

CABINET – 17 December 2024

Henley Short Stay Hub Beds

Report by Director of Adult Social Services

RECOMMENDATION

1. The Cabinet is RECOMMENDED to

- (a) Note the history of step-down bed provision in Oxfordshire and to endorse the Home First Discharge to Assess model of care that has been implemented countywide since January 2024
- (b) Note the impact of Home First Discharge to Assess for users, hospital flow and on business efficiency across the County and in the South Oxfordshire area
- (c) Agree that the former Chiltern Court beds are not reinstated for the reasons set out in the paper
- (d) Note the decision of the Secretary of State for Health not to “call in” the decision to close the Chiltern Court beds
- (e) Note the engagement that has taken place with the public and stakeholders during 2024
- (f) Endorse ongoing engagement with Oxfordshire residents around out of hospital care

Executive Summary

- 2. This report addresses the Motion agreed by the Council on 5/11/2024 and questions subsequently raised by Councillor Gawrysiak addressed to Cabinet (see Annexes 1 and 2). It sets out the background to the decisions made in 2023 and the actions taken subsequently to address the concerns raised in the Motion.
- 3. The decisions and actions set out below form part of a transformational shift to support more people live in their own homes in their own communities. The Council and NHS and other partners have made a series of strategic changes to how the health and care system supports residents in Oxfordshire in line with
 - (a) best clinical practice of out of hospital care
 - (b) national policy directives
 - (c) most efficient use of the Oxfordshire pound
 - (d) support for our residents in line with the ambitions set out in the Oxfordshire Way.

4. The Council and partners acknowledge the concern set out in the Motion and elsewhere that it did not engage residents and stakeholders in Henley sufficiently prior to the decisions made in 2023. This report sets out the engagement that has been undertaken to share our vision and seek views in relation to out of hospital care and the Oxfordshire Way during 2024.
5. Since Council agreed the motion at (2) the Secretary of State has responded in full to Councillor Gawrysiak's request to "call in" the decision to close the short stay hub beds in Henley. This letter is attached as Annex 3. This confirms the expectations of the NHS in respect of consultation on changes to health services but states that the closure of the beds at Chiltern Court, Henley does not meet the threshold for intervention.
6. The Council is currently developing the replacement model for step down beds on expiry of current contracts. Subject to the agreement of the business case for that new model by the Council and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB) as joint funders, the integrated commissioning team will procure replacement services in 2025.
7. In response to the Motion of 5/11/2024 the report
 - (a) Sets out why the Chiltern Court beds need not – and therefore should not – be reinstated
 - (b) Confirms the engagement approach that the Council and partners have taken and will take going forward, but also confirms that there are no plans for formal consultation on the closure of beds at Chiltern Court

Short Stay Hub Beds

8. "Short-stay hub beds" are a local Oxfordshire initiative to support discharge from hospital where someone cannot directly go home. The model was developed in 2015-16 in response to extreme winter pressures when there was insufficient reablement and homecare to help people go directly home but where there was capacity in the care home market. There is no statutory requirement on a Council or local NHS system to maintain "step-down" beds to support flow from hospital and where there are alternatives to a bed-based pathway. It is now national policy that these opportunities should be prioritised and maximised.
9. In Oxfordshire there has been a heavy reliance on step down beds which grew significantly in the period 2015-2019, and then again in response to the Covid pandemic in 2021-2023. During the earlier period Oxfordshire was often the worst-performing system in the country for delayed transfer of care with as many as 200 people unable to move on from hospital when medically fit to do so.
10. The numbers of beds, the type of beds and support model into those beds developed over time in response to immediate system pressures (see Annex 4). The Chiltern Court beds in Henley were contracted by the Council at the request of the then Oxfordshire Clinical Commissioning Group (OCCG) in November 2016.

11. This mix of bed types and contracts created confusion in discharge practices; created as many delays as it solved; and had a level of risk in relation to outcomes arising from the range of in-reach support models. Overall, this “portfolio” of step-down bed models did not reduce days lost to delay in the acute hospital and it risked pushing patients towards long-term residential or home care.
12. In 2019 the Oxfordshire health and care system agreed that the model of step-down beds needed to be rationalised and streamlined as part of system demand and capacity planning led by the then Accident & Emergency Delivery Board in response to the ongoing poor performance in relation to delayed transfers of care. It was agreed that the Council would:
 - (a) Commission on behalf of the system 56 short stay hub beds on the open market against a revised specification focussed on supporting people on a pathway home
 - (b) Align the 41 intermediate care beds contracted from Order of St John Care Trust [OSJ] within the Oxfordshire Care Partnership Agreement [OCP] to the new short stay hub specification
13. It was agreed that the funding for the beds would be pooled and shared pro-rata between the Council, OCCG and Oxford University Hospitals FT [OUH] and that the support into the beds would be provided by the multidisciplinary Hub team hosted by OUH.
14. The number of beds in the system continued to flex up and down. During the Covid pandemic there was a requirement to develop an additional covid-secure pathway (“Designated beds”) and ongoing pressures on the system meant that the Council purchased additional winter interim beds in 2021/22 and 2022/23. See Annex 4 for more information.

The development and impact of Home First Discharge to Assess

15. In response to the Covid pandemic in March 2020 the NHS “cleared the hospitals” to create emergency capacity. This approach was then written into the Hospital Discharge Guidance published in August 2020 and frequently updated [Hospital discharge service guidance - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/878222/hospital-discharge-service-guidance.pdf)
16. In summary the guidance sets out that
 - (a) Hospital is an inappropriate and potentially risky place for people who do not have a medical need to be in an acute bed
 - (b) Assessment of people’s long-term needs should take place away from the acute wards, and be focused on strengths rather than deficits if the discharge is to support recovery towards maximum possible independence
 - (c) When people are discharged home reablement ensure that they recover full independence in 65% of cases and reduced care needs as part of a reablement approach in most cases

- (d) 95% of people leaving hospital should be discharged home, with or without support
- 17. The figure of 95% has become a target in the Better Care Fund metrics and has replaced the old “delayed transfers of care” metric.
- 18. Oxfordshire has created several roles and reshaped structures to support the implementation of the Guidance:
 - (a) A Home First lead, jointly funded from the Better Care Fund and hosted by the Council was created in 2022 to lead on Discharge to Assess [D2A] and improve practice with care providers;
 - (b) Transfer of Care [TOC] team was set up by the system in January 2023 to manage discharges and allocate resources to support flow
 - (c) A jointly funded TOC manager was established for April 2023 and the team expanded from managing OUH discharges to Oxfordshire patients in other hospitals (e.g. Royal Berkshire Hospital-RBH) in August 2023.
- 19. In spite of these developments, Oxfordshire did not make significant progress towards the 95% metric in 2021/22 and 2022/23. The system Urgent and Emergency Care [UEC] Board resolved to address this problem as a key part of the Oxfordshire Better Care Fund for 2023/24 by the following actions:
 - (a) Move to a D2A model to take people directly home from hospital by default. The Council:
 - (1) Piloted a D2A model in July-December 2023 with Strategic Partners within the Council’s Live Well at Home [LWAH] Reablement and Home Care Framework and achieved proof of concept. The model was implemented county-wide in January 2024.
 - (2) Extended the LWAH service to include additional live-in and waking nights care. This meant the TOC team could divert people home who might previously have been discharged to a bed. These changes ensured that reablement could be delivered safely and effectively and offered assurance to residents and their families about going home.
 - (3) Reorganised the former Hospital Social Work teams in winter 2023/24 to support the “pull” model to help people home from hospital
 - (b) Reduce the number of short stay hub beds as capacity to take people home increased. The number of beds was reduced from 94 in March 2023 to 63 in April 2024. This reduction included the 7 beds at Chiltern Court.
- 20. In 2024/25 the Better Care Fund Plan has further extended this model
 - (a) The system invested Additional Discharge Funding in an expansion of live-in and waking night support to D2A and reablement
 - (b) The Home First manager has developed a Trusted Assessor model with LWAH framework providers which has increased efficiency in the pathway by removing assessment delays

