

REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC): Wantage Community Hospital Update Item

**REPORT BY: HEALTH SCRUTINY OFFICER, OXFORDSHIRE COUNTY
COUNCIL, DR OMID NOURI**

INTRODUCTION AND OVERVIEW

1. At its meeting on 16 January 2024, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) received a report providing an update on the future of Wantage Community Hospital.
2. The Committee felt it was crucial to receive an update on the outcome of the Public Engagement Exercise undertaken by Oxford Health NHS Foundation Trust and key local stakeholders, with a view to receive an understanding of which specific hospital-like services would be delivered on the ground floor of Wantage Community Hospital. Lucy Fenton (Transformation Lead – Primary, Community & Dental Care, Oxford Health NHS Foundation Trust); Susannah Butt (Transformation Director-Primary, Community and Dental Care, Oxford Health NHS Foundation Trust); Dr Ben Riley (Executive Managing Director-Primary, Community and Dental Care, Oxford Health NHS Foundation Trust) were invited to discuss the final co-produced report providing details on both the outcomes of the Public Engagement Exercise around Wantage Community Hospital, as well as on the final offer from the NHS as to the future of services that will be provided at the Hospital following the closure of the in-patient beds in 2016.
3. The previous OX12 project involved working with the community as well as a HOSC Working Group between 2018 and 2020. The final report recommended the likelihood of the closure of the beds being permanent. Nonetheless, there was no explicit outcome for planned alternative provision. There was a refurbishment and bringing back of maternity services with live births during 2022 by Oxford University Hospitals NHS Foundation Trust. This followed scrutiny from HOSC as well as funding contributions by the Wantage Hospital League of Friends. Several temporary pilot hospital services were also launched and reported to HOSC by Oxford Health.
4. This item was scrutinised by HOSC given that it has a constitutional remit over all aspects health as a whole; and this includes scrutiny over decisions as to the future of hospital services being provided to local residents throughout the county. There is also a recognition by the Committee that the future of Wantage Community Hospital has been a matter of discussion for several years since the closure of the inpatient beds in 2016, and that it was necessary to reach a resolution that would be suitable and acceptable to the local community in Wantage.
5. The Committee had set up the HOSC Substantial Change Working Group in February 2023, and its members have held a total of five meetings. This

Working Group, supported by the Health Scrutiny Officer, has been issuing ongoing recommendations to the HOSC (which have been agreed with the NHS), and has also provided advice and scrutiny to help support the process of coproduction around the future of Wantage Community Hospital. In line with what was agreed on the 30 June HOSC meeting, the Working Group has held two online check-ins with representatives of the ICB and Oxford Health on 30 August and on 24 October; these were to discuss the engagement with the local stakeholder reference group as well as the planned wider public engagement. As part of these check-ins, the Working Group requested and discussed information around the following areas: details and timelines for the stakeholder engagement events; the options around what the hospital's future services could potentially look like; the nature of the survey that was utilised to gather the public's views; and the barriers and enablers around the options being presented to the community as to how the hospital's ground floor services should be configured moving forward.

6. During the Engagement Exercise, the Community and stakeholders were presented with three scenarios as to how future services could be delivered on the ground floor of the hospital. These included:
 1. **Clinic based services** (tests, treatment and therapy) for planned care appointments.
 2. **Community inpatient beds** and the alternatives when care in people's own homes was not possible.
 3. **Urgent care** (minor injury, illness and mental health issues) access needs on the same day.
7. In the final coproduced report submitted by the NHS to the Committee for the 16 January meeting, recommendations were made for a sustainable future for Wantage Community Hospital and integrated working across the NHS and to be in ongoing co-production working with the local community.
8. The purpose of this item on 16 January was to receive absolute clarity on the outcomes of the Public Engagement Exercise (to include details of how residents who participated in the stakeholder sessions as well as the survey felt about how the hospital's future services should be configured), as well as into the final decision as to what was being offered by the NHS as to which specific hospital-like services would be delivered and how this would be the case.
9. During its meeting on 23 November 2023, the Committee received an update on the Public Engagement Exercise, which had not yet concluded at the time. The Committee agreed to the following recommendations which were issued by the Substantial Change Working Group:
 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 declare the removal of the beds as a Substantial Change.
10. There were two key reasons as to why the Committee agreed to the recommendations outlined above. Firstly, the Committee needed to await the successful completion of the Public Engagement Exercise conducted by the NHS around the hospital's future, and this included the need to await the publication of the final co-produced report. Secondly, it was pivotal for the Committee to receive further clarity on the barriers and enablers around the potential future services to be offered at the hospital, and whether there were sufficient resources to support what will be offered.

