



# **Oxfordshire Joint Health Overview & Scrutiny Committee Friday, 30 June 2023**

## **ADDENDA**

### **4. Wantage Hospital: Decision whether to refer the closure of beds to the Secretary of State (Pages 1 - 22)**

At its meeting on 11 May the Committee agreed that 'any decision to refer to the Secretary of State would be deferred pending the progress made at the planned co-production stakeholder event, and that there would be an extraordinary meeting in late June to consider views on this.' The co-production stakeholder event is scheduled to take place on 28 June, and the Committee is asked to

- 1.1 **ACCEPT** the recommendation of the Substantial Change Working Group members concerning whether to refer the closure of Wantage Hospital Inpatient Services to the Secretary of State for Health and Social Care and, if the recommendation is to make a referral,
- 1.2 **DELEGATE** to the Chair, in consultation with the Scrutiny Manager, the power to write and send a suitable report to the Secretary of State for Health and Social Care prior to when the Committee loses this power

NB The covering report providing the background is to follow. Attending members of the Substantial Change Working Group will be given the opportunity to provide verbal feedback at the meeting.

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## **Divisions Affected – All**

## **OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**30 JUNE 2023**

### **Consideration of whether to Make a Referral to the Secretary of State for Health and Social Care in Relation to the Closure of Beds at Wantage Hospital**

#### **Report by Director of Law and Governance**

#### **RECOMMENDATION**

**1. The Committee is RECOMMENDED to: -**

1.1 Consider the recommendation of the Substantial Change Working Group members as to whether to refer the closure of Wantage Hospital Inpatient Services to the Secretary of State for Health and Social Care and, if the decision of the Committee is to make a referral,

1.2 Delegate to the Chair, in consultation with the Director of Law and Governance, the power to write and send a suitable report to the Secretary of State for Health and Social Care prior to when the Committee loses this power.

#### **Executive Summary**

2. In July 2016 the Inpatient Services at Wantage Community Hospital were temporarily closed. They have not since re-opened. The Health Overview and Scrutiny Committee (HOSC) has been involved with this issue since to try and find a resolution. Its ultimate power in this matter is that of a referral to the Secretary of State to look at the adequacy of the consultation which has taken place on a change to service provision. This is a power which the Committee is due to lose shortly owing to changes to be implemented in the Health and Care Act, and the Committee is asked to decide whether it wishes to proceed in making such a referral.
3. This paper seeks to advise members on their rights concerning any decision to refer the matter to the Secretary of State in readiness to make any decision on whether to do so.

## **Background**

4. A longer-term history of the activity in relation to the closure on inpatient beds at Wantage Hospital has, as per the Committee's resolution on 08 June been developed and is included as Annex 1 to this report.
5. The more recent history is as follows.
  - 24 November 2022: HOSC considered a report on behalf of the Buckinghamshire, Oxfordshire and Berkshire West ICB concerning the Integrated Care Programme, focusing on how to provide better support for those at home, ensuring the right care in the right place at the right time, reducing the need for people to enter hospital, development of urgent care provision at the Horton site, and aligning demand with capacity. This programme thus covered provision at Wantage Hospital. At the meeting the Committee requested a substantial change toolkit be made available regarding the inpatient unit at Wantage Community Hospital
  - 09 February 2023: HOSC received an update on Wantage Community Hospital from Oxford Health. The outcome was to establish a working group with a membership of: Cllr Hanna, Cllr Champken-Woods, Cllr Haywood, Cllr Barrow to consider the substantial change toolkit.
  - 20 April 2023: The working group met with members of the ICB, Oxford Health and Oxfordshire County Council to discuss the substantial change toolkit. One outcome was the agreement that a co-produced stakeholder event should be held between NHS and local stakeholders to give opportunity for consensus to be developed.
  - 11 May 2023: HOSC held an extraordinary meeting to hear the feedback from working group members concerning its meeting on 20 April. It was agreed by the committee that 'any decision to refer to the Secretary of State would be deferred pending the progress made at the planned co-production stakeholder event, and that there would be an extraordinary meeting in late June to consider views on this.'
  - 08 June 2023: HOSC agreed to hold an extraordinary meeting on 30 June for the purpose of making a decision over whether a referral to the Secretary of State is necessary following the co-production stakeholder event.
6. The co-produced stakeholder event is scheduled to take place on 28 June. The Committee will therefore receive a verbal update from attending members of the working group concerning feedback and their recommendation on whether to make a referral to the Secretary of State is necessary.

## **Corporate Priorities**

7. Improving health and wellbeing of residents and reducing health inequalities are stated ambitions within the Council's Strategic Plan.

## **Financial Implications**

8. There are no financial implications in making a referral to the Secretary of State.

Comments checked by: Lorna Baxter

Lorna Baxter, Director of Finance. lorna.baxter@oxfordshire.gov.uk

## Legal Implications

9. The primary source of the Committee's power to make a referral to the Secretary of State derives from The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 ('the 2013 Regulations')

10. Under the 2013 Regulations providers of health services have a responsibility to consult over substantial developments or variations to the provision of health services in an area. Regulation 23(1) states:

"where a responsible person ("R") has under consideration any proposal for a substantial development of the health service in the area of a local authority ("the authority"), or for a substantial variation in the provision of such service, R must—

(a) consult the authority;

(b) when consulting, provide the authority with—

(i) the proposed date by which R intends to make a decision as to whether to proceed with the proposal; and

(ii) the date by which R requires the authority to provide any comments under paragraph (4);

(c) inform the authority of any change to the dates provided under paragraph (b); and

(d) publish those dates, including any change to those dates."

