

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

23 NOVEMBER 2023

Consideration of whether the closures of the inpatient beds at Wantage Community Hospital constitute a Substantial Change

Report by Director of Law and Governance

RECOMMENDATION

The Committee is **RECOMMENDED** to:

1. Defer the decision as to whether the closure of beds at Wantage Community Hospital constitutes a Substantial Change.
2. Defer the decision on whether to refer to the Secretary of State for Health and Social Care the matter of the closure of beds at Wantage Community Hospital.
3. Agree an Extra HOSC meeting to be scheduled in mid-January, to make a final determination as to whether to make a referral to the Secretary of State is necessary in relation to the removal of beds at Wantage Community Hospital, and as to whether to declare the removal of the beds as a Substantial Change.

CONTEXT:

1. The Inpatient services at Wantage Community Hospital were temporarily closed in July 2016, and they have not since re-opened. The Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) has been involved with scrutiny of this closure ever since, and members have been attempting to find a resolution. A more long-term 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. Below is a brief summary of some of the more recent history of HOSC events and activities:

- On **09 February 2023**, HOSC was updated by Oxford Health on the Wantage Community Hospital. It was agreed that a HOSC working group will be established. The outcome was to establish a working group comprising the following HOSC members: Cllr Hanna, Cllr Champken-Woods, Cllr Haywood, Cllr Barrow. This working group would consider a substantial change toolkit that was developed.
- On **20 April 2023**: The working group met with members of Oxfordshire County Council, the ICB, and Oxford Health, to discuss the substantial change toolkit; the outcome of which was an agreement that a co-produced stakeholder event should be orchestrated between the NHS as

well as local stakeholders to provide an opportunity for an agreement of some sort.

- On **11 May 2023**: HOSC convened an extraordinary meeting to receive feedback from working group members concerning its meeting on 20 April. 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.
 - On **08 June 2023**: HOSC agreed to convene an extraordinary meeting on 30 June in order to make a decision on whether a referral to the Secretary of State is necessary following the co-production stakeholder event.
2. On **30 June 2023**: HOSC convened an extraordinary meeting to discuss the co-production stakeholder event which took place on 28 June as well as the decision on whether to refer this matter to the Secretary of State. The purpose of the co-produced stakeholder meeting was to focus on a five-year future for the residents of Wantage and the surrounding area in relation to the services provided at the hospital following the temporary closure of inpatient beds and the earlier loss of the minor injuries unit. It was also to understand the situation with regards to outpatient services currently operating, largely as pilots. The Committee had previously expressed and recommended greater reach-out to the community by the NHS, and that as new managers and strategies had been announced, community members were still trying to adequately understand all these developments. It was important that the co-production stakeholder event meeting demonstrated a new approach compared to what had preceded it, and the Chair had spoken with almost all community representatives attending to hear their views on whether this had been achieved. On balance, feedback from community stakeholders was that there had been an improvement, and they saw enough evidence of a new approach to want to continue to work with the NHS to find a way forward in spite of the history ([Annex 1 - Wantage Community Hospital Timeline.pdf \(oxfordshire.gov.uk\)](#)). it was proposed and agreed that:
1. *The ICB and Oxford Health continue to co-produce with Wantage Town Council Health Committee and its invitees, and following receipt of the draft report from the independent facilitator, agree next steps, to include:*
 - *progressing unfinished co-production work from the workshop on action-planning*
 - *to agree how best to involve the wider-circle of invitees as discussed at the meeting*
 - *plans for co-production to meet the final a final timeline of presenting to HOSC in November 2023.*
 2. *That the ICB and Oxford Health give assurance that there is sufficient capacity to deliver its engagement exercise to time.*
 3. *That the ICB and Oxford Health meet with representatives of Vale of the White Horse District Council to improve understanding of how CIL*

money allocated to health can be accessed in a timely way, and that this knowledge is jointly communicated by the NHS and the Vale of the White Horse District Council to the Wantage Town Council Health Committee.

4. *That representatives of the ICB, Oxford Health and Oxfordshire County Council meet with members of the Oxfordshire Joint Health Overview and Scrutiny Committee Working Group on Substantial Change on a monthly basis, which would be virtual, to discuss progress on co-production against agreed timelines.*

HOSC WORKING GROUP ACTIVITY UPDATE:

3. Members of the HOSC Wantage Community Hospital working group have, since its establishment at the 30 June HOSC meeting, met and had conversations regularly on an informal basis.
4. As per the agreement stipulated during the aforementioned 30 June HOSC meeting, the working group has held a monthly online check-in with representatives of the ICB and Oxford Health on **30 August**. Some requested key points of this discussion included the following:
 - The public engagements undertaken by the ICB and Oxford Health thus far.
 - Details of and timelines for future public engagements/stakeholder events.
 - The potential options available for retaining treatment options in light of the inpatient closure at the hospital, and the opportunities and constraints around these options.
 - Details around the NHS's commitment to commission a private public research organisation to undertake surveys and feedback into the process and any future decisions made, and to check that the public engagement would be co-produced.
 - Details around the appraisal principles that will be taken into account when developing alternative treatment options for patients (including travel, access, workforce, funding, quality of care, estates available etc).
5. During the check-in on 30 August, it was also agreed that there will be an additional check-in with the working group and representatives of the ICB and Oxford Health prior to the 23 November HOSC meeting. Thus, a second check-in was held on 24 October, with some more specific discussions and insights around the following:
 - Details of the Survey that is being launched to receive feedback from residents (including the nature of the survey, the type of questions that will be asked, whether the feedback/responses will be received in a qualitative or quantitative format, and how this feedback will be operationalised/measured).

- Outcomes of all the stakeholder events that have taken place since the previous check-in, and details of any feedback received from these sessions.
- Details of which potential alternative treatment options have not been adopted due to them not being considered feasible.
- Details of any of the alternative treatment options which may have dependencies on other factors which need to be taken into account.

KEY POINTS OF OBSERVATION

6. The HOSC's Wantage Community Hospital Working Group has some key points of observation as to the nature of the ongoing Public Engagement Exercise embarked on by the NHS, as well as on the future of the Hospital in Wantage. These points of observation have also informed the two aforementioned recommendations that the Working Group are making to the wider HOSC as to deferring both the declaration of a substantial change as well as a referral to the Secretary of State:

Nature of Public Engagement exercise:

7. The Working Group recognises that immense effort has been invested by Oxford Health as well as BOB ICB for the purposes of engaging with the public. It also understands that there have been several public stakeholder events, both online as well as in-person, for the purposes of understanding the publics' and service users' perspectives on what the future of Wantage Community Hospital and hospital-like services should look like. There were two workshops in June and July with community stakeholders and weekly meetings since August which generated outcomes including an agreed evidenced statistic of the current and predicted population growth and a co-produced set of power point slides for use in public engagements (including, page 9, a one page visual of co-produced scenarios for improvement of future hospital-like services) [6fa1c70baba29b730b69c4a2c67598d3_WCH_public_engagement_context_slides.pdf \(amazonaws.com\)](https://www.amazonaws.com/6fa1c70baba29b730b69c4a2c67598d3_WCH_public_engagement_context_slides.pdf).
8. An independent consultant was engaged by the NHS from August who advised and led the wider engagement work with the public during October. On behalf of HOSC, Cllr Jane Hanna attended several of these sessions in her capacity as Chair of the Committee. The Health Scrutiny Officer has also attended some of these sessions for the purposes of observing the nature and effectiveness of the Public Engagement exercise. Cllr Barrow and Cllr Hannaby have also observed.
9. The Working Group has three observations as to the wider public engagement exercise per se:

9.1 Public participant involvement: The Working Group understands that many members of the public have participated in at least one or some of the engagement sessions to discuss the Hospital's future. Some participants may have attended any of the in-person events, online events, or both. The

Working Group believes in the importance and centrality of the public participants in this engagement exercise. If the purpose of the exercise is to receive feedback from the public, then every effort needs to be made so as to ensure that the public participants attending and contributing to any stakeholder sessions should be those that reside in the local area and utilise local services. It is local residents who are affected by the services offered in Wantage Community Hospital, and it is therefore only fair that they have a say and that their views and experiences are taken into account in the context of this engagement exercise. There are two key concerns that the Working Group has in relation to participants:

1. It has come to the Working Group's attention that in some instances, participants were not residents from the local area, nor had they been patients who may have previously used local NHS services. Every effort should therefore be made to vet candidates with a view to determine whether they have a local affiliation of some sort.
2. With respect to online sessions, there is an understanding that in some sessions, particularly when residents were placed into breakout groups for smaller group discussions, some attendees had not turned on their cameras, or had not unmuted their microphones so as to participate in the group discussions.

Hence, it is vital that any engagement exercise of this nature should include local residents; and that in the case of online sessions, participants should be encouraged to turn their cameras on and to contribute to the discussions.

9.2 Purpose of engagement: The co-production group believed the purpose of the wider engagement was a check in on the work of the co-production group and seeking wider diversity of feedback; including themes from lived experiences to guide the offer from Oxfordshire Health and the ICB. In some of the sessions, the slides and the coproduced visual map were not shown. The engagement in all sessions asked participants to choose one priority from the three scenarios or in other sessions to choose a priority within a scenario. There had been no discussion/co-production of this exercise with the co-production stakeholder group beforehand about the inclusion and purpose of this exercise, and some of the materials used had not been circulated before and/or discussed in a co-production meeting.

