

Councillor Arash Fatemian
Chair Oxfordshire Joint HOSC

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Dear Councillor Fatemian

Thank you for your letter of 23 July 2020 outlining some recommendations from HOSC about the OX12 project for us to consider.

Your concern about the considerable length of time it has taken to resolve the temporary closure of the inpatient beds in Wantage Community Hospital and to progress the OX12 project is understandable and we share the Committee's desire to resolve this in a timely way. We note that during this period, residents of OX12 requiring community rehabilitation have continued to receive care and support at other Oxfordshire facilities or in their usual place of residence.

The impact of COVID-19

The COVID-19 pandemic has impacted on a wide range of activities, some of which were paused as part of the Level 4 pandemic response, as required by NHS England. This included the follow-on work (particularly relating to the future of the inpatient beds at the community hospital) to the application of the Oxfordshire Population Health Framework in OX12, following the presentation of the final report to the Health and Wellbeing Board in January 2020 and to HOSC in February 2020 (covering paper and full report available [here](#)). The Infection Prevention and Control and social distancing measures to protect vulnerable people during the first phase of the pandemic also required the temporary suspension of midwifery and musculoskeletal services at Wantage Community Hospital.

We are therefore pleased to confirm:

- The replacement of the water systems at Wantage Community Hospital has now been completed and the Legionella risk has been removed from the site
- As Councillors will be aware we are required to deliver our services in buildings that meet Health and Safety requirements for our patients and staff and this has

significant implications for the design and utilisation of our estate. We have reviewed the Estate to enable the service providers (OUH and Healthshare) to resume maternity and MSK physiotherapy services at Wantage Community Hospital. This has identified that further work is required to ensure that the MLU can operate with facilities designed to both ensure the privacy and dignity of women (such as en-suite facilities), and compliance with Infection Prevention (such as the ability to physically distance and CQC compliant fabric of the building). We are in the process of understanding the degree of work and costs this would entail so at this stage cannot confirm when this service will return. MSK services are planning for a September return but this is contingent on them being able to access the space they require.

- Wantage Community Hospital will play a number of important roles in supporting the recovery of patients post-COVID, enabling the resumption of outpatient clinics and community-based services for its local population.

During the COVID-19 pandemic and recovery phases we have been able to deliver a significant reduction in delayed transfers of care, reducing the requirement for general community hospital beds. Additional community inpatient beds are not required to support the COVID response or recovery at this time and the inpatient beds at Wantage Community Hospital will need to remain temporarily closed to ensure the resilient staffing of other critical services as we approach winter and a possible “second wave”. We will, of course, keep this under review as we progress the winter response.

Progressing the OX12 project and community services strategy

As recently appointed Chief Executives in the Oxfordshire system, our understanding is that the purpose of the OX12 project was twofold: to understand the longstanding concerns about the temporary closure of the Wantage inpatient beds and the development of future services in the context of local population need; and to test and refine a new Population Health Framework.

The Framework is designed to take account of a wide range of data and experience, and to approach a conversation with local communities with the benefit of local data and national comparators. This in turn should ensure that any proposed changes to services relate to current and future population need.

We have heard from colleagues that the engagement of residents living in and around OX12 was exceptional, as was the support of primary care, social care, county and district councils, acute and community health services and third sector partners. During the project the value of the Community Hospital as a locally accessible and cherished healthcare facility was reaffirmed, both for the services it currently offers and for the potential to develop further the offer to local residents in the future.

As leaders of NHS healthcare organisations, it is incumbent upon us to take account of evidence-based recommendations when formulating sustainable plans to improve the health and care of our population. Our understanding is that the findings of the project indicated that the role of community hospital inpatient beds in the local rehabilitation pathways has reduced during the period of time the Wantage beds have been closed

and that the inpatient requirements of OX12 residents are currently being met at other community hospitals and in their own homes.

This pattern of reducing demand for general community inpatient beds, with increased care and rehabilitation provided in the home is in keeping with national trends and the latest clinical models, which support the delivery of care and rehabilitation in the person's usual living environment when this is safe and appropriate. This approach leads to greater independence, improved health and wellbeing outcomes and is preferred by the majority of patients.

Following these findings, OCCG and OHFT committed to progressing work specifically in relation to the inpatient bed services available to residents in OX12. An outline plan was shared with HOSC at its meeting in February 2020 and the committee made several suggestions then on scope and timescales.

As highlighted in your letter, the pandemic has unfortunately interrupted this plan. We recognise, however, the need to progress this important work in a timely manner, while recognising the considerable ongoing burdens arising from COVID-19, and propose the following:

1. With respect to the application of the Framework, the OX12 Stakeholder Group and the HOSC Task and Finish Group have offered extremely helpful feedback which will benefit future project planning and application. We agree with your observation that it would take a long time if the piloted methodology were to be rolled out across the County in the same way. This indicates to us that we need to consider how we adapt this and develop a pragmatic approach to enable decisions to be taken within a reasonable time period.
2. Following the appointment of new Executive roles to its Board, Oxford Health is undertaking a county-wide strategic review of its primary and community care services, including the role of its rehabilitation pathways and inpatient beds in supporting recovery (in the context of ICS, regional and national provision). This will inform the development of a refreshed community services strategy for the Trust. We would greatly welcome the involvement of HOSC members in this work, to help ensure that it progresses in a timely way and reflects local needs. We have identified this work as a priority and our aim is to have a strategy prepared for Board and stakeholder review by the end of December 2020 (subject to COVID-19).
3. NHSE guidance issued on 28.03.20 (*Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic*) stated that "No new public consultations would be expected except in cases to support COVID-19 or build agreed new facilities". This was early in the response to the pandemic and now we need to consider where this work sits in our overall priorities for restoration and recovery. At the moment we are unable to prioritise OX12 consultation work on the inpatient beds in the short term (as the beds are not required to support the COVID response or recovery) and therefore will not be able to restart the project in September. We will, however, be extending our new Home First discharge-to-assess pathway (combined health and social care), to

support OX12 residents to be taken home so their needs can be assessed in their familiar surroundings.

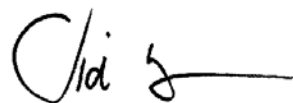
4. The outputs of the above work will lead to a better understanding of the relative benefits and model for home-based reablement and rehabilitation, in keeping with your recommendation 3. This will help decision-makers in the system to determine the best future arrangements for the inpatient beds at Wantage Community Hospital and inform the public consultation should the recommendation be to close the beds, with particular focus on how the therapeutic functions would be provided for local residents.

We hope that this information provides a helpful response to the points in your letter and that we can work together to develop a sustainable future for our community services, to the benefit of the Oxfordshire population.

Yours sincerely



Dr James Kent
Accountable Officer, Oxfordshire CCG



Dr Nick Broughton
Chief Executive, Oxford Health NHS FT