11. Health Overview and Scrutiny Committees (referred to as 'the authority' here) have the power to refer a matter to the Secretary of State under Regulation 23 (9) in the following circumstances:

"The authority may report to the Secretary of State in writing where—

(a) the authority is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed;

[...]

(c) the authority considers that the proposal would not be in the interests of the health service in its area."

12. Should the Committee decide to make a referral to the Secretary of State it must do so as set out in Regulation 23(11) and include the following details:
- (a) an explanation of the proposal to which the report relates;
  - (b) in the case of a report about the adequacy of consultation, the reasons why the authority is not satisfied
  - (c) in the case of a report under about whether the change would be in the interests of the health service in the area, a summary of the evidence considered, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area of the authority;
  - (d) an explanation of any steps the authority has taken to try to reach agreement with the responsible person
  - (e) an explanation of the reasons for the making of the report; and
  - (f) any evidence in support of those reasons.
13. Under the Health and Care Act 2022 this power to refer disputed reconfigurations to the Secretary of State is to be removed and replaced by an alternative mechanism giving the Secretary of State the power to intervene at any stage. Until the new arrangements take effect, however, the Committee remains empowered to do so. If it wishes to, the Committee must make its submission to the Secretary of State before any change to the law.

Comments checked by: Paul Grant

Paul Grant, Head of Legal and Deputy Monitoring Officer.  
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### **Staff Implications**

14. None arising from this report.

### **Equality & Inclusion Implications**

15. None arising from this report.

### **Sustainability Implications**

16. None arising from this report.

## Risk Management

17. A referral to the Secretary of State is a sign that a negotiated solution has proven impossible. Doing so is likely to have negative consequences on the working relationship between the Committee and NHS stakeholders, and potentially more broadly between the Council and the NHS. This is not a reason in itself to avoid making a referral when it is justified, but the implications of doing so must be weighed carefully when making that decision.
18. Failure to make a referral to the Secretary of State before the loss of referral powers would result in the Committee still being able to write to the Secretary of State on an informal basis. However, this may not have the same import as if it were made under the formal provisions.

Anita Bradley  
Director of Law and Governance and Monitoring Officer

Annex: 1. Background History

Background papers: None

Other Documents: None

Contact Officer: Tom Hudson, Scrutiny Manager

June 2023

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**Wantage Community Hospital – Timeline and key developments from JHOSC minutes relating to the temporarily closed inpatient beds.**

This guide is intended as an outline of the happenings at Wantage Community Hospital as detailed through the public record of minutes and agenda items of the Oxfordshire Health Overview and Scrutiny Committee, which has been involved in scrutinising the closure of beds at Wantage since 2016. The timings it gives reflect its interactions with decisions made by NHS, not necessarily always the precise times decisions were taken. These nevertheless give a good sense of the changes which have occurred over time and the order in which they have happened. This history does not intend to be exhaustive but to outline the key developments.

The document is split up into three parts – a general introduction to Wantage Hospital, a summary of the key developments and undertakings, and a fuller section providing excerpts of the minutes or reports, and links to the full items. It is hoped this will provide both a quick overview and sufficient depth for those wishing to engage more fully.

## 1) Background

**The following is an outline of general history of Wantage Community Hospital based on a report from the Wantage League of Friends made available to JHOSC in 2018.**

The community presented a history of the Wantage Community Hospital to JHOSC in 2018. This summary is excerpt taken from that report:

Funded by £15,000 raised by the local community, it was opened in 1927 by Princess Louise, daughter of Queen Victoria, it replaced a cottage hospital and was run by a local community Management Committee including local GPs.

It provided a maternity unit for live births, rehabilitation and palliative care for people who no longer required the services of an acute hospital.

In the early 1970s the grounds and the building were handed over to the NHS. The vegetable garden became a Doctors Surgery and then a Nursing Home.

Over the years the Hospital has been refurbished, Day Rooms added, a lift installed. The outpatient's clinic was replaced by a Minor Injuries Unit, a Physiotherapy room and Xray unit. The Wantage Hospital League of Friends gave grants for major items, including hospital alterations, Xray tables, Laser equipment, Ultrasound, between 1990 and 2004 which totalled £247,450.

After 2004 the community was asked not to raise funds for Capital Expenditure.

The Minor Injuries unit of the hospital temporarily closed in 2002 and has not reopened.

In 2016 the inpatient beds were closed over fears of legionella bacteria in the water system. Physiotherapy services were also closed. The community was told there would be a public consultation in the autumn of 2016. This consultation and the necessary remedial works including the water pipes were postponed.

In 2018 physiotherapy services were closed at the hospital.

In 2020 maternity services closed.

Local people have always campaigned for the hospital, first in 1998, then in 2006 and continuously since before 2016 to the present day. This was done through Save the Hospital Campaign, the League of Friends, and local councillors.

Over 10,000 people signed a petition to keep the Wantage Community Hospital open with over 400 people marching through Wantage Town Centre to demonstrate support. In 2018 local stakeholders engaged for two years with the NHS in the OX12 project as the OX12 Stakeholder group meeting regularly up to the report was published in January 2020. The Wantage Town Council Health Committee which is made up of elected councillors and invited members of the public including active members of the OX12 Stakeholder group has met regularly through the pandemic, and to the present day.

