

# OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

16 JANUARY 2023

**Consideration of whether the closures of the inpatient beds at Wantage Community Hospital constitute a Substantial Change, and whether this matter should be referred to the Secretary of State for Health and Social Care.**

**Report by Health Scrutiny Officer, Dr Omid Nouri**

## RECOMMENDATIONS

The Committee is **RECOMMENDED** to:

1. Based on the feedback of the HOSC Substantial Change Working Group (to follow verbally at the meeting on 16 January), to Agree whether to declare the closure of beds at Wantage Community Hospital as a Substantial Change, and,
2. Agree whether to refer to the Secretary of State for Health and Social Care the matter of the closure of beds at Wantage Community Hospital.

## CONTEXT:

1. The Inpatient services at Wantage Community Hospital were temporarily closed in July 2016, and they have reopened since. The Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) has been involved with scrutiny of the inpatient bed closures ever since, and members have been attempting to find a resolution with the NHS. A more long-term history of the events surrounding the closure of inpatient services including the inpatient beds at Wantage Community Hospital has been included in the agenda papers for the Committee's 30 June 2023 meeting. [Annex 1 - Wantage Community Hospital Timeline.pdf \(oxfordshire.gov.uk\)](#)
2. This references a previous process called the OX12 project which involved working with the community between 2018 and 2020 and a HOSC working group. The final report recommended the likely permanent closure of the beds but had not included any explicit outcome on planned alternative provision. The timeline also references the refurbishment and bringing back of maternity services with live births during 2022 by Oxford University Hospitals NHS Foundation Trust following HOSC scrutiny and funding contributed by the Wantage Hospital League of Friends as well as a number of temporary pilot hospital services that were introduced by Oxfordshire Health.
3. During 2023 HOSC was updated again by Oxfordshire Health about the future of Wantage Community Hospital, having completed a substantial change toolkit. The working group met with members of Oxfordshire Health, the Integrated Care

Board (ICB) and the County Council with a resulting recommendation agreed by HOSC on 11 May 2023 that any decision whether to refer to the Secretary of State be deferred until a stakeholder event was convened to provide an opportunity to confirm an agreed process and timeline for co-production of a resolution.

4. On 30 June 2023, the Committee 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 committee considered whether the co-production stakeholder event had on balance demonstrated an improvement for the previously worked with community. The feedback from stakeholders attending had been that it had, and they wished to continue to work with the NHS to find a way forward to secure the future of hospital-like services at the hospital and local area. Oxfordshire Health, the ICB, Oxfordshire County Council, and the Wantage Town Council Health Committee representatives agreed to continue with the process of co-production.
5. It was proposed and agreed by the Committee 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.
6. Following the establishment of the HOSC Substantial Change Working Group in February, the Working Group members have held five meetings, and have made recommendations to HOSC and given advice to help facilitate the co-production process.

7. As per the agreement stipulated during the aforementioned 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** regarding the engagement with the local stakeholder reference group and the planned wider public engagement. As part of these check-ins, the Working Group requested and discussed information around the following areas:
- Details of and timelines for the initially planned 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 would be taken into account when developing alternative treatment options for patients (including travel, access, workforce, funding, quality of care, estates available etc).
  - Details of the Survey that was being launched to receive feedback from residents (including the nature of the survey, the type of questions that would be asked, whether the feedback/responses would be received in a qualitative or quantitative format, and how this feedback would be operationalised/measured).
  - Outcomes of all the stakeholder events that had taken place, and details of any feedback received from these sessions.
  - Details of which potential alternative treatment options had 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 CONSIDERATION**

***Below are some key points of consideration that the Committee should take into account when making a final decision on this matter.***

### **Nature of Public Engagement exercise:**

8. The HOSC Substantial Change Working Group recognises that immense effort has been invested by Oxford Health as well as the ICB for the purposes of engaging with the public and the immense effort of the stakeholder reference group; especially a small working 'sub-group' established out of this reference

group which was agreed to support co-production and working towards a resolution.

9. The stakeholder reference group established as part of the Public Engagement Exercise has included the following:

- Wantage Town Council
- Grove Parish Council
- Vale of White Horse District Council
- Wantage Hospital League of friends
- Wantage Patient Participation Groups
- OX12 Project representatives
- GrOW Families
- SUDEP Action
- Wantage Rural and OX12 Village
- Sanctuary Care
- Oxfordshire County Council
- BOB Integrated Care System & Board (ICS & ICB)
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Wantage Primary Care Network (PCN)
- Vale Community Impact
- Community First Oxfordshire
- Healthwatch Oxfordshire

10. Three workshops were held with community stakeholders (the stakeholder reference group) in June, July and December 2023. Weekly meetings with the smaller sub-group were held 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. The stakeholder reference workshop event in December 2023 fed back the outcome of a wider public engagement exercise on preferred options for hospital services and detail on the sustainability of different options; including on enablers and constraints. The sub-group has worked since then to comment on the report to HOSC, and the Wantage Town Council Health Committee has organised a public meeting for the 11<sup>th</sup> January.

11. Several wider public stakeholder events have taken place, some of which took place online and others of which were held in-person. The purposes of these stakeholder events/sessions was to understand the perspectives of the public and service users on how the future services at Wantage Community Hospital should be configured.

