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John Jackson, Director of  
Adult Social Services

Cllr Yvonne Constance  
Chairman of HOSC

Sent via email

15<sup>th</sup> January 2016

Dear Yvonne,

**Henry Cornish Centre Intermediate Care Service Provision**

Thank you for your recent letter. We wish to make the following points in response. The text in bold are the issues raised in your letter.

1. **That the intention of the consultation exercise, as stated in the Cabinet paper on 15 September 2014, has not been fully achieved. The Cabinet paper stated:**

***“The public consultation will allow for wider engagement with the people of North Oxfordshire and others affected by Intermediate Care provision, to hear the range of ideas and views which they have about Intermediate Care.***

***The public, organisations and individuals with an interest in Intermediate Care provision will be engaged through meetings, questionnaires and focus groups. The ways people can get involved will be widely publicised including through the local media, newsletters and digital platforms such as Twitter.”***

**HOSC would like to know if the consultation responses (quality and quantity) demonstrate evidence of achieving the objectives.**

We consider that the objectives as set out in the Cabinet paper in September have clearly been achieved.

The Cabinet report following consultation and supporting papers that will be considered on 26<sup>th</sup> January, sets out in detail the many actions that were taken to promote the consultation and the multiple opportunities for engagement that were offered.

In summary the actions taken were as follows:

1. The consultation document and accompanying questionnaire were made available on the County Council's online consultation portal and through the Oxfordshire Clinical Commissioning Group's online consultation tool 'Talking Health'. Hard copies were also made available in shops, local libraries and health settings, including the Henry Cornish Care Centre in Chipping Norton.

2. A range of supporting documents were made available, including:
  - Responses to Frequently Asked Questions
  - Responses to correspondence from members of the Chipping Norton Hospital Action group
  - Impact Assessment examining both models and possible effects on communities, groups and organisations in North Oxfordshire
  - Papers documenting decision-making about the Intermediate Care Unit and its contract specification
  - Definition of Intermediate Care.The supporting documents were kept updated during the consultation and new information was added as appropriate.
3. As well as the formal consultation document and the questionnaire which accompanied it, the County Council contacted people and organisations directly to ask their views. This included a wide range of voluntary and community organisations, organisations providing care and support, and people who have care and support needs. The council also held a Public Meeting in Chipping Norton on 21 October 2015.
4. The range of the consultation was across all of North Oxfordshire. Although the existing Intermediate Care bed-based provision is in Chipping Norton, the rest of the North of the county will also be affected by how future provision is planned and developed. There was, however, an acknowledgement that people in Chipping Norton have strong opinions as to the future of the provision they have now, and this was reflected in the spread of information.
5. 506 posters were distributed with 529 explanatory letters and/or e-mails, to 57 Parish Councils; 49 home support organisations; 14 day centres; 22 GP surgeries, dentists and hospitals; 41 local people using services known to the council's Engagement Team; two libraries; six schools; 21 care homes; 30 community groups based in Chipping Norton; 142 contacts within stakeholder organisations (e.g. Age UK, Healthwatch); 19 local shops and post offices.
6. A letter about the consultation was sent to all staff at the Henry Cornish Care Centre.
7. Cherwell and West Oxfordshire District Councils were asked for their views, and individual Councillors from both Districts and the County Council received information about the consultation.
8. A meeting was held with the North Oxfordshire Locality Group of the Oxfordshire Clinical Commissioning Group, representing 12 GP surgeries.
9. The consultation was advertised through local media, with quarter-page adverts in all the local press, and statements released to the media in August, September and October.
10. Social media was used, including a Twitter feed (4823 views) and a contribution to the Chipping Norton Blog on 7 October.

11. People who had received bed-based Intermediate Care at the Henry Cornish Care Centre and some who had experience of using Intermediate Care at home were interviewed, along with their families.

As with any consultation, the quality of responses varied considerably. However, there were some very well considered responses from individuals and organisations, and some valuable contributions to the consultation through the public and stakeholder meetings. These have been reflected in the Cabinet report and have helped to inform the recommendation.

The number of responses does not necessarily reflect a lack of awareness or understanding of the consultation. Indeed, the consultation documents were downloaded from the Council website over 120 times.

The Chipping Norton Hospital Action Group also undertook their own survey and gathered a significant number of responses (over 1400). We have significant reservations about the way the questions are asked with the result that many questions could be considered to lead the responder to a particular answer, along with the misleading historical and background information given in the introduction. However, the number of responses demonstrates a strength of feeling in the area. We have expressed to the Action Group our disappointment that they conducted their own survey rather than encouraging people to contribute to the formal consultation, particularly given our concerns about the validity of their results. However, in continuing to be open and transparent throughout the processes, and ensuring decision-makers are fully informed, we have included the results of the survey within the Cabinet report, whilst making clear that they did not form part of the formal consultation.

