

CABINET 26 JANUARY 2016

Future Provision of Intermediate Care in North Oxfordshire

Report by John Jackson, Director of Adult Social Services

Introduction

1. Intermediate Care services are designed to help people stay at home and prevent them from going into hospital if they become ill or are injured, and to support people to return home from hospital as soon as they can. These services, such as rehabilitation, therapy and reablement, improve people's ability to manage independently and live their lives as well as they can.
2. The County Council is the lead commissioner for Intermediate Care services in Oxfordshire and commissions a range of bed-based and home-based services across the county. These services link closely to a range of NHS-provided services as part of the overall provision of health and social care in the county to ensure that people have access to the right care and support, at the right time and provided in the most appropriate way.
3. In North Oxfordshire, bed-based services are currently sited in Chipping Norton at the Henry Cornish Care Centre, a building owned by the Orders of St John Care Trust. The accommodation, domestic services and facilities management are provided by the Orders of St John Care Trust, while Oxford Health NHS Foundation Trust provides the nursing care. There are also 12 commissioned places of home-based care provided on a pilot basis by Oxford University Hospitals NHS Foundation Trust in a service called Rehabilitation at Home. This pilot is unaffected by this consultation.
4. Locally, the County Council and the Oxfordshire Clinical Commissioning Group are developing and evaluating new ways to support people in avoiding hospital admissions, to return home more quickly and to have the care they need at home.
5. The current arrangements for running the bed-based Intermediate Care services at the Henry Cornish Care Centre in Chipping Norton came about through a complex history, the most recent part of which is summarised in this report. If the bed-based services were to continue, the way they are provided would need to change as they are not sustainable or affordable in their current form going forward.
6. The Orders of St John Care Trust put forward a business case for a sustainable way of running the Intermediate Care Unit in Chipping Norton, about which some local people and politicians have expressed considerable concern.
7. In light of this concern, along with the move to consider more services being provided in people's own homes and the unsustainability of the status quo in Chipping Norton, a decision was taken at County Council Cabinet on 15 September 2015 to carry out a public consultation into the provision of Intermediate Care services in North Oxfordshire.

8. The public consultation ran from 5 October to 8 December 2015. The results of the consultation are outlined later in this report and set out in detail in the attached consultation report (**Annex 2**)
9. Cabinet are asked to agree the recommendation that Model A (bed-based care managed by the Orders of St John Care Trust) is adopted and implemented for the provision of Intermediate Care in North Oxfordshire.

Background to Intermediate Care Unit, Henry Cornish Centre

10. Since 2011, following changes to NHS services provided in Chipping Norton, there has been a 14-bed Intermediate Care Unit providing bed-based Intermediate Care in Chipping Norton. The unit is part of the Henry Cornish Care Centre, a building owned by The Orders of St John Care Trust who also run a 36-bed care home from the same building. Chipping Norton residents account for approximately 30% of the people using the Unit. On the same site there is a midwife-led maternity unit, a GP surgery, a first aid unit and some NHS out-patients services.
11. In light of the changes to NHS services in Chipping Norton, the arrangements for running and staffing the Intermediate Care Unit were established on a temporary basis and in a different way to other Intermediate Care services in Oxfordshire.
12. Oxford Health NHS Foundation Trust seconded nursing staff to the Orders of St John Care Trust to staff the Intermediate Care Unit. The Orders of St John Care Trust retained the contract to provide the unit, with associated responsibility for quality and outcomes, while Oxford Health held clinical responsibility as employer of the nursing staff. This secondment arrangement came to an end in February 2014.
13. New arrangements were put in place from March 2014 in which the nursing care is managed directly by Oxford Health and the Orders of St John Care Trust provide the accommodation, domestic services and facilities management. The Orders of St John Care Trust is the registered provider with the Care Quality Commission (CQC).
14. Six key principles were agreed which would govern those arrangements, which were shared with the Chipping Norton Hospital Action Group. Both providers and commissioners would need to test out those arrangements against the principles to see if they could work. One of the principles related to the costs of the current arrangements.
15. Oxford Health NHS Foundation Trust and the Orders of St John Care Trust put forward a business case to the council and the Oxfordshire Clinical Commissioning Group in which it proposed continuing to run the unit through this joint arrangement in the longer term. The costs were more than the current costs of running the unit.
16. The model proposed in this business case was turned down by the commissioners on the basis that it did not represent good value for money when compared to other Intermediate Care provision in Oxfordshire and nationally.
17. As an alternative the Orders of St John Care Trust developed a model to take over the provision of the Intermediate Care Unit, including the transfer of nursing staff from Oxford Health NHS Foundation Trust.