12. An independent consultancy was utilised by the NHS since August 2023, which provided advice and led the wider engagement work with the public for the remainder of the duration of the Public Engagement Exercise. 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 on occasions also acted as observers.

### **Future of Wantage Community Hospital Services:**

13. The co-production stakeholder work undertaken in the context of the Public Engagement Exercise should be understood as a means to an end, which is what the future services of the hospital will be given the temporary closure of the in-patient beds in 2016. A key factor which the Committee will need to take into account is the degree to which every effort has been 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 again pleased to see that the co-production work did produce an outcome on the need for the NHS to respond, which resulted in the setting out of the three scenarios clearly. It should also be noted and remembered that the Maternity Unit on the first floor will remain in place, and that the engagement exercise has been around the future configuration of the services that will be delivered on the ground floor of the hospital; including considerations as to whether other estates will be utilised to supplement the service offer.

14. The current services delivered on the hospital site include the following:

- **Ground floor** – a variety of planned services (clinical assessment, tests, treatment, therapy, follow ups) for the local community. Various specialist outpatient clinics have been delivered as a trial for the past 18 months, alongside these services. The hospital is also utilised as a base for some local outreach community services, including school nurses and vaccination teams).
  
- **First floor** – maternity services.

15. As part of 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 include:

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.

16. The process around finding a resolution and determining the future services to be delivered at the hospital has taken place over several months. Below are a couple of reasons as to why it was important that sufficient time had been invested into this co-production exercise:

**Timescale for future configuration of the Hospital:** Timescales have been utilised for the purposes of delivering a wider Public Engagement Exercise. However, it has also been crucial for explicit clarity on any timescales around not only the final decisions on the future of the services to be delivered on the ground floor of the Hospital, but also around how soon such services could begin to be delivered. It is pivotal for there to be clear timescales around the Hospital's future for two reasons. Firstly, seven years have passed since the closure of the hospital's inpatient beds. Secondly, now that the Public Engagement Exercise has completed, 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.

**Clarity on Barriers and Enablers:** The HOSC Substantial Change Working Group has been pleased to see that there are three different scenarios being presented to local residents as to which services can be provided on the ground floor of the hospital. Nonetheless, it was 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. In order for the Committee to have been 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 was vital for there to be clarity on whether the degree to which any potential future hospital-like services of the hospital could actually be resourced. It was, and it remains crucial that further progress is made with the Vale of White Horse District Council and the NHS in agreeing on the amount of CIL funding available now to support this.

17. In its previous meeting on 23 November 2023, the Committee held an item to receive an update on the Public Engagement Exercise. This occurred prior to its completion. During this item, the Committee agreed to the following recommendations made by the HOSC 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.

18. The reasoning behind the aforementioned recommendations which HOSC agreed to were as follows:

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.

## **NEXT STEPS:**

19. In its Extra meeting on 16 January 2024, the Committee will hold an item to review the final report produced by the NHS and key stakeholders. This report will detail the nature of the Public Engagement Exercise. Key attention will be placed on the degree to which effective and adequate co-production has taken place and whether the proposal in the report would not be in the interests of the health service in its area.
20. The substantive outcomes of the Public Engagement Exercise will also be discussed, and the Committee will be required 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.
21. The Working Group felt that it was vital that the Committee convened this 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 on 30<sup>th</sup> January 2024. It is anticipated that the nature of the changes to the process of referrals will be such that the Secretary of State may no longer be required to formally consider and intervene in matters when a referral by a Health Overview and Scrutiny Committee has been made. More information on this can be found on this link to a document produced by the Centre for Governance and Scrutiny which provides a rough indication as to what the expected changes to the referral powers will be. [BLOG: DHSC confirms new health scrutiny arrangements to start in January - Centre for Governance and Scrutiny \(cfigs.org.uk\)](#).
22. The Committee's Substantial Change Working Group will be meeting on Friday 12<sup>th</sup> January, where it will be making its final decision on what it will be recommending to the wider HOSC on 16<sup>th</sup> January. The reasoning behind the Working Group meeting being scheduled at a date that is close to the formal HOSC meeting on the 16<sup>th</sup> is due to the fact that it is pivotal that the Working Group and the wider HOSC take the outcomes of the Wantage Town Council Health Committee meeting into account and the public meeting planned for the 11<sup>th</sup> January, prior to making a formal decision on whether or not to refer this matter to the secretary of state and as to whether or not to declare the closure of the in-patient beds at Wantage Community Hospital as a Substantial Change.

## LEGAL IMPLICATIONS

**Below are the details on the legal processes and procedures around the decisions the Committee will have to make on 16 January including on:**

- 1. Declaring Substantial Changes.**
- 2. Referring matters to the Secretary of State.**

23. 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;

(...)

- (b) the authority considers that the proposal would not be in the interests of the health service in its area.”

24. 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.

Contact Officer: Dr Omid Nouri  
Scrutiny Officer (Health)  
[omid.nouri@oxfordshire.gov.uk](mailto:omid.nouri@oxfordshire.gov.uk)  
Tel: 07729081160

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