- (c) The Council has increased the number of providers working within the D2A and reablement pathway
 - (d) The number of people discharged home has increased weekly by on average 30% from 2023/24
 - (e) The Council has significantly increased the amount of reablement being delivered in the community since Jan 2024 to avoid admissions to hospital. The monthly number of new starts in the community has increased from 18-90 over this period.
 - (f) The D2A model has:
 - (1) Enabled people who might previously waited for reablement to go home, find their feet and return to independence with a brief intervention from LWAH providers
 - (2) Avoided people being stuck in hospital awaiting a long-term home care package
 - (3) Continued to support >70% of people to full independence after reablement and a further 15% to a reduced care package
 - (4) Not seen an increase in readmission rates from the D2A process- of 392 D2A discharges in September 2024 only 12 were readmitted to hospital
 - (5) Information on the performance of D2A is set out in Annex 5 for Oxfordshire as a whole and for South Oxfordshire specifically
 - (g) Overall, the Oxfordshire focus on co-ordination of discharge processes and on strengths-based assessment and D2A approaches has contributed to:
 - (1) A reduction in bed days lost to delay from 3796 in January 24 to 3105 in October, a reduction of 18%
 - (2) A reduction in average waiting time in the Home First pathway of 1.5 days per patient from Sep 23 to Oct 24
 - (3) A reduction in average waiting time for people awaiting a Community Hospital or Short Stay Hub bed of 3.5 days per patient and an overall reduction in bed occupancy in Oxford University Hospital sites from 96.54% in Nov 2023 to 94.10% in Oct 2024. This increases the capacity of OUH to manage Emergency Department pressures, and also reduce the risk of cancellation of planned procedures.
21. There remains work to be done. Generally, the system needs to stop people coming into hospital and there are a range of initiatives funded by Better Care Fund and ICB urgent care funding to support that approach which are under review by the UEC Board. There is a risk that D2A becomes a victim of its own success if it creates space in acute beds that are “filled behind them”. This is recognised by UEC Board as a system risk.
22. The increased level of activity also creates financial challenges for the Council and the Integrated Care Board within the Better Care Fund which will need to be considered in the Better Care Fund Plan for 2025/26. But overall, the cost of looking after people at home is much more efficient:
- (a) The costs of taking someone home for reablement is £**1174** per episode; if on assessment at home they do not need reablement the cost is £250

- (b) Where people go home with D2A and reablement the overwhelming majority end up with no or reduced ongoing home care needs. This represents a significant cost avoidance for the Council compared with the costs of larger care packages direct from a hospital bed. It is also better for the person who has the maximum opportunity to regain as much of their independence as possible
- (c) By contrast the average cost of a Short Stay Hub bed is (2024/25 rates) is £1500 a week, plus the cost of the Hub team and medical cover. There are some people who do benefit from bed-based assessment and reablement, but this pathway should only be used when consistent with the patient's needs on discharge from hospital

23. The experience of people and professionals of D2A has been the subject of a recent Healthwatch Oxfordshire report which can be accessed at [People's experiences of leaving hospital in Oxfordshire – a report summary - Healthwatch Oxfordshire](#). The report details both good practice and challenges around- especially-communication to people in the discharge pathways, involvement of unpaid carers, join up between hospital and community teams when people are discharged, and general information around discharge pathways. The Council and partners have developed an action plan which will be reviewed in the system Urgent Care Delivery Group [UCDG] and the Carers Strategy working group. A new discharge information leaflet is now being finalised as part of the response. The report did not identify any significant levels of concern around D2A as opposed to bed-based pathways and provided positive statements regarding the level of quality of care being delivered into people's own homes.

Questions raised by Councillor Gawrysiak

24. Councillor Gawrysiak has raised specific questions further to the Motion agreed by Council on 05/11/2024:

(a) Were the Chiltern Court beds NHS beds?

The Chiltern Court beds were contracted by the Council from OSJ on behalf of OCCG in November 2016 as a variation to the OCP agreement. The funds to pay for the beds were pooled between the Council and OCCG as part of the then s75 NHS Act 2006 agreement. The beds were treated as part of the system discharge capacity as set out in Annex 4. These were jointly commissioned and funded beds contracted by the Council. They were not "NHS beds".

In her response to Councillor Gawrysiak, the Minister of State confirms that, *"a service being funded from the BCF does not impact duties on NHS commissioners or local authorities to involve patients and the public, through engagement or consultation"*; but also, that, *"as local joint commissioners, the NHS BOB ICB and OCC are best placed to determine the needs of their local population"*.

(b) To remove them needs a consultation?

The Minister of State has confirmed that, *"the Secretary of State has decided that this does not meet the threshold for intervention"*, and notes

that the view of the Joint Health Overview Scrutiny Committee at its meeting on 16 January 2024 that this was not a material change needing consultation.

That said, the Director of Adult Social Care and the ICB Director of Place have both acknowledged that there could and should have been greater engagement to communicate the changes and that has been reflected in later work. See paragraph 25 below

- (c) **Full and transparent Data from RG9 Henley, RG4 Sonning Common, RG 8 Goring Woodcote, OX 9 Thames, OX 49 Watlington, HP18 Chinnor and OX 10 Wallingford of discharge paths for patients?**

See Appendix 5. In broad terms, demand and delivery for D2A and step-down beds is consistent in these post codes as with the rest of the County. Outcomes for people from these postcodes is also consistent.

It should be noted that people in post codes in the north and south-west of the District Council are more likely to have been admitted to the John Radcliffe site and then discharged to City or South Oxfordshire sites should they need Short Stay Hub beds.

- (d) **Beds are being provided at Burcot which is 17 miles by car away. We have no bus service from Henley so that is not an option. How can it be justified that Geography was not taken into account such that there is no provision in South Oxfordshire to serve a population of 140,000 residents?**

It is acknowledged that the journey by public transport is difficult to the Short Stay Hub bed site in Burcot for Henley residents. As noted above the same is true in reverse for perhaps the majority of South Oxfordshire residents who by contrast can reach the City or Burcot.

It is important to note that the District Council area is not a planning unit for step-down beds. These beds are specialist and will be more so in the new model (see below paragraph 26ff). The Council will seek to ensure a geographical spread and accessibility in the upcoming procurement but that will be subject to location of suitable bids.

- (e) **What is the RBH view on this and its impact on delayed discharges?**

See Annex 5. RBH has confirmed that the number of people discharged into bed-based pathways has reduced by on average 1 patient per month since April 24. There have been no referrals for short stay hub beds since March.

RBH has fed back that the TOC team “decides pathways very quickly. Our Hospital Discharge Team speak well of the new TOC process and have good working relationships with them. There are daily updates and twice weekly opportunities for wards to discuss cases”.

RBH does however flag that “Patients and relatives often do not understand the rationale of patients with relatively high needs going home with D2A and this can cause an amount of anxiety. A patient information leaflet [referenced above, para 23] has been developed with Oxford TOC colleagues”

This feedback is entirely consistent with the experiences in OUH across the implementation of the TOC and Home First D2A model.