In the summer of 2021, remedial works were undertaken, and the water pipes were replaced. The Hospital League of Friends contributed over £10,000 for the refurbishing of the maternity unit making a total contribution of over £257,450.

Following this temporary pilot services were introduced and in 2023 the maternity unit reopened to live births.

## 2 ) HOSC Summary timeline and record since 2016

### 2016

Meeting	Key Issues and Outcomes
April	<ul style="list-style-type: none"> <li>HOSC meeting with Oxford Health who had reported that the temporary closure was to treat risk of recurrence of legionella in the water system and that the system required re-plumbing to permanently eradicate the risk.</li> </ul> <p>The HOSC Committee advised a permanent closure would require full public consultation and agreed to seek clarification about the nature of the closure.<sup>i</sup></p>
June	<ul style="list-style-type: none"> <li>Commitment given provided to HOSC by Oxford Health that there would be a formal public consultation.<sup>ii</sup></li> <li>HOSC is informed of a 400-resident march and 10,000 name petition in favour of Save Wantage Hospital.</li> </ul>

### 2017

Meeting	Key Issues and Outcomes
March	<ul style="list-style-type: none"> <li>HOSC informed consultation around community hospitals proposed to form Part 2 of the Big Health and Care Consultation.<sup>iii</sup></li> </ul>
April	<ul style="list-style-type: none"> <li>HOSC expresses concern over the credibility and clarity of the consultation process, and its particular impact relating to the closure of 146 acute beds. It requests a meeting to discuss its concerns, and clarity over the date expected for implementation for the proposals under the 2013 Regulations. A response is provided, detailing the timeframe for Phase 1 only.<sup>iv</sup></li> </ul>
June	<ul style="list-style-type: none"> <li>Chair communicates that despite opposing a two-phase consultation process, the Committee reluctantly acceded to it.<sup>v</sup></li> </ul>

### 2018

Meeting	Key Issues and Outcomes
February	<ul style="list-style-type: none"> <li>Loss of physiotherapy department from Wantage Hospital reported to HOSC. Patients referred to Faringdon instead.<sup>vi</sup></li> </ul>
September	<ul style="list-style-type: none"> <li>Phase 2 of the Oxfordshire Big Conversation (incorporating community hospitals) is suspended by the CCG. HOSC issues concern over the length of delay and lack of formal consultation. A recommendation is made OCCG to accelerate activity so that by the next meeting of this Committee on 29 November 2018, it</li> </ul>

	<p>would be in a position to move forward with concrete proposals for Wantage Hospital which would include either the resumption of some services or a public consultation on the future of the Hospital. <sup>vii</sup></p> <ul style="list-style-type: none"> <li>• HOSC is assured by the CCG of the need for a formal consultation for Wantage Hospital, to take place in April/May 2019. <sup>viii</sup></li> <li>• Committee recommends to the CCG that it takes steps to allow the development of concrete proposals for Wantage Hospital which would include either the resumption of some services or a public consultation on the future of the Hospital. <sup>ix</sup></li> <li>• NHS Planning Future Population and Health Needs is launched - a new review to look at the health and care needs of the local population and what would be needed in the future, whilst taking into account housing growth. <sup>x</sup></li> </ul>
<b>November</b>	<ul style="list-style-type: none"> <li>• Reported to HOSC of further declines to the services provided at Wantage Hospital. <sup>xi</sup></li> <li>• Further commitment made by OCCG over the need for a formal consultation if substantial changes, such as overnight bed provision, were to be altered. <sup>xii</sup></li> <li>• Finances to address the legionella-causing plumbing issues were available but held back whilst decisions over the use of the Hospital were decided. <sup>xiii</sup></li> <li>• A task and finish group established by the Committee to scrutinise issues relating to Wantage Hospital. <sup>xiv</sup></li> </ul>

## 2019

<b>Meeting</b>	<b>Key Issues and Outcomes</b>
<b>February</b>	<ul style="list-style-type: none"> <li>• Concerns raised to HOSC by members of the public over undertakings by the CCG over Wantage Hospital at September and November 2018 meetings now overdue. <sup>xv</sup></li> <li>• HOSC agrees to write to NHS England to urge timely resolution <sup>xvi</sup></li> <li>• HOSC establishes OX12 Task and Finish Group to provide "Scrutiny throughout the process of implementing the Local Health Needs Assessment Framework and its timely roll-out, to take account of the needs of residents in Wantage and the local area." <sup>xvii</sup></li> </ul>
<b>June</b>	<ul style="list-style-type: none"> <li>• Interim OX12 Task Force report published with interim recommendations. <sup>xviii</sup></li> </ul>

## 2020

<b>Meeting</b>	<b>Key Issues and Outcomes</b>
<b>February</b>	<ul style="list-style-type: none"> <li>• OX12 Planning Future Population and Health Needs Final Report published <sup>xix</sup></li> </ul>