Models of Care for Consultation

18. The plans for the Orders of St John Care Trust to run the whole Intermediate Care service were shared with stakeholders and the public in early June 2015. There was considerable concern expressed by the Chipping Norton Hospital Action Group, local people and some politicians. The main expressed concern was about how nursing quality would be maintained if the employer were no longer an NHS organisation.
19. Although there is good evidence that the Orders of St John Care Trust can provide high quality Intermediate Care beds, working to the social care focused model the council is commissioning across Oxfordshire, the council decided that after listening to these concerns it would carry out a public consultation on two possible models to deliver Intermediate Care in North Oxfordshire:

A: The Intermediate Care Unit in Chipping Norton continues and the full 14 bed service is provided by the Orders of St John Care Trust.

B: Intermediate Care services based in people's own homes are further developed in North Oxfordshire, including Chipping Norton, and the Intermediate Care Unit at the Henry Cornish Care Centre is closed. The space could be moved into use as part of the existing Care Home already on the site.
20. The consultation also asked for any other options to be put forward, to be considered as part of the final decision-making process where they were affordable, realistic, safe and able to deliver positive outcomes for people.
21. The consultation did not include an option to maintain the status quo (i.e. services run as currently by Orders of St John Care Trust and Oxford Health NHS Foundation Trust) as this is not sustainable within the present financial envelope or the long term financial situation facing the council. The irregular joint management arrangements and the split responsibility for care quality and clinical responsibility between the two organisations were a pragmatic response to the circumstances at a particular time, and are not considered to be workable longer term.
22. The following table shows the costs for comparison of the status quo and of implementing Model A or Model B:

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Model of care	Cost per week	Cost per year (based on 14 people at one time)
Service as run currently by Orders of St John Care Trust and Oxford Health NHS Foundation Trust	£1,327 per bed (subsidised through a one-off sum from the former Primary Care Trust which will be used up by April 2016) £1,467 when subsidy ends	£966,482
Alternative model for jointly run service, as put forward by Oxford Health and Orders of St John	£1,782 per bed	£1,298,000
Model A The Intermediate Care Unit in Chipping Norton continues and the full 14 bed service is provided by the Orders of St John Care Trust.	£1000* per bed	£728,600
Model B Intermediate Care services based in people's own homes further developed in North Oxfordshire, including Chipping Norton, and the Intermediate Care Unit at the Henry Cornish Care Centre closed.	£850** average per person	£618,800

*This figure is the estimated cost of providing Intermediate Care beds through the Orders of St John, based on the cost in other parts of Oxfordshire (e.g. Isis Care Home Intermediate Care Beds cost £977/bed/week). Additional costs would be incurred initially as a proportion of nurses would be transferred with protection of pay and conditions (TUPE). These costs would reduce year on year through people moving on and TUPE arrangements ending. The National Audit of Intermediate Care provided in residential care homes (2014 Commissioners' Report) found the average cost to be £103 per 'bed day' (ie £721 per week).

**This figure is based on the average cost of providing home based Intermediate Care as reported by NHS Benchmarking in the National Audit of Intermediate Care Commissioners Report 2014, adjusted (increased) for Oxfordshire. Care costs here are known to be higher than the national average.