Data on RBH discharges is supplied in Annex 5. Broadly the number of discharges has remain the same each month across 2023 and 2024 to date, with an increase of people going home under D2A.

In terms of length of stay, the waits for D2A have broadly reduced on average and those for step down beds have remained largely the same

25. As noted at paragraph (24b) the Council and the ICB has recognised that there was insufficient communication and engagement re the changes at Chiltern Court. Further it is acknowledged that the transformation to home-based out of hospital care needed to be shared and discussed with residents and stakeholders in Oxfordshire. This was the conclusion of HOSC in January 2024 (drawing a comparison with the work with local people in Wantage around planned changes to the use of the Community Hospital site) and led to the Healthwatch Oxfordshire report discussed at paragraph 23. A series of engagement roadshows has been undertaken during 2024 to promote understanding and debate around these crucial changes to the way we support our vulnerable population.

Next steps for step down beds

26. The Short Stay Hub bed contracts issued in November 2019 have been extended but come to an end in March 2025.
27. A business case is in development for the future provision of step-down beds. The new model will change and be focussed on:
 - (a) People with complex nursing needs who might otherwise be considered for long-term residential care on discharge from hospital. The aim of the beds would be to allow those people for whom there is not a safe, sustainable home-first option the opportunity to settle, recover and be assessed in an environment which maximises their independence. Some of these people may then return home with support, some may need long-term nursing care, but the needs and costs may have reduced delivering the least restrictive care for the individual and the most efficient long-term care for Council, the NHS via Continuing healthcare or indeed the individual if self-funding.
 - (b) People with dementia and/or delirium presentations where a spell of specialist support (possibly with access to a Registered Mental Health Nurse) will enable clinicians to work with the user and their family to

identify the most appropriate onward pathway. This group do badly in acute bed settings but in a pilot that has been running since July 2024 some people have been able to return home once their delirium has resolved. These beds will address a key gap in Oxfordshire's discharge offer.

28. The new beds will continue to be supported by the Hub and the ICB is working with local GPs to develop an appropriate medical cover model.
29. The procurement will be subject to approval of a business case by both the Council and the ICB as joint funders. The new beds will be procured from within the Council's Care Home Framework from January 2025.
30. Views have been sought from past users and carers of short stay hub beds, but feedback to date has been limited. The Council will seek further input from stakeholders before the business case is finalised and communicate any changes to current provision as part of the ongoing engagement regarding the out of hospital care model.
31. The procurement will be via the Council's Care Home Framework. As noted above the location of the beds that are procured will be subject to the quality of bids. The Council will seek to make the beds accessible to carers and family members across the County, but the increasingly specialist provision may limit scope to reflect the County's geography.

Recommendations

32. Cabinet is asked to:
 - (a) Note the history of step-down bed provision in Oxfordshire and to endorse the Home First Discharge to Assess model of care that has been implemented countywide since January 2024
 - (b) Note the impact of Home First Discharge to Assess from a user outcome, system performance and business efficiency point of view both across the Council and in the South Oxfordshire area
 - (c) Agree that the former Chiltern Court beds are not reinstated for the reasons set out in the paper
33. Cabinet is asked to:
 - (a) Note the decision of the Secretary of State for Health not to "call in" the decision to close the Chiltern Court beds
 - (b) Note the engagement that has taken place with the public and stakeholders during 2024 and to endorse ongoing engagement with Oxfordshire residents around out of hospital home first care

Corporate Policies and Priorities

34. Supporting people home from hospital and in their own community supports the delivery of
 - (a) Priority 3: supporting the health and wellbeing of residents and

- (b) Priority 4: support carers and the social care system

Financial Implications

35. **There are no financial implications directly linked to this paper.**

Comments checked by:

Stephen Rowles, Strategic Finance Business partner,
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Legal Implications

36. There is no specific requirement for the local authority to conduct a formal consultation regarding these bed closures. Formal consultation is only required where there is a statutory requirement, or a legitimate expectation to do so has been identified. Clearly, the more serious or significant the impact of any proposed changes are, the more likely the views of those affected should be sought.
37. In this instance, it has been observed that the Joint Health Overview Scrutiny Committee determined on 16 January 2024 that this was not a material change needing consultation and as noted above by the Minister '*local joint commissioners, ... are best placed to determine the needs of their local population*'. The report identifies however that there has been engagement with stakeholders regarding the proposals and, despite there being no specific requirement for consultation, there is an ongoing commitment to engagement with stakeholders and interested parties.

Comments checked by:

Janice White
Head of Law and Legal Business Partner, ASC and Litigation
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Staff Implications

38. None. There are no direct staffing implications for the Council.

Equality & Inclusion Implications

39. The Short Stay Hub beds are designed to meet the needs of the individuals whose needs are too complex to return home under D2A programme. These are mostly people over the age of 65. This gap is filled by these step-down beds. In the new model the individuals' needs are set out clearly and emphasis is drawn on personalised care in line with care bandings and inputs set out in the

Council's Care Home Framework. Particular emphasis is given to the providers understanding of the impact of health conditions and being able to deliver care for people living with dementia and other health conditions. Short-stay hub beds address the needs of some of our most vulnerable elderly residents.

Sustainability Implications

40. The Short Stay Hub bed model does not directly create any sustainability benefits or issues. As part of the evaluation of bids the Council will assess providers commitment to and plans to move to a carbon neutral model for their businesses.

Risk Management

41. There are plans for procurement of the Short Stay Hub Beds under a new model to meet the needs of those individuals whose needs are too complex, and where they are unable to return home under the D2A programme. The aim is to run this model covering City, South and North parts of the county however the priority is to procure a high-quality standard of beds that can meet this level of complexity and intensity. This coupled with a reduction in the bed numbers in the procurement means there may not be beds available in each part of the County. This has not been the case so far and people who use this service will be informed of this at the outset to manage expectations and to work with any exceptional circumstances.

Consultations

42. As set out at paragraphs 24 and 25 there is no requirement for consultation, but the Council and the ICB have engaged subsequent to the decision to close beds in Henley and have and will continue to engage people around the Home First model.

NAME
[Member of SLT]

Karen Fuller, Director of Social Care

Annex:

Annex 1- Motion of the Council dated 05/11/2004
Annex 2-supplementary questions to Cabinet from Councillor Gawyrsiak
Annex 3-Letter from Minister of State for Health
Annex 4-History of step-down bed provision
Annex 5-Datapak

Background papers:

None other than referenced in the report

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December 2024

Cabinet 17 December 2024
Henley Short Stay Hub beds
Appendix 1-Motion Agreed by Council 05/11/2024

1. Council agreed the following motion by Councillor at its meeting on 05/11/2024
 - a) In December Oxfordshire County Council removed seven beds from the Chiltern care home without any consultation with the GP's, Henley Town Council or the community of South Oxfordshire. This lack of consultation by the Council is unacceptable and must not be repeated.
 - b) These beds were originally provided as 'NHS beds'.
 - c) Following FOI requests to the Integrated Care Board Buckinghamshire Oxfordshire Berkshire West (ICB BOB) and the Council, it has been established that these beds are NHS beds funded by the ICB, this Council and the Oxford Health NHS Foundation Trust. They should not therefore have been closed without full and proper public consultation.
 - d) Dr Broughton interim Chief Executive of the ICB BOB states 28th February 2024 : "The beds have not 'lost NHS funding', "The beds continued to be overseen by the Oxford University Hospital Hub team."
 - e) These beds are therefore NHS beds which cannot be removed without consultation.
 - f) This Council:
 1. Deplores the beds' removal without said consultation.
 2. Believes that a full and objective account as to why these beds, which serve a population of 140,000 of South Oxfordshire, were removed and what replacement measures have since been taken.
 - g) This Council requests that Cabinet:
 3. Asks partners to seek to account for the reasons why the seven Chiltern Court Beds serving South Oxfordshire cannot be reinstated, bearing in mind the new measures that have since been in place and, in the absence of such an account, take steps to reinstate them.
 4. Conduct all necessary public consultations

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Cabinet 17 December 2024

Henley Short Stay Hub beds

Appendix 2-Questions raised by Councillor Gawysriak to Cabinet further to the Motion Agreed by Council 5/11/2024

Q1 A clear statement that these 7 Chiltern Court Beds were NHS?