SUMMARY

11. The Committee had received a written report from the Health Scrutiny Officer, which provided some context as well as clarity over the process around the decision that the Committee would have to make during this item.
12. The Committee Chair explained that the members of the Substantial Change Working Group (Cllr Hanna, Cllr Barrow, Cllr Champken-Woods, and Cllr Hayward) had considerations as well as provisional recommendations which were to be shared verbally with the Committee by herself.
13. The Chair reminded the Committee that 31 January 2024 was the date that formal powers of referral to the Secretary of State by HOSCs were to be removed by the government, and that this had influenced the necessary timing of this extra meeting and the intensity of work (including the public meetings that had been held in the lead up to the HOSC meeting).
14. The Oxford Health (OH) Executive Director of Primary Care and Community Services explained that the Public Engagement Exercise had represented an intense piece of work over the last 6 months, and it presented a fantastic opportunity to engage with local representatives and members of the stakeholder group to determine a secure future of Wantage Community Hospital. It was explained to the committee that the coproduction with the local stakeholder reference group had shared various different sources of information and types of data available on the health needs of the population (including the Joint Strategic Needs Assessment as well as service data) that supported the findings in the report.
15. The Committee were informed of the importance of the local community's engagement in the exercise and its stakeholder engagement events, and how

the NHS had taken the views of the local community seriously and that these had influenced the recommendations.

16. The OH Executive Director of Primary Care and Community Services also reiterated the three scenarios as to how the hospital's future ground floor services (outlined above) that were presented to the community during the engagement exercise, and explained that there were some key principles that would be used to guide the decision as to the future services. Such principles included a consideration that the Community wanted clarity about a secure future for the Community Hospital and that it was imperative for there to be sustainability around the future services that will be agreed and delivered.
17. It was explained to the Committee that the recommendation that was ultimately proposed in the co-produced report was that the closure of the inpatient beds would become permanent, and for the redevelopment of the ground floor of the hospital into a clinic-based facility.
18. The OH Executive Director of Primary Care and Community Services stated that the Trust would progress an application for Community Infrastructure Levy (CIL) funding to support the refurbishment of the hospital's ground floor, but that the application would only proceed depending on the decisions of HOSC on the report.
19. The Committee were informed that letters of support had also been obtained from key stakeholders, who were supportive of the recommendations outlined in the co-produced report. These included letters of support from Oxford University Hospitals NHS Foundation Trust as well as Oxfordshire County Council.
20. The BOB Integrated Care Board Place Director for Oxfordshire also expressed thanks to Wantage Town Council and the stakeholders who participated in the Public Engagement Exercise; and explained that upon assuming his post as ICB Director of Place he had heard two things. Firstly, that the community wished to reengage with the NHS; and secondly, that they wished to resolve a secure future for Wantage Community Hospital. The Place Director thanked the Town Council and Stakeholder reference group for engaging in the process which has planned outcomes.
21. The Chair invited Cllr Hannaby, Chair of the Wantage Town Council Health Committee, to read out a motion that was passed unanimously (the full text of the motion can be found below as appendix 1. Cllr Hannaby added her own observation that she hoped that in the future there could be local availability of national capital funds for much needed local health resource. However, Cllr Hannaby emphasised that Wantage Community Hospital needed to have a permanent future as local councillors had been active in pressing for this as far back as 2006 when plans for closure were made public. The plan funded by CIL capital and existing revenue would give the hospital this security and additional much needed hospital services. Working on the plan would mean continued trust in the NHS and a leap of faith, but she welcomed co-production and

thanked the NHS Director of Place for his offer to meet with the public again in June to share progress.