9.3 Timescale of the Exercise: The Working Group recognises that there have been slight delays to the original timetable of the Public Engagement Exercise. However, this is not to say that the Working Group identified this as an issue. Contrarily, it is felt that greater importance should be placed on how effective the overall exercise can be, as opposed to how swiftly it could all be completed. There have been times when earlier sharing with the working group would have enabled the group to provide advice and support to maximise reach to the community. For instance, the opportunity of fliers to widen reach was enabled by the Town Council but could have been more timely and impactful if the working group had been engaged on this at the start.

Whilst a significant delay to the exercise will be a cause of concern, a slight delay is understandable and is indeed welcomed by the Working Group; particularly if this is to ensure the proper use of time and resources so as to hear more detailed and additional feedback from the public as to the Hospital's future.

The wider public were observed, however, during the face-to-face stakeholder meetings asking what the NHS was offering and the timescale for this, and this follows the expectations of the community working group and the previously worked with community since 2016. It was a surprise, therefore, that there was a repeated narrative throughout the public engagement meetings by facilitators of the phrase 'this is at a very early stage'.

As such, it is partially due to the fact that the Public Engagement Exercise remains ongoing that the Working Group is recommending a deferral to the decisions around declaring a substantial change and making a referral to the Secretary of State. There will be a need for an Extra meeting in mid-January following a meeting of the Wantage Town Council Health Committee.

Future of Wantage Community Hospital Services:

10. The Working Group understands that the aforementioned co-production stakeholder work and the wider Public Engagement Exercise is a means to an end, which is the future of hospital-like services in light of the temporary closure of the in-patient beds since 2016. The engagement exercise should therefore be treated as such, and every effort should be made to ensure effective input from the co-production work and wider participants' feedback and views into how the Hospital and hospital-like services would be configured. The Working Group is pleased to see that the co-production work did produce an outcome on the need for the NHS to respond, to which they set out the scenarios clearly. It is understood that the Maternity Unit on the first floor will remain in place, and that the engagement exercise is around how the ground floor of the hospital will be configured moving forward, and how other health and care related estates can be used. Below are some key observations that the Working Group has in relation to the future of the Hospital:

10.1 Timescale for future configuration of the Hospital: The Working Group recognises that timescales have been utilised for the purposes of delivering a wider Public Engagement Exercise. However, it is crucial for there to be more explicit clarity on any timescales around any decisions on the future of the services delivered on the ground floor of the Hospital. It is pivotal for there to be clear timescales around the Hospital's future for two reasons. Firstly, it has now been seven years since the closure of the inpatient beds at the Hospital. Secondly, now that the Public Engagement Exercise is nearing completion, there needs to be an indication as to when decisions might be made as to how to configure the services on the ground floor. Namely, if the hospital beds are to be permanently closed, is there an alternative provision that is acceptable to the community, taking into account the responsibilities of the NHS with this previously worked with community for many years.

10.2 Clarity on Barriers and Enablers: The Working Group reiterates that it is pleased to see that there are three different scenarios being presented to local residents as to which services could be provided. Nonetheless, it is imperative for there to be further clarity relating to any potential barriers or enablers around which potential services (including those presented in the three scenarios) could be feasibly provided and resourced. The Working Group believes that in order for the Committee to be in an ideal position to make an ultimate decision as to whether to declare the closure of the beds as a substantial change/whether to refer this matter to the Secretary of State, it is vital for there to be clarity on whether the degree to which any potential future hospital-like services of the hospital can be resourced. The Working Group is pleased that progress has now been made with the Vale of White Horse District Council and the NHS in agreement on the amount of CIL funding available now to support this.

11. To sum up, the reasoning behind the Working Group's three aforementioned recommendations to HOSC are the following:
1. To allow the successful completion (and the publication of the co-produced report) of the Public Engagement Exercise conducted by the NHS around the hospital's future.
 2. To receive greater clarity on the levels of resources available for, and the barriers and enablers around, the potential future services to be offered at the hospital.
 3. That the agenda and running of the meeting on the 4th December with the stakeholders who took part in the workshops during July and August is co-produced, with a view to the production of a co-produced report to come to an Extra meeting of HOSC in January.

NEXT STEPS:

12. The Committee will convene an Extra meeting in early to mid-January 2024 for the purposes of reviewing the NHS's final report on the co-production and Public Engagement Exercise and substantive outcomes, and to make an ultimate decision as to whether to both declare this matter a Substantial Change and to refer this to the Secretary Of State. The Working Group feels that it is vital that the Committee convenes an Extra meeting for the above purposes in early to mid-January at the latest, given that the current arrangements/procedures around referrals to the secretary of state will be subject to change by the Government.

LEGAL IMPLICATIONS:

13. 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.”

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.”

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.

FINANCIAL IMPLICATIONS

There are no direct financial implications for the council arising from this report.

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