**Q1a I repeat this question one because this has NOT been addressed.
These Beds are NHS therefore warrant a consultation for removal.**

Q1a To remove them needs a consultation?

It is irrelevant that OCC held the contract because they were being contracted on behalf of Oxford Health and the NHS, they still warrant a consultation. This question was avoided by HOSC.

Q2 Full and transparent Data from RG9 Henley, RG4 Sonning Common, RG 8 Goring Woodcote, OX 9 Thames, OX 49 Watlington, HP18 Chinnor and OX 10 Wallingford of discharge paths for patients?

There are in many patients who cannot be discharged home because they are on their own or have frail relatives who cannot look after them. It has been stated that **zero patients** -who fall into this category -were discharged in the whole of Oxfordshire. I find this unbelievable OR the data is not being captured.

Q3 Beds are being provided at Burcot which is 17 miles by car away. We have no bus service from Henley so that is not an option. How can it be justified that Geography was not taken into account such that there is no provision in South Oxfordshire to serve a population of 140,000 residents?

Provision should be made in the south of South Oxon with an explanation of journey times for relatives and friends visiting.

Q4 What is the RBH view on this and its impact on delayed discharges?

Please recognise that the Chiltern Beds serve Henley, Thame, Wallingford and all their surrounding villages. They also serve communities in Berkshire covered by the Royal Berkshire Hospital.

I have highlighted the relevant passages of the motion.

**BUT I again repeat Q1 which has not been answered by OCC, cabinet and ICB
BOB.**

These beds were and are NHS beds- statement of fact- therefore cannot be removed.

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06/11/2024

Dear Freddie van Mierlo MP,

Thank you for your letter of 22 July 2024, asking the Secretary of State to use the powers under Schedule 10A of the National Health Service Act 2006 to call in the decision by the NHS Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) and Oxfordshire County Council (OCC) to close seven step-down beds at Chiltern Court Care Home.

Summary of your request

You requested that the closure of seven step-down beds at Chiltern Court Care Home be called in because you have concerns with the process that has been followed by the NHS BOB ICB and OCC, specifically a lack of public engagement and consultation on the closure of the beds.

Ministerial intervention powers

The Department has published statutory guidance on the call-in powers in [Reconfiguring NHS services - ministerial intervention powers](#), which sets out how call-in requests may be considered. As explained in the statutory guidance, it is likely that a reconfiguration will not be called in before:

- NHS commissioning bodies and local authorities have taken all reasonable steps to try to resolve any issues; and
- those making a request, or others have tried to resolve any concerns through their local NHS commissioning body or have raised concerns with their local Health Overview and Scrutiny Committee.

To inform a decision on whether to call in a proposal, ministers may consider whether the proposed change meets at least one of the following criteria:

- there are concerns with the process that has been followed by the NHS commissioning body or NHS provider; or
- a decision has been made and there are concerns that a proposal is not in the best interests of the health service in the area.

In addition, ministers may consider:

- whether the reconfiguration proposal is considered to be substantial; or
- the regional or national significance of an NHS service reconfiguration and the impact on the quality, safety, or effectiveness of services.

Secretary of State's decision

Your letter and all of the available information has been considered as set out in the statutory guidance, alongside other available information listed below. On balance, the Secretary of State has decided that this does not meet the threshold for intervention.

Key information considered includes:

- Information provided with John Howell's call-in request
- Minutes of Oxfordshire Joint Health Overview & Scrutiny Committee, Tuesday, 16 January 2024
- Information provided to the Department by NHS BOB ICB
- The Oxfordshire Health and Well-Being Board Better Care Fund plan for 2023-2025

I understand that the ICB discussed the issue with Oxfordshire Joint Health Overview & Scrutiny Committee (JHOSC) on 16 January 2024 and that the JHOSC did not consider it a substantial change. I note that this has been raised with the county council and ICB. I would continue to encourage you to engage with BOB ICB on the aims of the Better Care Fund and provision of out of hospital support in south Oxfordshire.

While we appreciate how patients and the public may feel about the decision, we do not consider this change in particular to be a regionally or nationally significant NHS reconfiguration within the meaning of the guidance.

I would like to clarify that a service being funded from the BCF does not impact duties on NHS commissioners or local authorities to involve patients and the public, through engagement or consultation. I understand that the ICB and LA have, as joint commissioners, agreed approach to hospital discharge which involves less demand for step down beds. This change also supports Home First Discharge to Assess for people who are admitted to hospital, which is a key objective in their 2023-25 BCF plan, by increasing the number of people going home from hospital.

Turning to your concerns about the framework for pooled funding and whether it impacts public consultation, it may be helpful if I explain some background to the BCF. The BCF provides ICBs and local authorities with a framework to make joint plans and pool budgets for the purposes of delivering better joined-up care. The plans produced are signed off by Health and Wellbeing Boards (HWBs). These plans are then assured by NHS England with LGA input and oversight from DHSC and MHCLG. Local authorities and ICBs can voluntarily pool funds into the BCF year-on-year.

The 2023-2025 BCF policy framework includes four national conditions:

- Plans to be jointly agreed by ICBs and local authorities;
- Maintain NHS spend on adult social care in line with BCF growth and invest in NHS-commissioned out of hospital services;
- Implementing BCF policy objective 1: enabling people to stay well, safe and independent at home for longer;

- Implementing BCF policy objective 2: providing the right care in the right place at the right time.

Local authorities and ICBs must make sure that they have placed the funding into a section 75 agreement – a legal agreement for pooling health and social care funding. They will also have to report on actual spend and confirm that the conditions of the BCF have been met at the end of the financial year. This provides assurance that the money has been spent in line with the BCF policy.

As part of the BCF planning and assurance process, local areas and ICBs must agree a plan for their HWB area. BCF partners will need to submit a narrative plan and a planning template, providing details of expenditure from BCF funding sources, capacity and demand as well as ambitions and delivery plans for BCF metrics. BCF plans will be assured and moderated regionally, as well as calibrated across regions. Plans are put forward for approval by NHSE in consultation with DHSC and MHCLG.

The Secretary of State's view is that as local joint commissioners, the NHS BOB ICB and OCC are best placed to determine the needs of their local population. Further, I understand that Oxfordshire's Joint Health Overview and Scrutiny Committee (JHOSC) has also made recommendations to support the communication of this change and for the development of an evaluation to learn from the process of this change overall.

As set out in the guidance, it is important that integrated care systems operate with a high degree of autonomy in making decisions in the interests of their populations. However, we also expect the ICB and JHOSC to continue to work together particularly in regard to the recommendations made by the JHOSC.

