

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Friday, 30 June 2023 commencing at 9.00 am and finishing at 9.55 am

Present:

Voting Members: Councillor Jane Hanna OBE – in the Chair

District Councillor Paul Barrow
Councillor Nigel Champken-Woods
Councillor Damian Haywood
Councillor Nick Leverton
Councillor Dan Levy
District Councillor Elizabeth Poskitt (Deputy Chair)

By Invitation:

Stephen Chandler, Executive Director (People)
Dan Leveson, Oxfordshire Place Director, BOB ICB
Susanna Butt, Transformation Director, Oxford Health NHS Foundation Trust
Cllr Jenny Hannaby, Chair of Wantage Town Council Health Committee

Officers:

Tom Hudson, Scrutiny Manager
Paul Grant, Head of Legal
Simon Harper, Head of Governance

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

22/23 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from the following members:

- Barbara Shaw
- Siama Ahmed
- Jean Bradlow
- Cllr Keats-Rohan
- Cllr Douglas
- Cllr Ley

23/23 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Cllr Haywood declared an interest by virtue of his employment by NHS South Central

Cllr Hanna declared an interest as Chief Executive of SUDEP Action.

24/23 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 3)

It was **AGREED** that the registered speaker, Cllr Hannaby, speaking as Chair of the Wantage Town Council Health Committee be invited to contribute alongside other speakers on the substantive item.

25/23 WANTAGE HOSPITAL: DECISION WHETHER TO REFER THE CLOSURE OF BEDS TO THE SECRETARY OF STATE

(Agenda No. 4)

The Chair reminded the Committee of its previous agreement to defer the decision whether to make a referral to the Secretary of State in relation to the closure of beds at Wantage Hospital on the basis that a co-produced workshop had been offered by NHS colleagues between stakeholders to identify a common way forward. The current meeting was to assess, based on the outcomes of that meeting, the next steps.

The Chair fed back her experience of the workshop to the Committee, expressing her thanks to the many stakeholders who had given up time and effort to make it happen. As a prelude to this, she noted that a compendium of the HOSC's involvement with this issue, as detailed in the public record, had been distributed to the NHS and illustrated the commitment HOSC had shown to consideration of this issue.

The purpose of the workshop was to focus on a five-year future for the residents of Wantage and surrounding area in relation to the services provided at the hospital following the temporary closure of inpatient beds and the loss of the minor injuries unit, and to understand the situation with regards to outpatient services currently operating, largely as pilots. The Committee had previously expressed recommended greater reach-out to the community by the NHS, and that as new managers and strategies had been announced community members were left with a sense of 'groundhog day'. It was important that the meeting demonstrate 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.

For the morning session, on balance, feedback 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. One criticism made was around the population data relied on for forecasts, which had been an issue raised by the OX12 Taskforce report. The data did not take account of registrations at GP practices as a proxy for healthcare demand, nor the growth of Wantage recently

and in the future. Feedback concerning the presentations received was mixed, with those more established and permanent services faring better. At times feedback was that some of the presentations were unduly positive and did not engage with the question of what would happen when healthcare-provided beds were the most appropriate form of provision or recognition of when services were not working.

For the afternoon session, those feeding back were more positive with the discussions held, stating they felt actively involved and listened to. At the end of the day there was real energy and evidence of creative co-production but there was insufficient time to build on that positivity fully. Important outcomes agreed by senior NHS members present were to look in detail at the business case for a minor injuries unit, provision of surge beds in the locality and exploration of accessing CIL funding to maximise the funding available. Issues around population data were also recognised.

Cllr Barrow shared his views to the Committee too. He expressed frustration that discussion of what future provision might look like was limited to the afternoon, particularly in light of the lack of time to build on the good work which had been undertaken then. The day was, nevertheless, positive. The key issues of discussion were around bed-provision and the minor injuries unit; in light of the high cost of a minor-injuries unit it was fundamental that all sources of financial support was accessed.

Dan Leveson, Place Director for Oxfordshire, BOB ICB, confirmed the sense of positivity and forward momentum. It was clear the community wished to re-engage on the future of Wantage and come to a resolution. The current timeline for producing a suggested outcome was for November. However, increased co-production activity could negatively impact that. It was confirmed that there was confidence the original timeline committed to for this process would be met should additions to it not be made.

Susannah Butt, Transformation Director, Oxford Health NHS Foundation Trust, confirmed Oxford Health and the ICB's ambition to work with all stakeholders present at the workshop, alongside the rest of the community, to identify a more permanent solution for the use of Wantage Hospital. Oxford Health was equally committed to ensuring its previous commitment to the HOSC for delivering a proposal that would be met by the November deadline. Resources within the Trust had been specifically dedicated to this workstream.

Stephen Chandler, Executive Director (People), Oxfordshire County Council, addressed the Committee in place of Karen Fuller, who had attended the workshop but was unable to attend the meeting. He had been briefed following the workshop. The comments made reflected what had already been heard, which was that the meeting reached a positive place by its conclusion. From a County Council perspective, the Council would work with partners on planning this service reorganisation. Having been involved in previous service reorganisations it was important that all stakeholders, particularly the community, were clear on the final outcomes they would want to achieve through the process. Co-production was a key way of getting there but it needed to be informed by the ways care was delivered had

changed over time, as well as adaptations in the care and, particularly, nursing home market.

Cllr Hannaby, Chair of the Wantage Town Council Health Committee, provided her perspective to the Committee. It was noted that there were, within the county, other community hospitals which were flourishing. A very important outcome of the OX12 Taskgroup was the identification of the tangible things that local residents would want provided in their area. Attending the afternoon of the workshop, her impressions were that it had been excellent, with strong evidence of stakeholders working together and wanting to find a mutually positive outcome. Work remained to do to identify which hospital services could be provided on the site to prevent elderly and young families from having to travel to the larger, more distant hospitals. Speaking on behalf of the residents of Wantage, it was important that there should be sufficient and nearby bed provision. Residents had valued the minor injuries unit which had been provided by the hospital and would want to see similar provision in any future plans. It was her view that the hospital site could be better used to be able to house more services.

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 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.

The Committee **AGREED** to adjourn for five minutes.

Following resumption advice from the Head of Legal, Paul Grant, was asked whether the Committee would have sufficient notice of removal of its powers to refer to the Secretary of State to convene and make a final decision. In response, it was explained that the way that powers were introduced by government through statutory instrument did vary and it was not known by the Head of Legal which way this would be implemented. Some ways gave little or no notice so the Committee's concern was legitimate. However, the most likely way would be through the form of a

commencement order with additional regulations to flesh out how any reconfiguration of powers would be changing. Draft secondary legislation would be expected to go through parliament, meaning some forewarning was likely. However, categorical assurance of notice of the removal of the Committee's powers could not be provided. The Committee asked the Head of Legal to look into this issue and find out as much as is available on the proposed process.

A further question was discussed with the Head of Legal over the appropriate body or person the Committee could delegate decisions to refer to the Secretary of State to. A working group was not deemed legal but the Chair, in consultation with others, was. it was proposed and **AGREED** that the Committee would defer the decision of whether to refer the issue of the closure of Wantage Hospital inpatient beds to the Secretary of State and delegated to the Chair in consultation with the Director of Law and Governance and the Scrutiny Officer the power to write and send a suitable report to the Secretary of State for Health and Social Care should the need arise.

..... in the Chair

Date of signing

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