spaces with the prospect of clinical flexibility.
 - Refurbishing some of the existing clinic rooms to maximise the space available for increasing the number of specialist clinics.
 - Developing one central reception/patient waiting zone.

14. The below timeline was shared with the working group to provide an indication as to the key milestones on the journey toward the provision and expansion of hospital-like services from the ground floor at Wantage Community Hospital:

- November 2024 – Architect drawings and design
- December 2024 – Market engagement followed by procurement of contractor
- January/February 2025 – Design sign-off
- March 2025 – Contractor appointed
- March/April 2025 – Estates improvement works commence and any temporary relocation of services whilst works undertaken
- June to August 2025 – Service configurations confirmed and transfers planned to take place
- July to September 2025 – Works complete and CIL project work concludes
- September 2025 (TBC) – Services start to work out of refurbished ground floor

15. The HOSC substantial change working group seeks, with the Committee's support, to continue to engage in scrutiny of the ongoing delivery of the project initially outlined to the Committee in January 2024. This will include holding quarterly check-ins with key representatives of Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, and the BOB Integrated Care Board (with a view to scheduling these for the months of March, June, September, and December 2025).

16. The working group will also report any key milestones or developments relating to the project to the wider Committee as required.

LEGAL IMPLICATIONS

There are no legal implications arising from this report (its intent being to provide an overview of the working group's activities and observations around the future of the Hospital and the project delivery plan).

Comments checked by: Anita Bradley, Director of Law and Governance & Monitoring Officer.

FINANCE IMPLICATIONS

There are no direct financial implications arising from this report.

Comments checked by: Drew Hodgson, Strategic finance business partner.

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ANNEX 1:

Below is the full list of recommendations as to the future of Wantage Community Hospital that the NHS's coproduced report outlined (these recommendations emerged subsequent to the public engagement exercise which took place in 2023):

1. In relation to inpatient beds and the alternatives:

- *Based on coproduction and considering evidence and findings from engagement we recommend the community inpatient beds at Wantage Community Hospital are permanently closed.*
- *In line with wider work the BOB ICB is taking forward work to improve the local end of life care pathway, to see how we can strengthen the local offer for patients requiring palliative care.*

2. In relation to planned care services:

- *ICB, OHFT and OUHFT work to confirm the outpatient services currently being delivered in Wantage Community Hospital.*
- *ICB to work with providers (including OHFT, OUHFT and other service providers) to identify sustainable community clinic-based services from Wantage Community Hospital. There is a commitment if this option is chosen to work in a co-productive way to develop the services to be provided at the hospital.*

3. In relation to urgent care:

- *Due to the high capital cost of providing a large x-ray within the hospital against the significant demands and constraints of the limited available capital funding in the system alongside the concerns over the workforce implications, it is not recommended to take forward a walk-in service at the community hospital at this time. However, consideration should be given to what diagnostic services could be included as part of the same day services and this should be kept under consideration in the future.*
- *Based on the noted increased complexity of needs within the local population, it is recommended to focus on developing a specialist local response service for those with long term conditions. There is a commitment if this option is chosen to work in a co-productive way to develop the services to be provided at the hospital.*