

HOSC Task and Finish Group: Local Health Needs Assessment in the Wantage Locality

1. Purpose

- 1.1 The purpose of this document is to define the Terms of Reference for the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) Task and Finish Group on the roll-out of a Local Health Needs Assessment Framework in the Wantage Locality.

2. Background

- 2.1 In April 2016 members of Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) met representatives from the Oxfordshire Clinical Commissioning Group (OCCG) and Oxford Health Foundation Trust (FT) to consider whether the following proposals constituted a substantial variation in service:
- Temporarily close Wantage Community Hospital (to deal with a legionella outbreak in the hot water system),
 - Set aside capital funding (in 2016/17 financial year) for plumbing works,
 - Delay the commencement of the capital works until a public consultation on the future use of the community hospital has been determined. (The consultation was initially reported to HOSC to take place in Autumn 2016).
- 2.2 After considering the proposals HOSC stated that it recognised the closure of the hospital as a substantial change in service. HOSC also noted the commitment of OCCG and Oxford Health FT to a full transformation programme, initially planned for Autumn 2016.
- 2.3 In July 2016 Oxford Health FT temporarily closed the Wantage Community Hospital on safety grounds (due to the legionella issue). The community hospital has yet to be reopened.
- 2.4 The public consultation on the hospital was initially due to conclude in Spring 2017. However, after a delay in launching the consultation HOSC were later informed that the consultation over proposals contained within the overall transformation programme would take place across two phases. The future of the community hospital was due to fall into phase two, planned to take place in May 2017.
- 2.5 In March 2018 the NHS in Oxfordshire issued a joint statement from the System Chief Executives signalling a change to the approach to service transformation. This was a result of learning from phase one and CQC emphasis on better health and social care planning.
- 2.6 OCCG were tasked with outlining a timetable and framework for working with local communities in the June 2018 HOSC meeting. This included how they intended to review the local health needs, current and projected demographics and local assets to inform service change.

- 2.7 In the HOSC meeting in September 2018, OCCG presented a draft Local Health Needs Assessment Framework which was designed to set out how commissioners and providers of health and care services in Oxfordshire would work together to meet the health and care needs of the population today and in the future. The CCG proposed that this framework be used in the Wantage locality first to address the issues with Wantage Community Hospital in a holistic way.
- 2.8 During the meeting in September, HOSC was clear that the proposed framework was a helpful way of considering the health needs of the population. They wished to see greater clarity over the ways in which county-wide services would be planned, but were supportive of the framework as whole. Despite the Committee's approval of the framework, both residents and members of the committee raised concerns about the length of time elapsed since the temporary closure of Wantage Community Hospital and urged OCCG and Oxford Health FT undertake the work as a matter of priority.
- 2.9 The Local Health Needs Assessment Framework was agreed by the Health and Wellbeing Board in November 2018. The CCG then reported to HOSC on the 29th of November that they intended to use the agreed framework in Wantage with an immediate start. The Committee remained unhappy about the proposed timescales for this work to be undertaken and requested an acceleration. However, to provide effective local health scrutiny into the new framework process, HOSC requested that a Task and Finish Group be established to work in more detail than is possible through Committee meetings.

3. Aims and objectives

- 3.1 The aim of the Task and Finish Group is 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.

- 3.2 To achieve this the Group will.

- Understand the approach to ensuring all resident's needs, current and future, are being considered, by taking a more detailed look at the proposals.
- Understand and report on how the needs of the local residents are being considered.
- Ensure there is sufficient openness and transparency in implementing the proposed approach and subsequent reporting of results.
- Provide feedback to local health system partners as part of their work under the Health and Wellbeing Board on the effectiveness of the Local Health Needs Assessment process, to aid their future transformation work.

- 3.3 The Task and Finish Group has been established by Oxfordshire Joint HOSC to provide oversight to, and assure the timely and thorough completion of the Local Health Needs Assessment Framework. The Committee has authorised the Group to conduct this work and report back formally to the Committee. The Group does not have permanency, and will exist until such time as the work has concluded.
- 3.4 In the February 2020 HOSC meeting it was agreed that the Task and Finish Group would continue the scrutiny function undertaken to date until a CCG Board decision has been made on the future of bed closures in Wantage Community Hospital.

4. Membership

4.1 The core membership of the Task and Finish Group is as follows.

- HOSC Members, comprising of:
 - Lead Member for Vale of the White Horse (District Cllr Paul Barrow)
 - One further Cllr (Cllr Alison Rooke)
 - Co-opted Member (Dr Alan Cohen)
 - A Wantage County Councillor* (Cllr Jane Hanna)**

The Group will be Chaired by District Cllr Paul Barrow. The Group may draw in expertise and expert witnesses as necessary.

**It was agreed at the meeting of HOSC on 7th February 2019 that a Wantage County Councillor would also sit on the Task and Finish Group, however they should not also be on the CCG Stakeholder Group.*

*** It is acknowledged that there may potentially be a conflict of interest at times, between the requirements of representing the Task and Finish Group and acting in the capacity as the local Councillor to ensure the local population's democratic voice is heard. On such occasions, that conflict will be declared to all relevant parties so it is understood that they are acting within their remit as the local Councillor, as opposed to representing the Task and Finish Group.*

Additional attendees may include;

- CCG
- Oxford Health FT
- Patient representatives
- GP representatives.
- OX12 Stakeholder Reference Group

5. Frequency

5.1 The Task and Finish Group will meet as the Chair shall deem necessary.

6. Secretariat

6.1 The Task and Finish Group Secretariat function will be provided by the Policy Officer for HOSC.

7. Agenda and papers

7.1 The agenda and all papers will normally be distributed via email to members and those in attendance in advance of the meeting by the Secretariat.

7.2 The actions to be taken will be recorded in the Task and Finish Group's minutes which will be circulated to all members of the Group.

7.3 The Chair is responsible for ensuring that the minutes of meetings, produced by the Secretariat, and any reports to HOSC accurately record the decisions taken.

7.4 Minutes will be formally approved at the subsequent meeting (or by email where this would be more than one month later).

8. Reporting line(s)

8.1 A report from the Task and Finish Group on the work will be provided at each HOSC Committee meeting.

8.2 The Group will make recommendations to the Committee, the CCG Board and/or to the provider where appropriate.