Kind regards,

A handwritten signature in black ink that reads "Karin Smyth". The signature is written in a cursive style and is positioned above a horizontal line.

KARIN SMYTH
MINISTER OF STATE FOR HEALTH

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Cabinet 17 December 2024**Henley Short Stay Beds****Annex 4: development and profile of step-down beds over time****1. The short stay hub model developed as follows**

Date	Type of bed	No.	Contract and funding route	Support provision
Pre 2010	intermediate care bed (ICB)	20	Council-Order of St John Care Trust [OSJ] Funding initially from OCC and then the Better Care Fund pooled budget	Therapy support from Oxford Health NHS FT [OH]; social work from Council
2010	ICB	14	Council-OSJ Funding from the Better care Fund pooled budget	Therapy from OH; social work from Council
2015-16	Short stay Hub beds	varied	Oxford University Hospitals NHS FT [OUH]-care homes Funding from OUH	Discharge liaison and therapy from OUH; social work from Council- in Hub team
2016	ICB (Chiltern Court)	7	Council-OSJ Funding from the Better Care Fund pooled budget	Therapy from OH; social work from Council
2016	Step up beds (Chiltern Court)	4	Council-OSJ Funding from the CCG	Therapy from OH; social work from Council
2017 onwards	Interim beds	varied	Council-care homes Funding from the Council	Social work from council
2018 onwards	Mitigation beds (lack of reablement capacity)	varied	Council-care homes on behalf of OUH Funded from Council-OUH contract underspends	Hub team

2. In winter 2015/16 in response to system pressures Oxford University Hospital NHS FT began to buy short stay hub beds to ease pressure in the wards and maintain flow in Emergency Departments at the John Radcliffe and Horton General sites. The beds were called “Hub” beds as they were supported by a multidisciplinary Hub team comprising OUH nursing and therapy staff and Council social workers
3. The success of the Hub model in creating capacity in the acute hospital meant that some of the beds were extended and the Hub team was established and funded by the then Oxfordshire Clinical Commissioning Group

4. In November 2016 the Council was asked by OCCG to contract for 11 beds in Chiltern Court, Henley from OSJ. 7 of these beds were intermediate care beds for step-down from hospital and 4 were “step up beds” for short term preventative admissions for people seen in the Henley Rapid Assessment and Care Unit based at Townlands Hospital.
5. From time-to-time further step-down beds were purchased additionally to support flow such that by 2019 there were
 - (a) 67 Hub beds contracted directly by OUH
 - (b) 41 intermediate care beds contracted from OSJ by the Council within the OCP agreement
 - (c) 16 interim beds contracted by the Council to step down people assumed to need long-term residential care
 - (d) 21 “mitigation” beds to reflect the challenges facing the then reablement service
 - (1) And these beds were variously supported by the Hub team; by Council teams alone; some with therapy support from OHt; some with additional cover purchased from local GP practices; some within the core GP business
 - (e) This mix created confusion in discharge practices; created as many delays as it solved; and presented some risk in relation to outcomes arising from the range of in-reach support models
 - (f) In 2019 the system agreed that Oxfordshire would move to one model of short stay hub beds supported by the Hub team and with OCCG commissioned additional medical cover. The Council procured 56 short stay hub beds from the local market against a revised specification and aligned the 41 OSJ intermediate care beds to this model.
 - (1) The new specification sought to prioritise reablement for people who had the potential to go home and assessment for people needing long-term care (including funded by NHS Continuing Healthcare)
 - (2) The funding for the short stay hub beds would now be all within the Better Care Fund within the s75 NHS Act 2006 agreement between the Clinical Commissioning Group and the Council
 - (3) The funding for the Hub team was also from the Better Care Fund; the funding for medical cover was directly paid by the Clinical Commissioning Group to local GP practices
 - (g) The 4 step up beds at Chiltern Court, Henley were closed in 2019 after an engagement exercise with the local population on the grounds of lack of use. The funding released supported the development of end-of-life palliative care provision.
6. Notwithstanding the intentions of partners, the number of beds continued to flex
 - (a) In response to Covid pandemic dedicated covid secure beds were commissioned in 2020-21 (20) and 2021-22 (14)
 - (b) The Council continued additionally to purchase “winter beds” on an interim basis in the winters of 2021-22 and 2022-23
 - (c) The Short Stay Hub bed contract has provisions for increasing beds, and this was actioned from time to time

7. By March 2023 there were 94 step-down beds in operation. Some beds had been closed in August 2022 but this reduction had been offset by the winter 2022-23 Covid beds and expansion elsewhere in line with the contract.

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Cabinet 17-12-2024 Henley

Short Stay Hub Beds Annex 5

- Slide 2-OUH discharge profile South Oxfordshire postcodes
- Slide 3- OUH admissions to Short Stay Hub Beds South Oxon postcodes
- Slides 4 and 5-RBH discharge profile Oxfordshire patients
- Slides 6 and 7-Oxfordshire demand and assessment outcome profile for D2A
- Slides 8 and 9-South Oxfordshire demand and assessment outcome profile for D2A
- Slides 10 and 11-year on reablement demand, delivery and outcomes

Data supplied by OUH TOC team; RBH Discharge team; OCC Home First Team

Oxford University Hospitals: total discharges April 2023-Sep 2024 South Oxfordshire postcodes

Number of OUH Discharges (Age 65+)	Pathway				
Month	0	1	2	3	Grand Total
Apr-23	109	9	21	14	153
May-23	111	15	20	7	153
Jun-23	105	17	14	13	149
Jul-23	113	10	16	9	148
Aug-23	122	22	16	11	171
Sep-23	110	15	11	13	149
Oct-23	109	23	14	13	159
Nov-23	131	19	22	12	184
Dec-23	131	20	13	15	179
Jan-24	130	22	18	12	182
Feb-24	114	15	10	11	150
Mar-24	151	18	22	11	202
Apr-24	110	23	9	10	152
May-24	122	18	18	9	167
Jun-24	122	13	13	7	155
Jul-24	137	11	13	11	172
Aug-24	125	21	11	7	164
Sep-24	103	18	17	13	151

Pathway 0 = home unaided

Pathway 1 = home with support (D2A since Jan 2024)

Pathway 2 = home via a bed-based pathway (Community Hospital or Short Stay Hub Bed)

Pathway 3 = permanent residential or nursing home placements

The total number of discharges is higher in the winter period to March 24. The numbers discharged overall and by pathway have fluctuated with overall an increase in people discharged home in the 9 months from Jan 2024, and a reduction discharged to beds in P2 or P3 in the same period compared with the 9 months before.