	<ul style="list-style-type: none"> <li>• HOSC recommends to the CCG that if sufficient progress has not been made by Sept 2020 on which to make a decision over reopening bed provision that the beds be re-opened in the interim.<sup>xx</sup></li> <li>• CCG agrees that it is possible to begin consultation on beds at Wantage Hospital.<sup>xxi</sup></li> </ul>
<b>March</b>	<ul style="list-style-type: none"> <li>• First COVID lockdown</li> <li>• Wantage maternity beds closed</li> </ul>
<b>June</b>	<ul style="list-style-type: none"> <li>• Oxford Health NHS FT report to HOSC, stating its belief that reopening inpatient beds would not be a good use of resources but recognising the need for a formal process to determine what the best uses would be. <sup>xxii</sup></li> </ul>
<b>September</b>	<ul style="list-style-type: none"> <li>• Plumbing updates at Wantage Hospital completed and legionella ceases to be a risk.</li> </ul>
<b>November</b>	<ul style="list-style-type: none"> <li>• Based on the suggestion of the OX12 Task Group HOSC requests a substantive change toolkit be submitted for consideration in Feb 2021, which Oxford Health agree to. The Committee takes steps to protect its right to refer the matter to the Secretary of State.<sup>xxiii</sup></li> </ul>

## 2021

<b>Meeting</b>	<b>Key Issues and Outcomes</b>
<b>February</b>	<ul style="list-style-type: none"> <li>• Chair of HOSC informs Committee that substantive change toolkit is deferred to April meeting.<sup>xxiv</sup></li> </ul>
<b>April</b>	<ul style="list-style-type: none"> <li>• Scrutiny OX12 Task Force Report is issued. It is critical of the failure of engagement with the local community and recommends that a pilot for county-wide service provision is run in Wantage which is acceptable to the local population.<sup>xxv</sup></li> <li>• HOSC is informed that the question of the use of Wantage Hospital becomes a key outcome of the Community Services Strategy. <sup>xxvi</sup></li> </ul>
<b>June</b>	<ul style="list-style-type: none"> <li>• Further details of the Community Services Strategy put forward to HOSC; the intention is to run pilots from the hospital to see whether the additional services to the population of Wantage will obviate the need to travel to Oxford.<sup>xxvii</sup></li> <li>• The need to determine whether beds at Wantage are required is a key element outcome for the Strategy.<sup>xxviii</sup></li> <li>• Inclusion of failsafes: Relevant Chief Executives to report to Health and Wellbeing and JHOSC if delay to proposed 18 month timeframe and discuss alternative plan. <sup>xxix</sup></li> </ul>

	<ul style="list-style-type: none"> <li>HOSC members challenge Oxford Health and CCG representatives that the intention not to reopen inpatient beds at Wantage Community Hospital would effectively predetermine the outcome of whether they were required. This was not accepted by Health representatives.<sup>xxx</sup></li> </ul>
<b>November</b>	<ul style="list-style-type: none"> <li>Timelines for the Community Services Strategy are laid out for the Committee. Evaluation of pilots is to be completed by Feb 2022 and, if necessary, formal consultation is to be run between Feb 2022 and November 2022. Recognition by Oxford Health that a decision not to reinstate beds at Wantage would require formal consultation. <sup>xxxi</sup></li> </ul>

## 2022

<b>Meeting</b>	<b>Key Issues and Outcomes</b>
<b>March</b>	<ul style="list-style-type: none"> <li>Initial introduction to the engagement element of the Community Services Strategy. No recommendations are made but a fuller update is requested for July 2022.</li> </ul>
<b>May</b>	<ul style="list-style-type: none"> <li>HOSC informed of the temporary closure of maternity services owing to staff shortages and quality assurance. <sup>xxxii</sup></li> </ul>
<b>June</b>	<ul style="list-style-type: none"> <li>HOSC members attend Wantage Community Hospital site visit organised by Oxfordshire Health alongside Cllr Tim Bearder, cabinet member for Adult Social Care. Cllr Jenny Hannaby (Chair) attended for the Wantage Town Council Health Committee with Wantage Town Council invitee members of the public Julie Maberley and Maggie Swain also attending. Dr Nick Broughton, CEO of Oxford Health gave a welcome and presentations were given by Helen Shute and Dr Ben Riley and a site visit was conducted to showcase local pilots introduced. Information shared included: <ul style="list-style-type: none"> <li>- That the Community Strategy is to have a new name and structure.</li> <li>- HOSC members also learnt that the physiotherapy service at the Hospital had been stopped by the new provider who has been commissioned to take over the MSK contract.</li> <li>- The future of maternity was part of the presentation and Oxfordshire Health indicated they would liaise with Oxfordshire University Hospital Trust about the temporary closure of these beds since August 2021.</li> </ul> </li> </ul>
<b>July</b>	<ul style="list-style-type: none"> <li>Update on the Integrated Improvement Programme (the successor to the Community Services Strategy). This Programme combines considerations around provision of</li> </ul>

	<p>emergency and community services to ensure the right care is provided at the right time in the right place. The planned provision of services at Wantage to be based on the outcomes of pilot projects being delivered from the hospital. <sup>xxxiii</sup></p> <ul style="list-style-type: none"> <li>• HOSC queries implications for previous undertakings and timings in light of the incorporation of the Community Services Strategy into the Integrated Improvement Programme. <sup>xxxiv</sup></li> </ul>
<b>November</b>	<ul style="list-style-type: none"> <li>• Further report to HOSC on the IIP. HOSC resolved matters in respect of the Community Services Strategy continue to be looked at by the Integrated Improvement Programme Sub-Group; that the temporarily closed services within the county including the midwifery led units at Wantage and Chipping Norton and the inpatient unit at Wantage Community Hospital be considered by the Committee at its next meeting alongside a completed substantial change toolkit form for the services; and engagement and dialogue on the services with the Wantage Town Council Health Sub-committee is continued by the relevant provider. <sup>xxxv</sup></li> <li>• Letter sent to the Chair from Oxford Health states intention for beds at Wantage Hospital to remain closed. <sup>xxxvi</sup></li> </ul>