22. The NHS were asked for their response to the Wantage Town Council motion, and the NHS Director of Place welcomed the motion and thanked the Town Council and the stakeholder reference group. The Place Director explained that the NHS would clarify that the 3 million costing for a walk-in Xray is for capital and revenue costs and that the palliative care commitment is to continue to work with stakeholders so that Wantage would be included as a local area for additional services.
23. The HOSC Substantial Change Working Group welcomed the good understanding that had been achieved and that once delivered, the plan would give Wantage Community Hospital a sustainable future and would provide a growing population with a foundation of increased hospital services for the community for the next few years, and that this could be built on as and when the context of financial, estate, and workforce constraints improved.
24. The Committee were informed that 2022 marked the reopening of live births following OUH and HOSC liaison and the Wantage Stakeholder reference group; and the NHS had decided it would not be of interest to reopen this discussion as this service was confirmed. Options for the use of the ground floor were tested in respect of an inpatient hospital unit or repurposing the clinical space for a mix of specialist outpatient clinics with a mixture of preventative and urgent care. A data pack as well as the outcome of public engagement had been shared with the stakeholder reference group at a workshop on the 4 December 2023. OH would prioritise confirming the temporary clinics with OUH and would close the beds permanently so that the exact mix of additional specialist clinics could be worked up.
25. In terms of how and when CIL funding would be secured, the Director of Place reported that there had been communication with the CEO of the Vale District Council already. It was also the Substantial Change Working Group's understanding that provisional holdings of CIL funding with an estimate of the finance required could be made easily pending any formal application for funds. It was clarified that it would be Oxford Health NHS Foundation Trust that would make formal decisions concerning the hospital and make the application with system support for the funding. The committee was strongly of the view that a provisional holding of £600,000 be made by the NHS as soon as possible after the meeting.
26. In response to a query from the Committee regarding the assurances that Oxford University Hospitals could provide, the Trust's Director of Strategy and Partnerships gave assurance that she had attended the Wantage Community

Hospital workshops. OUH had a proven track-record of bringing out specialist clinics to Wantage Community Hospital. Hospital specialists liked coming to Wantage Community Hospital and the provision of additional clinics in community settings was very much part of OUH's strategy. The Director confirmed the commitment of existing clinical leads for their existing clinics as well as for working with partners to match the needs of the community with what additional hospital services OUH can deliver.

27. Moreover, the Committee also sought reassurances as to the liaison with Wantage Primary Care Network (PCN) for the proposed recommendations in the co-produced report. Oxford Health reported that liaison with the Primary Care Network with Dr Brammell had been effective. Dr Brammell had attended workshops also. There was a timings issue regarding receiving a communication from the PCN as the lead for the project was on maternity leave. Oxford Health had liaised with Dr Elaine Barber, the new clinical lead to ensure that the clinical lead received the report. Oxford Health were confident the PCN would be supportive of the plans and that Dr Barber specified that she would have expected that if there were any concerns at all, that these would have been communicated.
28. It was agreed by the Committee that ongoing scrutiny was essential going forward on both the process as well as the outcomes around the key stages outlined in the proposed project delivery plan. The assurance of coproduction was important as the exact outcomes would depend on each additional service and could include research as well as performance outcomes for the population.

HOSC WORKING GROUP CONSIDERATIONS:

29. The Substantial Change Working Group and the wider Committee had considered the co-produced report, and through scrutiny of the NHS engagement with the community and in agreeing to the recommendation NOT to refer this matter to the Secretary of State for Health and Social Care, had taken the following key points into consideration:
 - ***Evidence of an intensive and good engagement process over six months:*** The Working Group considered that this had been a much improved experience for the stakeholder reference group and Wantage Town Council Health Committee. The HOSC Working Group and officer worked intensively since the February HOSC meeting through to now with direct scrutiny and weekly engagement. The Working Group expresses thanks to the NHS partners, the Wantage Town Council Health Committee, and the stakeholder reference group which included the previously worked with community on the OX12 who have been involved throughout. The wider Committee would also like to thank the public who participated in public meetings as well as the survey.
 - ***Time-tabled plan:*** The Working Group noted that the report presented includes a time-tabled plan to modernise the hospital, confirm temporary specialist clinics, and to open new hospital services. This differs from the

experience of the community and HOSC of the OX12 project which, after a lengthy process, resulted in a report in January 2020 that recommended the hospital inpatient beds, subject to further work to confirm, should permanently close without any proposed plan for improved hospital services or a timetable.