Oxford University Hospitals: admissions to Short Stay Hub Beds from South Oxon postcodes

SSHBA Admissions	SSHBA_Name	Albany (Oxford)	Chilterns Court (Henley)	Henry Comish (Chipping)	Isis House (City)	St Lukes (City)	The Close (Burcot)	Grand Total
Apr-23			6		1		4	11
May-23		3	6		1		5	15
Jun-23			5			1	4	10
Jul-23		1	4		3	1		9
Aug-23		2	4					6
Sep-23					1	2	3	6
Oct-23					2		4	6
Nov-23		2			1		3	6
Dec-23					1		1	2
Jan-24					6		2	8
Feb-24		1		1	2		1	5
Mar-24							4	4
Apr-24					1			1
May-24							1	1
Jun-24					1		2	3
Jul-24					2		3	5
Sep-24				1	3		3	7
Grand Total		19	67	6	38	8	66	204

Since the introduction of D2A from Jan 2024 the number of SSHB referrals for people from South Oxfordshire has halved from 71 in 9 months to 34 in 9 months

Chilterns Court closed to new admissions Sep 23; Albany March 24 and St Lukes April 24

Data from Oxford University Hospitals NHS FT

Royal Berks Discharges to Oxfordshire 2023-24

RBFT to Oxfordshire Discharge Volume by Pathway 2023													RBFT to Oxfordshire Discharge Volume by Pathway 2024												
Pathway 0	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
Oxfordshire SS	2	1	0	2	0	3	0	1	2	1	4	2	3	1	4	4	3	4	1	3	4	3			
Oxford Home First											1							1							
CHC					1									1					1		1	1			
self-funder																									
Total volume /month	2	1	0	2	1	3	0	1	2	1	5	2	3	2	4	0	4	5	1	3	5	4			

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Pathway 1	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
Oxford Home First	12	13	15	15	10	9	11	19	12	20	17	13	10	24	7	4	16	16	9	17	8	11	23		
Oxford DTA																									
Oxford Community	9	10	2	2	1	4	1	2	1	3	1	2	2		4	16	16	1	1	3	1	3			
Oxford SS	2	0	3	1	4	3	1	0	0	0	6	0	18	7	5	5	2	1	4	6	7	4			
Self Funder					2	1	1				1	1							1	1					
Total volume /month	23	23	20	18	17	16	14	21	13	23	25	16	30	31	16	21	18	11	23	18	19	30			
Pathway 2	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
Oxford Community	8	9	8	7	14	9	8	5	9	4	6	6	7	4	3	6	7	9	8	7	3	9			
Oxford Hub bed	1	2	0	1	0	1	0	4	1	2	1	1	2	1	1										
SS DTA bed	0	3	1	0	0	0	0	0	0	0	1	1													
Self-funder	1	0	0	0	0	0	0	1	0	0	0	0													
Total volume /month	10	14	9	8	14	10	8	10	10	6	8	8	9	5	4	6	7	9	8	7	3	9			
Pathway3	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
Oxford SS	0	0	1	1	3	0	2	1	0	1	1	2	0	1	1	0	0	0	2	1	0	2			
Self Funder	1	1	1	0	1	0	1	1	0	1	1	4	0	1	3	0	1	1	1	3	1	0			
Total volume /month	1	1	2	1	4	0	3	2	0	2	2	6	0	2	4	0	1	0	3	4	1	2			

No patients have been discharged from RBH to a Short Stay Hub bed since March 2024.

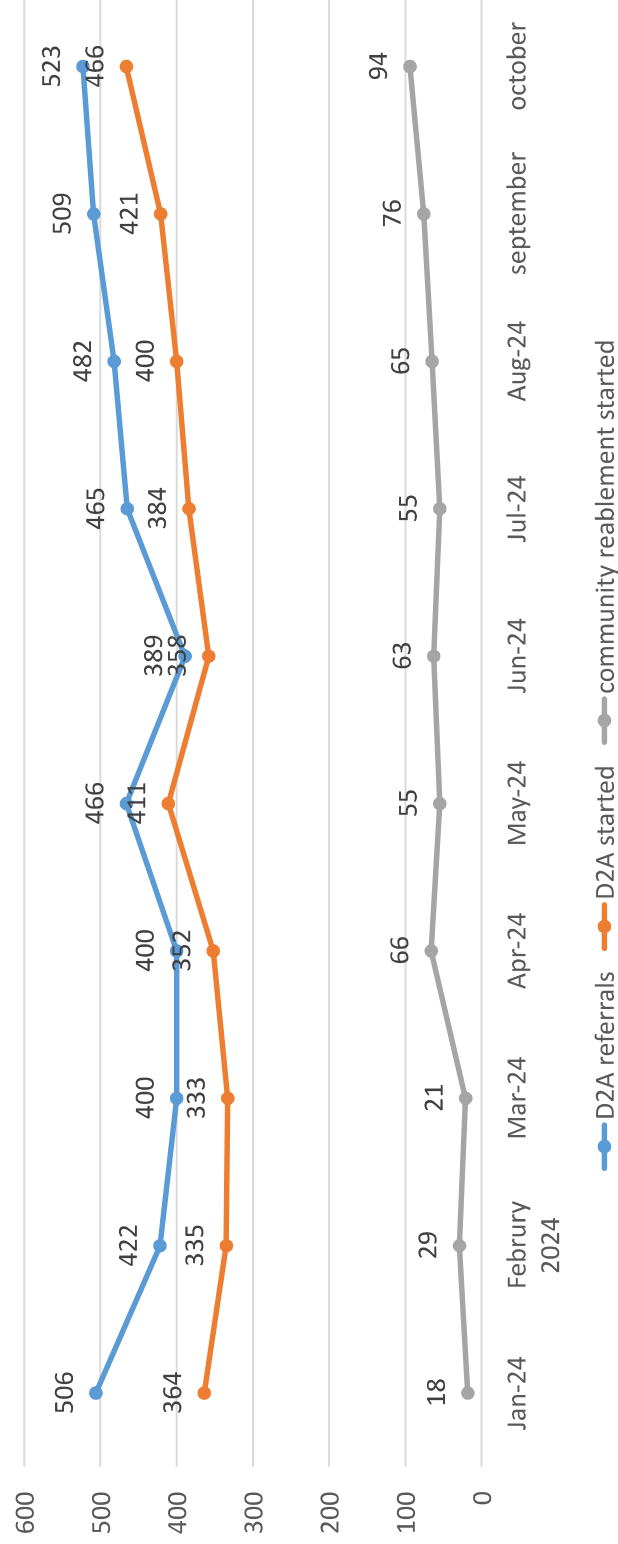
Royal Berks Discharges to Oxfordshire 2023-24-length of stay to discharge (days from referral)

RBFT to Oxfordshire Discharge Average LOW by Pathway 2024																								
Pathway0	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Oxfordshire	2	3		2	0	2.6		1	4	2	2.7	6	3.3	3	0.75			2	2.5	0	0	0.75	2.3	
Oxford Home First											1						1							
CHC					0																			
															1				2			1	0	
AVE LOW to DC all	2	3		2	0	2.6		1	4	2	2.6	6	3.3	2	0.75		1.6	2.2	0	0	0.8	1.75		
Pathway 1	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Oxford Home First	12	3.8	8.2		4.6	3.3	3.6	4	4.3	4.9	3.9	3	4.5	2.6	2.5	2.4								
Oxford DTA																6.25	4.3	4.8	7.8	8	3.6	4.2	4.9	
Oxford Community	0.3	1.8	0	0	0	0	2	14	32	4	0	5	1.5						0	2	0.3	0	0	
Oxford SS	3.5		9.3	2	4.5	7	4				6.6													
Self Funder					17.5		7				5	10		16					8	56				
AVE LOW to DC all	4.4	3	7.6	4	5	3.3	4	5.2	7	3.9	3.8	4.9	4.8	3.8	4.9	4	4.3	8.6	7	4	4.2	3.8		
Pathway 2	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Oxford Community	7.5	5	3.5	6.1	3.7	4.2	6	2.8	5.2	5	4.3	8.6	8.4	11.5	5	6.3	6.1	5.3	8.5	3.8	5.3	5.2		
Oxford Hub bed	3	9		1		1		4	1	2	1	1	10.5	5	10									
SS DTA bed		9.6	9								15	4												
Self-funder	11							3																
AVE LOW to DC all	7.4	6.5	4.1	5.7	3.7	4.5	6	3.7	5	5.2	5.6	7.5	8.8	10.4	6.2	6.3	6.1	5.3	8.5	3.8	5.3	5.2		
Pathway 3	Jan-23	Feb-24	Mar-25	Apr-26	May-27	Jun-28	Jul-29	Aug-30	Sep-31	Oct-32	Nov-33	Dec-34	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Oxford SS			25	23	4.3		11	16		34	15	22		28	9				46	20		24		
Self Funder	12	7	24		17		2	2		3	12	9.2		18	6		9		8	8.3	0			
AVE LOW to DC all	12	7	24.4	23	15		11	9		18.5	13.5	13.5		23	6.7		9		33	11.5	0	24		