## 2023

<b>Meeting</b>	<b>Key Issues and Outcomes</b>
<b>February</b>	<ul style="list-style-type: none"> <li>• Reopening of midwifery-led unit at Wantage Hospital reported to HOSC. <sup>xxxvii</sup></li> <li>• Substantial Change Assessment Form received by HOSC from concerning inpatient beds. A working group to consider it is nominated. <sup>xxxviii</sup></li> <li>• Substantial Change Assessment Form recognises the potential need for formal consultation. <sup>xxxix</sup></li> </ul>
<b>April</b>	<ul style="list-style-type: none"> <li>• HOSC working group considers substantive change alongside Health colleagues. <sup>xl</sup></li> </ul>
<b>May</b>	<ul style="list-style-type: none"> <li>• Working group feedback is provided to HOSC. Key is the acceptance that the closure of beds had ceased to be temporary, that NHS colleagues would provide a timeline for engagement, and that that engagement would include a co-produced workshop with Wantage stakeholders. <sup>xli</sup></li> <li>• A timeline for engagement is provided by Health colleagues and supported, with the caveat that a formal consultation would need to be undertaken given the substantial changes which had occurred. <sup>xlii</sup></li> <li>• HOSC agrees that any decision to refer to the Secretary of State would be deferred pending the progress made at the</li> </ul>



	planned co-production stakeholder event, and that there would be an extraordinary meeting in late June to consider views on this. <sup>xliii</sup>
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### 3) Endnotes Below

<sup>i</sup> “The report informed the Committee of a briefing meeting attended by 10 members of the Committee regarding the imminent closure of Wantage Community Hospital on safety grounds, given the persistent recurrence of legionella in the hot water system of the hospital. This was being treated and there was no immediate risk to health. However, the treatment was not a long term solution and the whole system required re-plumbing in order to permanently eradicate the risk. The purpose of the confidential meeting was for Oxford Health to ask this Committee whether the proposed extension of the temporary closure of Wantage Hospital (to allow public consultation outcomes to shape the nature of capital works undertaken) constituted a substantial variation or not. The outcome of the meeting was that HOSC members recognised the closure of Wantage Hospital as a substantial change in service and noted the commitment by OCCG, OH and other organisations to a full Transformation consultation later this year.”

“The Chairman responded to Cllr Hannaby on behalf of the Committee stating that, following their meeting with OH on 14 April, members were of the view that a proposal to close the Hospital permanently would constitute a substantial change of service and would require a full public consultation. “

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=15146>

<sup>ii</sup> “As discussed, when we met, the future configuration of community hospitals will be the subject of a formal public consultation. It is clear that there is a need for investment in health care facilities in South Oxfordshire. What is less clear is the nature and type of these facilities, although there are some fairly obvious options. We hold the existing hospitals 'on trust' and sites may only be released for other uses once a plan has been agreed and published by the local health economy. This would inevitably include formal public consultation, which is already planned. Any funds released must then, also, be reinvested for the benefit of the local health economy. However, we must be realistic that this might not be for bedded facilities in Wantage since the catchment is probably of insufficient scale to enable the provision of safe and sustainable services. However, we do not detect any appetite for the provision of additional beds at the JR (indeed the opposite is true) and our informal soundings suggest a real groundswell of support for a large, modern healthcare facility - including significant bedded capacity - on or very near the southern A34. It is our intention to include these in the options appraisal upon which we will consult, and we already know the clinical and economic case to be strong. What we cannot weigh fully at this point is the weight and nuance of public opinion, hence the need and desire to consult”.

[https://mycouncil.oxfordshire.gov.uk/documents/s33616/JHO\\_JUN3016R07-%20Chairmans%20report.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s33616/JHO_JUN3016R07-%20Chairmans%20report.pdf)

<sup>iii</sup> Page 4

“ Phase 1 consultation

We would like your views on proposed changes to the following: Acute hospital services (acute hospitals provide a wide range of specialist care and treatment including surgery, medical care, emergency care and tests): • changing the way we use our hospital beds and

increasing care closer to home in Oxfordshire • planned care at the Horton General Hospital (planned care includes tests and treatment planned in advance and not urgent or emergency care) • acute stroke services in Oxfordshire • critical care (critical care helps people with life-threatening or very serious injuries and illnesses) at the Horton General Hospital • maternity services at the Horton General Hospital including obstetrics and the Special Care Baby Unit (SCBU).

#### Phase 2 consultation

During the next phase of consultation we are expecting to invite your views on proposed changes to the following services in Oxfordshire: Acute hospital services: • A&Es in Oxfordshire • Children’s services Community hospitals including MLUs”

[https://mycouncil.oxfordshire.gov.uk/documents/s36446/JHO\\_MAR0717R10%20-%20Consultation%20document.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s36446/JHO_MAR0717R10%20-%20Consultation%20document.pdf)

iv “The credibility of a two phase consultation.

The Committee noted concern that splitting the Big Health and Care Consultation into two phases, with community services and general practice in Phase 2, does not enable the public and key stakeholders to understand OCCG’s overall vision for Oxfordshire’s health services or assess the impact on them. Moreover, the lack of any options in the consultation has led to a perception that the OCCG has already decided on a way forward and members of the public are not able to influence the outcome.

The confusing nature of the consultation.