- **Wantage Population Size:** The NHS had also agreed to both the size of the population currently at 33,179 rising to 41,000 by 2030, as well as the history of the community hospital with the stakeholder reference group with the assistance of HOSC research
<https://mycouncil.oxfordshire.gov.uk/documents/s66454/Annex%201%20-%20Wantage%20Community%20Hospital%20Timeline.pdf> .
The NHS offer contained in the report, once delivered, would provide expanded community-based specialist clinic provision at a time of growing need and integration across the NHS to better join up as well as increase provision.
- **Likelihood of losing benefit of CIL funding:** The likely loss of the benefit to Wantage Community Hospital and the area's residents of CIL (Community Infrastructure Levy held for NHS health improvements in the Vale of White Horse) funding for the refurbishment of the hospital and the likely loss of benefit of securing the future of the hospital for hospital specialist services. The committee had heard from clinicians who had led the existing temporary hospital clinics that they wanted their clinic to be confirmed rather than being temporary in nature. The Working Group (and wider Committee) also heard from the public, who did not wish to lose the ophthalmology and other temporary clinics at the hospital.
- **Sustainability of the proposed plan:** The stakeholder group had agreed that the plan proposed had to be sustainable to avoid loss of services. Working up a plan had to take account of the enablers and constraints, as this would be crucial for sustainability of the plan as well as hospital-like services more broadly. The key enablers and constraints were shared with a Stakeholder reference group workshop and meetings, and was also subsequently shared with the public. These included:
 - (i) There were constraints of the estate available for hospital services in the community. Additional space had been a matter of liaison by the NHS with regard to whether estate was available at Mably Way Primary Care Network, although there was no available space at this time.
 - (ii) The national context regarding capital available for local infrastructure improvements meant that the only funding available were CIL funds held for health at the Vale of the White Horse. This was the funding available if made a

priority by the NHS. This would happen if the HOSC supported the proposed recommendations in the co-produced report, with ongoing local scrutiny. A referral to the Secretary of State would have resulted in a delay to this funding.

(iii) There are also constraints related to workforce. Dr Ben Riley had explained to the public that there were serious shortages of workforce in some areas such as radiography for X-ray services. However, other areas of the workforce were well provided for such as community nursing.

- **Letters of assurance:** The Working Group were pleased to see the letters of support and assurances that were provided with the co-produced report. It was reassuring to see the expressions of support for the proposed recommendations in the co-produced report from both Oxford University Hospitals NHS Foundation Trust as well as Oxfordshire County Council.
- **Commitment to ongoing co-production:** The Working Group are pleased to see that there is a commitment to ongoing co-production with the community as part of the project delivery plan for reconfiguring the services to be provided on the ground floor of the hospital and wider integration. It was also positive to see that the offer was being made to meet with the public to report progress against the project in June.

RECOMMENDATIONS

30. There were two sets of recommendations that were made during the item on Wantage Community Hospital on 16 January. The first was a recommendation made by the Working Group to the wider HOSC, which was:

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

This recommendation was agreed by the wider Committee, in light of the points above, the report before the committee which includes the NHS offer, and the assurances given by organisations and letters of support. Additionally, apart from the Wantage Town Council Motion and a member of the public who had requested that the Committee did not refer to the Secretary of State, no member of the public or previously worked with community had petitioned HOSC to make a referral. At the public meeting a member of the public had expressed serious concern about the consequences of delay, and no member of the public had spoken in support of referral to the Secretary of State.

31. The second set of recommendations were those that were aimed at the NHS. Below is an outline of the specific wording of each of these recommendations,

as well as a brief description as to why each recommendation was being made:

No delay in securing CIL funding: The Committee understands that CIL funding will be utilised for the purposes of renovating the ground floor of the hospital in order to begin to deliver the clinical services outlined in the recommendations of the final co-produced report. Given the lack of available sources of funding for the purposes of this project, as well as the fact that the NHS has informed stakeholders that CIL funding from the Vale of the White Horse is the one capital source of funding that has been identified over the last six months, the Committee strongly recommends that the £600,000 available is formally applied for and utilised without delay. It is important that given that the inpatient beds have been removed since 2016, that there is some form of acceptable replacement of this within the hospital's services that also takes into account relevant local demand for clinical services.