Data from Royal Berkshire Hospitals NHS FT

Demand for D2A and Reablement-Oxfordshire

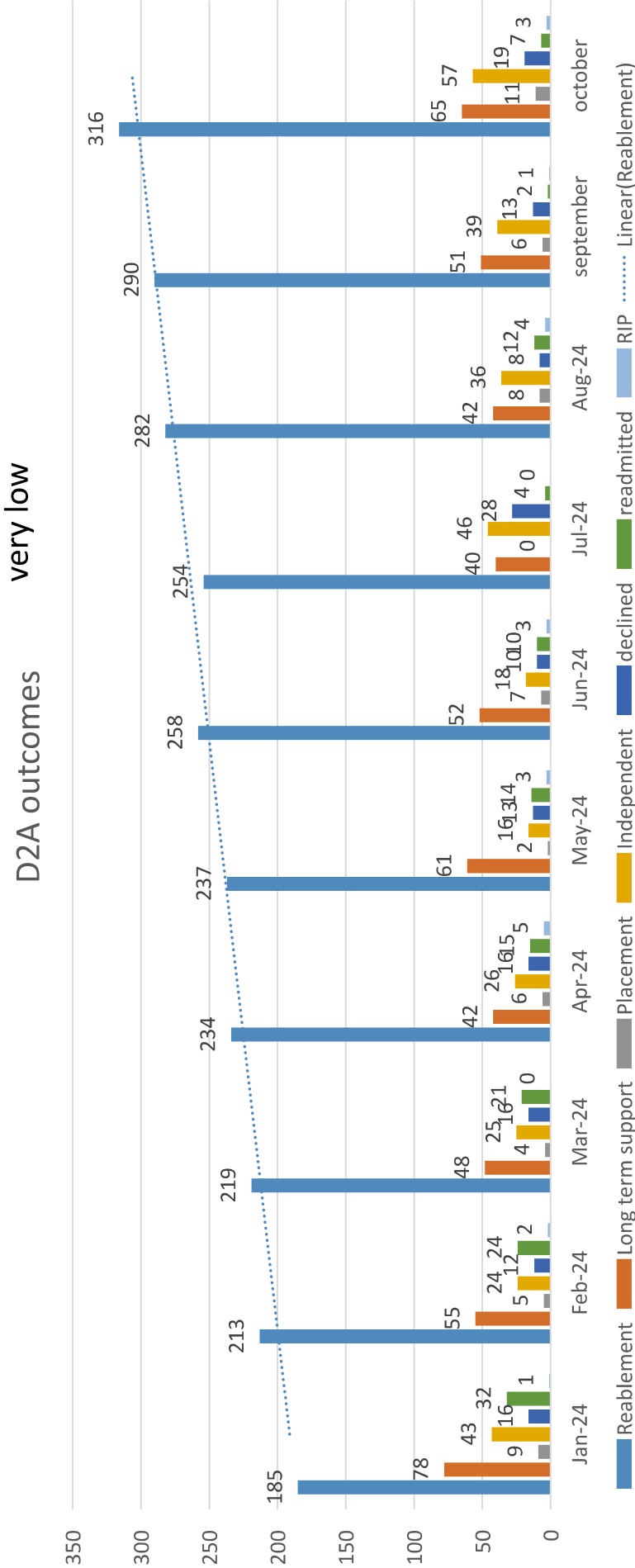
Demand 2024



The number of referrals to D2A and the number of people discharged have increased since Feb 2024. Activity in Oct and Nov 24 shows a further increase. Community pick-ups have increased, and we need to shift capacity further to avoid admissions to hospital.

D2A Outcomes-Oxfordshire

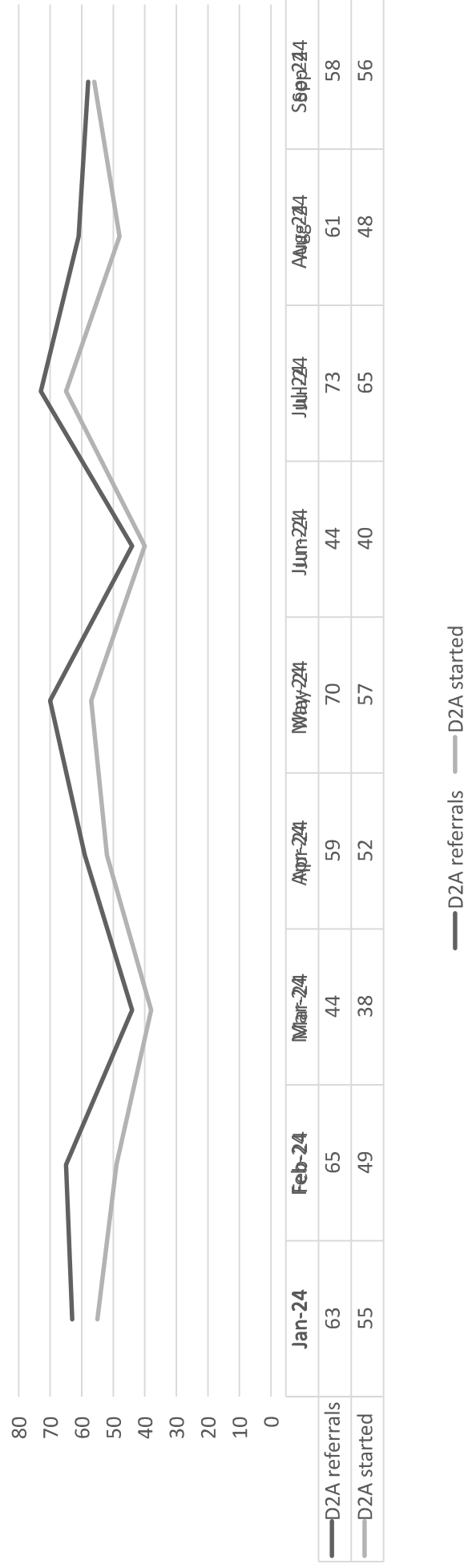
This graph shows the outcome of D2A after the person has been home for 72h. Most people proceed into reablement but a significant proportion are already independent. People needing long-term care might previously had an extended wait in hospital. Readmission rates are very low



D2A totals for RG9, RG8, RG4, OX9, OX10 OX39 & OX49 Referred for and started D2A

This data is broadly consistent with the position for the rest of the County and in fact shows a smaller gap between referrals and pick-up. This indicates a better rate of response