Committee members noted concerns that the technical language used in consultation documents is confusing for the public and there is a lack of knowledge about what services are currently available and how these will change. Members noted that the consultation lacks sufficient explanation about how the proposals will impact individual patients and communities.

The Committee recommends that the OCCG considers amending the consultation to: • Ensure that all future public consultation events and online information is amended to remove technical language to express explanations in layman’s terms; • Include case studies and patient stories to demonstrate what impact the proposals could have on patients individually and on their communities; and • Include an overview of current services (particularly at the Horton General Hospital (‘the Horton’), and how these would change if the proposals were implemented.”

“Furthermore, it would be helpful if you could clarify, in accordance with Regulation 23(1)(b)(i) of the 2013 Regulations, the proposed date by which you intend to make a decision to proceed with the proposals.” The response to which was “The CCG intends to make a decision on the options set out in Phase 1 early summer 2017.”

[https://mycouncil.oxfordshire.gov.uk/documents/s36793/JHO\\_APR0617R08%20-%20Chairmans%20report.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s36793/JHO_APR0617R08%20-%20Chairmans%20report.pdf)

v “During his welcome Councillor Fatemian expressed disappointment at the way the process had been approached by the OCCG referring to the lateness of documents, that representatives had only committed to stay until 1.30 pm and that as the Chairman of this Committee he had been given only 3 mins to speak to the Board at its meeting on 10 August. He also made it clear that this Committee had not been in favour of but had reluctantly agreed to a 2 phase consultation.”

<https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=148&MId=5492&Ver=4>

vi “Cllr Jenny Hannaby, local member for Wantage, expressed her concern that the physiotherapy department had ceased to operate from Wantage Hospital. Instead people were being allocated to premises in Faringdon, to which there were no bus services.”

<https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=148&MId=5108>

vii Suspension of Phase 2 “Louise Patten stated that phase 2 had been suspended and it had been decided not to consult until the needs of the local population was known. After that, a dialogue would be conducted with the public. Until then plans for a formal consultation could not be developed.”

Concern over delays:

“With regard to Wantage Hospital, members asked how long would it be before formal consultation, as a significant time had gone by since its closure. Louise Patten responded that all services were linked to community hospitals. If sufficient local engagement was not to take place then a legal process would ensue and all would be back at the beginning. She assured the Committee that the OCCG could develop a vibrant future for the buildings which could help to cement this local asset into the community. On the future of Wantage Community Hospital, the conversation had not yet taken place about what could be provided in Wantage.

Members joined in expressing concern for the residents of Wantage at the lengthy term of temporary closure of the Hospital beds. At the time the temporary closure had been predicated on formal consultation within 6 months.”

viii “Louise Patten was asked when the point of full consultation would take place, to which she responded April/May 2019, as there was a need to look at the wider localities across Oxfordshire to do so. It would be linked to a sustainable future, but not linked to beds.”

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=18821>

ix Recommendation to move forward more swiftly:

“OCCG to accelerate this action so that by the next meeting of this Committee on 29 November 2018, it would be in a position to move forward with concrete proposals for Wantage Hospital which would include either the resumption of some services or a public consultation on the future of the Hospital.”

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=18821>

x “the review would look at the health and care needs of the local population and what would be needed in the future, whilst taking into account housing growth.”

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=18821>

xi “In recent years it was the view of the campaign group that there had been a gradual decline in the services provides. These were the removal of X ray, the stoppage of clinics such as Ear, Nose and Throat and of Physiotherapy without consultation, and the temporary closure of the Minor Injuries Unit;”

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=19203>

xii “Louise Patten stated that if there was a significant service change then formal consultation would be required. For example, there would have to be if specifically addressing overnight bed provision.”

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=19203>

xiii “The original reason for not progressing remedial plumbing works at Wantage Hospital was because the issues with the system which had been created by incremental changes, creating spaces in the plumbing system for legionella to develop. Carrying out remedial works and spending £450k when changes to the configuration are very likely would not be a good use of public money. Oxford Health FT Board will reconfirm the money will be available to replumb the hospital, as determined necessary, so that the need for replumbing does not stand in the way of the options.”

[https://mycouncil.oxfordshire.gov.uk/documents/s44059/JHO\\_NOV2918R06%20-%20chairmans%20report.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s44059/JHO_NOV2918R06%20-%20chairmans%20report.pdf)

xiv <https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=19203>

xv **Julie Maberly** asked for an update on action in relation to the time frame presented by the CCG on Wantage Hospital at the September and November meetings of this Committee – and, furthermore, that it be presented in a professional manner. She circulated a chart which indicated that some of the promised actions were late.

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=19591>

xvi It was **AGREED**:... (b) that the Chairman would write to NHS England to ask that it did everything in its power to assist in a quick resolution to this issue.

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=19591>

xvii Minute 12/19

<https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=148&MID=5469#AI19591>

xviii [JHO\\_JUN2019R24 Interim report to HOSCFINAL.pdf \(oxfordshire.gov.uk\)](#)

xix [JHO\\_FEB0620R06 Appendix 1 200120 FINAL OX12 Project Report - January 2020.pdf \(oxfordshire.gov.uk\)](#)

xx “In the event that, by September or October 2020, more time is needed to gather information, the Committee requests that the CCG take a Board decision that the beds in Wantage Community Hospital be re-opened in the *interim*.”

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=21442>

xxi “Louise Patten proposed that they move to consultation on Wantage Community Hospital to address the question of beds – possibly including wider uses. She was confident that enough county-wide information is there – if they find anything missing, they can move to cover that.”