**2. That the Council’s policy on consultation (as described on the website) has not been fully implemented – the policy states the following key principles:**

**“The council follows six key principles of consultation:**

- **keep an open mind and run consultations in an open and honest way**
- **be clear about what we are consulting on and what we will do with the findings**
- **give all relevant parties the chance to have their say**
- **provide sufficient time and information to enable people to engage**
- **take views expressed in consultations into account when we make decisions**
- **provide effective and timely consultation feedback” (as cited on the Council Website)”**

**Concerns have been raised by HOSC about the wording in the publicity posters, “Have your say on Intermediate Care Provision in North Oxfordshire”. It is noted that the publicity does not mention the Henry Cornish Centre, Order of St John Care Trust or NHS. It is not clear that people were being asked for their views on the Order of St John Care Trust and not the NHS providing the care or that the intermediate care unit at the Henry Cornish Care Centre be closed. In particular, HOSC has raised concerns that the second key principle ‘be clear about what we are consulting on’ and the fourth key principle ‘provide sufficient information to enable people to engage’, have not been fulfilled.**

We consider that the consultation has unquestionably fulfilled the Council’s policy on consultation, as set out in the response to the previous question.

Whilst it is true that the consultation posters did not include all the specific details of the consultation, they did promote the public meeting and provide clear links to the council website for more information. However, the feedback from HOSC about the level of detail on the posters will be considered in promoting future consultations, so thank you for the feedback.

As set out above, the posters were only one part of the activity undertaken to promote the consultation, and copies of the consultation document itself were made widely available.

- 3. The actions suggested and agreed (and noted in the minutes) at the HOSC meeting in September have not been fully implemented: “Members of the Committee felt it was essential that the fine line between intermediate care and home care and sub- acute care at Community Hospitals be made clear within the consultation. John Jackson commented that was very helpful and that he would attempt to address the issue that sub- acute and intermediate care had very different processes. He added that also that there would be a map of the county showing where people requiring intermediate care beds would be going and the same for those people requiring sub -acute care.”).**

The consultation document including frequently asked questions, Cabinet papers, and correspondence with the Chipping Norton Action Group have all made clear that the distinction that is often drawn between sub-acute and intermediate care is inaccurate and indeed unhelpful. These documents have all been made available on the Council website as part of the consultation, the key points of which can be summarised as follows:

Intermediate Care is broadly defined as services designed to help people, usually older people, who have an illness or injury to stay at home rather than go into hospital, and to support people to get back home as quickly as possible after a hospital stay. Intermediate Care services can be provided to people in different ways.

Although most Intermediate Care in Oxfordshire is currently provided as a bed-based service, it can also be provided as a community service in people’s own homes by a team of social care and health staff.

However it is provided, Intermediate Care as currently defined in Oxfordshire includes visiting therapeutic input from health services. Some definitions of Intermediate Care include Reablement services. These services are usually provided to people at home, and have similar aims to Intermediate Care services. However, they do not include visiting therapeutic input from health services.

When the proposals for the new Primary Care Centre and Care home development in Chipping Norton were agreed in 2007, it was clearly stated at the time that the beds in the Henry Cornish Care Centre were required for Intermediate Care. The County Council Cabinet report in March 2007 states that:

*'In summary, a 50 bed registered residential and nursing care home and a separate but closely located and linked community health facility will be built on Rock hill Farm, a site owned by the County Council. The care home will include 14 beds to be **purchased by the Oxfordshire PCT for the provision of intermediate care services.** The County Council will purchase 20 beds. The community health facility will have on the ground floor a range of community and primary care health facilities and on the first floor a maternity unit. The community health facility will be managed operationally and clinically by the*

*NHS (the PCT for the community and primary care facilities and the Oxford Radcliffe Hospitals NHS Trust for the maternity unit), with a facilities management agreement with the OCP for soft and hard facilities management.'*

The current specification for the provision of Intermediate Care beds in Oxfordshire states that the service is designed for people who 'do not have acute or sub-acute nursing needs'. Sub-acute beds, then, could be defined as simply beds for people who *do* have these nursing needs, but do not have acute nursing needs which could only be met in an acute hospital setting.

There is a belief that the beds have provided 'sub-acute care' since 2011 which is not correct. The 2011 specification did refer to 'sub-acute intermediate care'. However, it is not the same as the specification applied to community hospitals in Oxfordshire where 'sub-acute' care can be provided, and is much more closely aligned with the current specification for Intermediate Care beds.

It is fair to say that there has been a great deal of confusion about how these different terms were used and what they mean. It was partly in response to this lack of clarity that we decided to review and confirm the specification for all the Intermediate Care beds commissioned by the council in Oxfordshire. The principles for the specification were shared with the Chipping Norton Hospital Action Group prior to it being finalised in November 2014. The specification is not significantly different in terms of activity or outcomes to that which was used to commission the Intermediate Care beds in Chipping Norton from 2011.

The consultation document included a map showing where people who used Intermediate Care in Henry Cornish Centre came from in the period Dec 2014 - May 2015 (see page 5). This was considered to be most relevant in supporting the consultation as it demonstrated that the beds served an area wider than Chipping Norton (and indeed in many cases beyond North Oxfordshire as well), thus helping to demonstrate the area that would need most capacity if providing intermediate care at home rather than in a bed-based setting (in line with Model B in the consultation). It was not considered helpful or appropriate to try to distinguish between intermediate and sub-acute care, for the reasons outlined above.

Yours sincerely,



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