The Committee is also recommending that the ground floor of the hospital and the space therein is maximised as much as possible for the purposes of expanding the specialist services that will be provided as well as confirming the clinics that have been supporting thousands of residents but that have been temporary in nature. This could allow for more space for a variety of services as well as the prospect of holding as many appointments as possible within as short a timeframe as possible (subject to staffing availability).

Recommendation 1: *That there is no undue delay in securing the CIL funding available in full for the purposes of providing the additional proposed clinical services on the ground floor of Wantage Community Hospital given the removal of the in-patient beds since 2016. It is recommended that there is a maximisation of the ground floor of the hospital for the purposes of expanding these specialist services.*

Clear Timescales and ongoing scrutiny: The Committee is pleased to see that a project delivery plan has been produced and proposed, and that this plan involves an outline of steps and actions that will be taken as to configuring hospital-like services as well as a timescale for each of the steps involved. This marks an improvement over the outcome of the OX12 exercise. Therefore, the Committee considers this delivery plan as a good starting point for understanding and anticipating how the specialist services will be expanded on the ground floor. However, the Committee also strongly recommends that there is ongoing oversight and scrutiny over this project delivery. It is important for this plan to remain on schedule for two reasons:

1. It has been several years that the community had been awaiting absolute clarity on what the future of the hospital will be. Adhering to the proposed timescales would therefore be crucial to maintain momentum as well as confidence and support in the process by key stakeholders and the wider community. As was highlighted during the HOSC meeting

on 16 January, the Committee (as well as Wantage Town Council) were engaging in a leap of faith by placing Trust in the process and proposals being put forth by the NHS.

2. Adhering to the timescales would allow for the proposed specialist services to begin to be delivered as soon as possible. The Committee is aware that there are many steps and stages that would be involved in this project, and therefore any undue delay should be avoided as much as possible.

Furthermore, the Committee also recommends for there to be ongoing scrutiny over the delivery of the proposed plan. Again, the final decision of the Committee represented a leap of faith, and the Committee has invested trust into the process. A healthy amount of ongoing scrutiny and engagement can help to ensure good momentum in the delivery of the project, and can help to provide reassurances not only to HOSC but also to key stakeholders and the wider Community/public.

Recommendation 2: *That the Project Delivery Plan for the future of the hospital's ground floor services is delivered on schedule as much as possible, and that there is ongoing scrutiny over the process of delivering the plan and its outcomes for the local population.*

Meeting with key organisations/stakeholders: The Committee is again supportive of the proposals being made by the NHS in the co-produced report, and feels that ongoing engagement with HOSC and the local community in Wantage are crucial for the success and sustainability of what has been proposed and agreed. Therefore, it is being recommended that an ideal stepping stone to all of this would be the convening of a meeting, as early as possible, between the key organisations and stakeholders involved. This meeting could help with the formulation and agreement of a plan for continued momentum on coproduction and for the purposes of agreeing a process of engagement and scrutiny moving forward. This would mark the beginning of a process of clear transparency around the delivery of this plan, and would also enable the spirit of coproduction to continue to exist on this journey.

Recommendation 3: *For a meeting to be convened as early as possible between identified leads within BOB ICB, Wantage PCN, Oxford University Hospitals, Oxford Health, Oxfordshire County Council, Wantage Town Council, and HOSC; with a view to plan for continued momentum on co-production and agreed scrutiny moving forward.*

Legal Implications

32. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
- Power to scrutinise health bodies and authorities in the local area
 - Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 - Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.
33. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.
34. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

Members Present during the meeting who **AGREED** to the aforementioned recommendations:

Councillor Jane Hanna
Councillor Elizabeth Poskitt
Councillor Nigel Champken-Woods
Councillor Jenny Hannaby
Councillor Nick Leverton
Councillor Mark Lygo
District Councillor Paul Barrow
District Councillor Katharine Keats-Rohan
Councillor Lesley McLean
Barbara Shaw

Annex 1 – Wantage Town Council Motion on Wantage Community Hospital

Annex 2 - Scrutiny Response Pro Forma

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