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=21442>

xxii “I am aware that some residents are keen for inpatient beds to return to the Hospital. Since the beds closed in 2016, there has been a significant expansion of new care pathways that enable more care to be provided in the home, which is generally the best option for most

older people. This approach has expanded further since the pandemic began, with the accelerated roll-out of the 'Home First' pathway, contributing to a further drop in the need for bed-based care. Having discussed this at length with local clinical commissioners, looking at the output from the application of the health and care needs framework in OX12 and based on the bed occupancy rates in other hospitals, we believe that re-opening the general inpatient ward at Wantage would not be a sustainable plan or the best way to use NHS resources at this time. Instead, we would like to progress new opportunities for developing a wider range of outpatient, community outreach and other daytime services at the Hospital which will be of greater benefit to local residents, such as mental health services for children and younger people and new ways of providing care for those who are older and frail.

I recognise that some members of the public will be disappointed by this view about the inpatient beds. I also recognise the need for the NHS family to follow a formal process involving local people to deliver this type of change, to maximise the benefit to the local population. We will work with the clinical commissioners to undertake this as soon as the current restrictions relating to the COVID-19 pandemic allow."

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=21442>

<sup>xxiii</sup> "The Task and Finish Group requested that the substantive change toolkit be used in relation to the proposal to close beds at Wantage, setting out the pros and cons and alternatives. This could be brought back to the next Committee meeting. They wanted the power to refer to remain with OJHOSC. They were unaware that a county council level group had been formed on health and wellbeing for OX12 and believed it also required scrutiny. They looked forward to meeting them and would also like to meet Dr Riley.

Dr Riley **AGREED** that they would use the toolkit and set out the pros and cons. He was also happy to meet the Task and Finish Group."

**"RESOLVED to:**

- a) request that Oxford Health Trust completes the Substantial Change Toolkit, previously agreed between JHSOC and system partners, setting out the reasons for not opening the in-patient beds at Wantage Hospital. This completed toolkit to be presented to the next meeting of this committee in February 2021.
- b) to ensure, through its decision making, that the power to refer to the Secretary of State a decision to close patient beds will be retained with the Oxfordshire Joint HOSC without involvement of a three county HOSC so that it can be exercised in as timely way as possible, taking account of the likely impact of new delays in the scrutiny process resulting from any decision of the County to approve terms of reference on the BOB ICS, and that the transfer of the power of first decision on referral from Oxfordshire Joint HOSC to a new three county scrutiny committee which is distant from local residents and that may only meet twice year is unfair in this context and that before any transfer of County scrutiny power is approved that the residents of OX12 and indeed all residents should be consulted.

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=23157>

<sup>xxiv</sup> <https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=148&MId=6111&Ver=4>

<sup>xxv</sup> "We reiterate our earlier recommendation to HOSC that any decision made on the future of in-patient beds should be evidence-based and include the pros and cons of bed closures and of alternative provision and include consideration of Wantage Hospital within the

proposed wider county strategy and not be based on the CCG report. We endorse the decision of the County Council (8<sup>th</sup> December item 15) that a comprehensive plan for OX12 by the system be completed which is acceptable to the local population and forms a significant part of, or acts as a pilot for, the county-wide review of community health service provision.” <https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=23855>

xxvi “The strategy will address gaps in best care, guide effective solutions on a broader landscape and result in a decision about community hospital beds in Wantage” p.5

[https://mycouncil.oxfordshire.gov.uk/documents/s55676/JHO\\_APR2221R08%20-%20Community%20services%20slides%20updated%20for%20HOSC%20V1819.04.2021.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s55676/JHO_APR2221R08%20-%20Community%20services%20slides%20updated%20for%20HOSC%20V1819.04.2021.pdf)

xxvii “An early pilot we will put in place is to test out-patient clinics within Wantage community hospital to provide additional services to the population of Wantage which will not require them to travel to Oxford.”

[https://mycouncil.oxfordshire.gov.uk/documents/s56306/JHO\\_JUN2421R12%20-%20CS%20strategy%20supporting%20information%20June%202021%2011.6.21.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s56306/JHO_JUN2421R12%20-%20CS%20strategy%20supporting%20information%20June%202021%2011.6.21.pdf)

xxviii p.5 [https://mycouncil.oxfordshire.gov.uk/documents/s56306/JHO\\_JUN2421R12%20-%20CS%20strategy%20supporting%20information%20June%202021%2011.6.21.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s56306/JHO_JUN2421R12%20-%20CS%20strategy%20supporting%20information%20June%202021%2011.6.21.pdf)

xxix “Jan 22: Progress to countywide strategy options appraisal • Fail-safe: If unable to complete the work required to progress to the development of the options analysis and pre-consultation business case, then Chief Executives to report to HWB & HOSC to confirm actions to be taken to address delay and discuss alternative plan”

p. 7 [https://mycouncil.oxfordshire.gov.uk/documents/s56305/JHO\\_JUN2421R12%20-%20Community%20Services.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s56305/JHO_JUN2421R12%20-%20Community%20Services.pdf)

xxx “The Chair asked the Chief Executives to respond to the point made at the April meeting that keeping the in-patient beds closed for so long was essentially pre-determining a decision to close them permanently.

Dr Broughton accepted there it had been a long and painful journey but he assured the Committee that the future of the beds had not been pre-determined.”