Combined postcodes

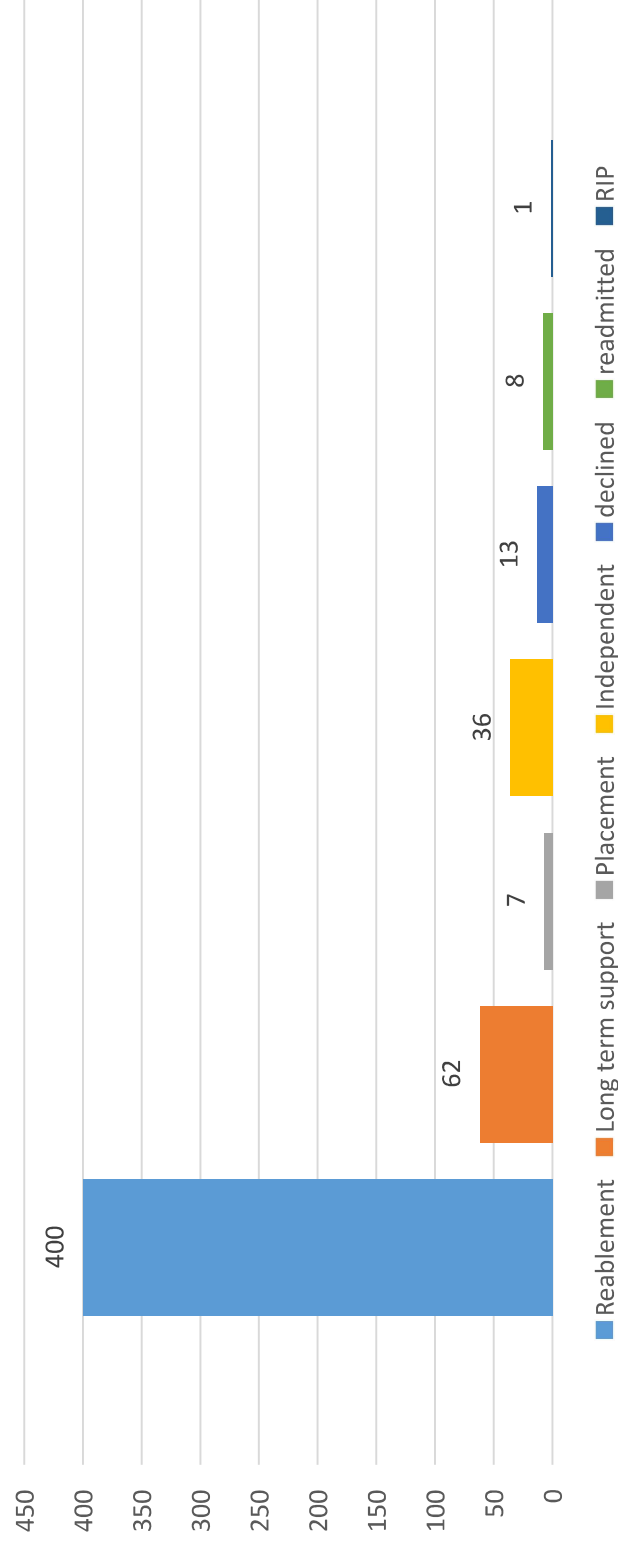


Data from Oxfordshire County Council Home First team

D2A Outcomes January to September 2024

RG9 Henley, RG4 Sonning Common, RG 8 Goring Woodcote, OX9 Thame, OX49 Watlington, OX10 Wallingford, OX39 Chinnor.

D2A outcomes

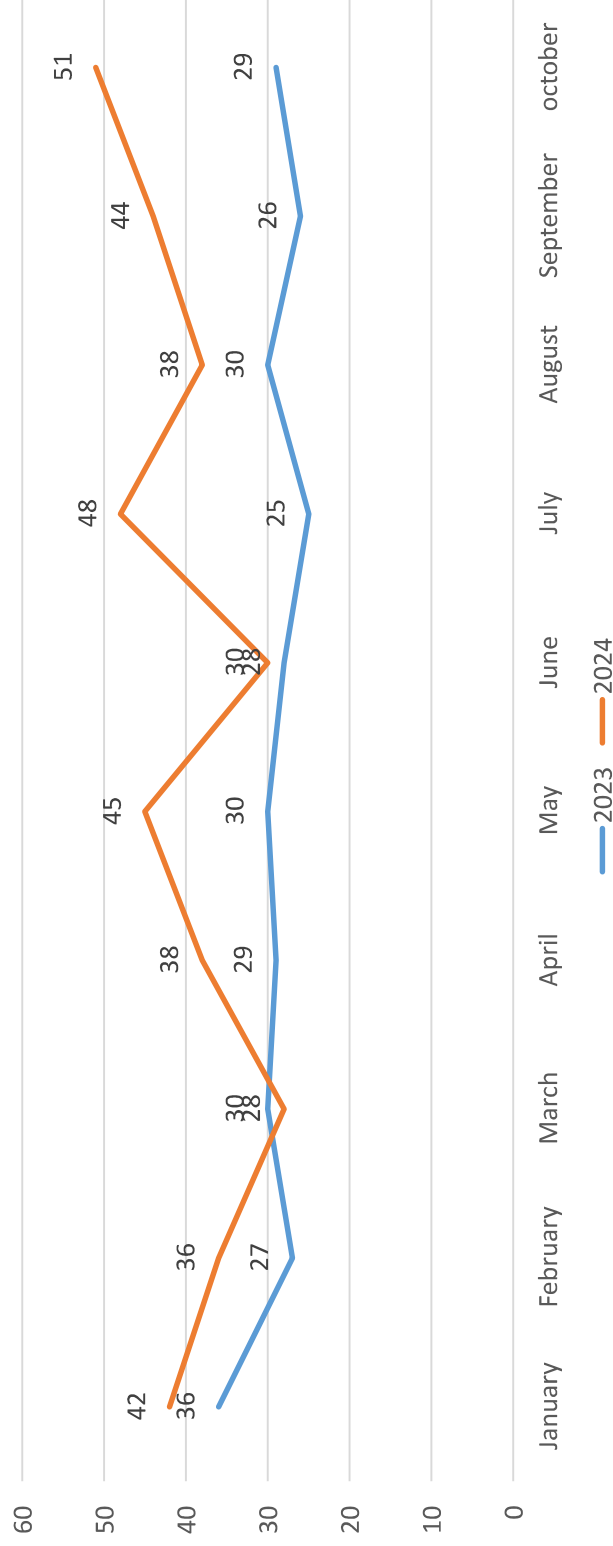


The profile of the impact of D2A in South Oxfordshire is consistent with the impact elsewhere in Oxfordshire

Reablement totals 2023 vs 2024

RG9 Henley, RG4 Sonning Common, RG 8 Goring Woodcote, OX9 Thame, OX49 Watlington, OX10 Wallingford, OX39 Chinnor.

Reablement episodes



The trend is broadly the same as for the rest of Oxfordshire and shows a significant year on year increase

Data from Oxfordshire County Council Home First team

Reablement Performance (completed episodes)

Provider

All

Team

All

Zone

3

Period

Multiple selections

Location

Multiple selections

87

Episodes (LAS)

3

Active Episodes

89

Episode Completed

63

Independent

72

Independent/Reduced (ADSS)

Discharged Independent

70.8%

Discharged Independent/Reduced

80.9%

Page 63

Jan

88%

Feb 2023/2024

8%

67%

Mar

18%

73%

Apr

25%

63%

May

75%

Jun

75%

Jul 2024/2025

60%

Aug

33%

58%

Sep

75%

Oct

100%

Data from Oxfordshire County Council Home First team

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OXFORDSHIRE
COUNTY COUNCIL

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