And “In response to the Chair of HOSC question that keeping the beds in Wantage Community Hospital closed for so long was essentially predetermining their future, Dr Broughton responded that nobody could change the past, but he was happy to be held to account on the proposals for community services which were an absolute priority for Oxford Health “

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=24240>

xxxi See Appendix 2 for timeframes.

For substantive change and consultation “If the new service models to deliver the strategy would involve substantial changes then a public consultation would be required. As previously stated, substantial change would include changes to community hospital beds (such as not reopening the beds at Wantage Community Hospital) or to the locations that services are provided from.”



[https://mycouncil.oxfordshire.gov.uk/documents/s58144/JHO\\_NOV2521R07%20-%20Community%20Services%20Strategy%20Development.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s58144/JHO_NOV2521R07%20-%20Community%20Services%20Strategy%20Development.pdf)

xxxii “The temporary maternity closures at Wantage and Chipping Norton were related to staff shortages and quality assurance.”

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=26003>

xxxiii “Pilot services had provided care to 1445 patients, of which 87% were residents from OX12 and the immediately neighbouring postcodes.

Ophthalmology (specialist eye) clinics and diagnostic tests • Ear, Nose and Throat • Audiology (specialist hearing assessments) • Adult Mental Health • Adult Eating Disorders • Older Adult Mental Health • Talking Space+ • Psychological Therapy • Perinatal mental health • Child and Adolescent Mental Health • Neuro-development Clinic.

Also:

Adult Speech and Language Therapies • Children’s Therapy (Speech and Language, Occupational Therapy) • School Nursing and Immunisation Teams • Physiotherapy / musculoskeletal care • Podiatry • Midwife-led Unit (provided by OUHFT - local home births and perinatal care are being supported from the unit, although birthing in the unit is currently closed)”

xxxiv “The Committee also sought clarity on the previous statements, undertakings and timings, given that the Community Services Strategy had now been rolled into the wider Integrated Improvement programme”

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=26532>

xxxv <https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=27234>

xxxvi “inpatient beds at Wantage Community Hospital will remain temporarily closed and the expanded range of pilot clinics at the hospital will continue while the engagement and consultation work is completed and a final decision is reached on the best use of the hospital and its facilities going forwards and that as a non-commissioning body they cannot give a definitive system view on the timeline for the consultation in the Integrated Improvement Programme”

xxxvii“ On 6 January 2023, I was pleased to receive the positive news, which was sent to the JHOSC and to the Councillors in the affected communities, that after a significant period of closure, the Midwifery Led Units at Wantage Community Hospital and Chipping Norton Cotswold Birth Hospital were to be reopened. This follows significant dialogue and work together with Oxford University Hospitals (OUH) by the Committee, as well as a resolution at the November Committee meeting to consider a completed substantial change toolkit form in respect of the services”

<https://mycouncil.oxfordshire.gov.uk/documents/s64547/Chairs%20Update%20to%209%20February%202023%20HOSC%20Meeting%20-.pdf>

xxxviii “**AGREED:** ...Cllrs Barrow, Champken-Woods, Hanna and Haywood form a sub-group to consider the Substantial Change Assessment Form on the Community Inpatient Unit at Wantage Community Hospital”

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=27897>

<sup>xxxix</sup> “Local communities and stakeholders will be involved in developing the strategic options and plans. Where appropriate, formal public consultation will be undertaken. Now that the BOB ICB has been established, superseding Oxfordshire CCG, it holds the commissioners’ statutory responsibility to lead public engagement on these matters; an engagement plan with timelines will be developed by system partners to set out this work in detail.”

<https://mycouncil.oxfordshire.gov.uk/documents/s64575/Background%20Paper%20HOSC%20Substantial%20Change%20Assessment%20-%20Oxfordshire%20Integrated%20improvement%20programme%20J.pdf>

<sup>xi</sup> (This was a private meeting and there are no minutes to refer to). However, it was agreed that a timeline for engagement was necessary, including a co-produced workshop between Wantage stakeholders and NHS colleagues.

<sup>xii</sup> “In response, the Chair summarised key points agreed from the discussion at the Wantage Hospital Substantial Change sub-group.

- It was recognised by all present that, approaching seven years after the announcement of the temporary closure of hospital beds at Wantage Hospital, the closure had ceased to be temporary. It was important for members of the public to have a clear understanding around timelines over what would be happening next.
- That there is a reconfiguration of the way services are delivered in Oxfordshire generally, which goes beyond Wantage on its own
- That it is necessary to match up the fact that people in Wantage should be able to have their say on how services are delivered locally, but that must also feed in to the broader strategy. Consequently, engagement and co-production between system representatives and the local community is vital in achieving this balance.
- The working group requested a timeline for that engagement and co-production be put to the Committee.
- No decision was taken in relation to whether to make a referral to the Secretary of State”

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=28567>

<sup>xiii</sup> “Feedback was provided to NHS colleagues that there was a public expectation that formal consultation would need to be undertaken in light of the substantial change which had taken place, but that it was the Committee’s view that if the level of co-production and engagement with the community planned was indeed delivered beforehand this consultation need not be excessively onerous.”

<https://mycouncil.oxfordshire.gov.uk/mgAi.aspx?ID=28567>

<sup>xiiii</sup> “**AGREED** ... That any decision to refer to the Secretary of State would be deferred pending the progress made at the planned co-production stakeholder event, and that there would be an extraordinary meeting in late June to consider views on this.”

<https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=148&MId=7336&Ver=4>