Results of the Consultation

How the consultation was carried out

23. The consultation ran between 5 October and 8 December 2015. The consultation document explained the history of the Intermediate Care unit in Chipping Norton (Henry Cornish Care Centre) and Oxfordshire's current provision, described the two potential delivery models, and provided background information including demography and finances. The consultation document and a full report of the consultation and its results are included as **Annex 1 and 2**.
24. The 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.
25. A range of supporting documents were made available, including:
 - (a) Responses to Frequently Asked Questions
 - (b) Responses to correspondence from members of the Chipping Norton Hospital Action group
 - (c) Impact Assessment examining both models and possible effects on communities, groups and organisations in North Oxfordshire
 - (d) Papers documenting decision-making about the Intermediate Care Unit and its contract specification
 - (e) Definition of Intermediate Care.

The supporting documents were kept updated during the consultation and new information was added as appropriate.
26. 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.
27. 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.
28. 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.
29. A letter about the consultation was sent to all staff at the Henry Cornish Care Centre

30. 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.
31. A meeting was held with the North Oxfordshire Locality Group of the Oxfordshire Clinical Commissioning Group, representing 12 GP surgeries.
32. 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.
33. Social media was used, including a Twitter feed (4823 views) and a contribution to the Chipping Norton Blog on 7 October.
34. 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.

Who did we hear from?

35. We had 32 completed questionnaires returned, 50 people attended the Public Meeting in Chipping Norton, several e-mails were received directly by County Council officers and Members, as well as via the consultation portal.
36. 165 people downloaded the consultation document from the County Council consultation portal on the public website.
37. At least half of questionnaire respondents were from Chipping Norton, and nearly everyone at the Public Meeting was a local resident. Nobody who signed in at the meeting had experience of using Intermediate Care services at the Henry Cornish Care Centre, or of a relative using Intermediate Care there. However, only half of those who attended signed in.
38. Seven people who had received bed-based Intermediate Care at the Henry Cornish Care Centre and eight people who had experience of Intermediate Care at home gave their views in 1:1 interviews.
39. West Oxfordshire District Council Cabinet gave a formal response at the end of the consultation.
40. The North Oxfordshire Locality Forum (representing patient views) submitted a formal response following a meeting they held.

What did people say?

Model A

41. 20 of the 32 people who returned completed questionnaires identified clear benefits in retaining the beds in the Henry Cornish Care Centre (Model A), and three people said the beds were needed without expanding further. A further four supported the beds being retained but had strong reservations about the quality of the service unless NHS nursing staff were involved. One said there was a need for both models and did not express a preference for the relative merits of either. Four people did not see any strengths in Model A and were opposed to it.
42. Specific concerns were expressed about possible reduction in staff skills under the new management (13 people), and for five people the main weakness was higher cost than in Model B.

Model B

43. Intermediate Care at home (Model B) was seen as a positive development by 11 respondents, although eight of these thought this would only work with some bed-based provision. A further four also thought it was good but had reservations about inappropriate referrals and people being too ill to cope at home. People were also concerned about the cost of delayed transfers of care from acute hospitals, which they perceived as an inevitable result of not having bed-based Intermediate Care available locally.
44. At least five people who responded were local GPs, who were all concerned about backing a model which had no bed-based Intermediate Care in their area.
45. Positive comments about Model B included ease of access for family and friends, staying in familiar surroundings and continuity of care.
46. 15 people said they did not think Intermediate Care at home could work at all. Concerns were that it would only be safe for people who were less ill - those who had higher needs would end up in an acute hospital - and that it would be impossible to find enough care to function effectively.
47. Some people felt that care at home would be isolating for people, and that the costs of staff travel would mean it was more expensive than anticipated. There was also concern expressed that in such a rural area response in a crisis to people in their own homes would not be rapid enough.

Comments on both Models

48. 15 of respondents, including those in favour of Model A, expressed strong reservations about nursing staff being employed by anyone other than the NHS. These people felt that only the NHS can guarantee high quality nursing care, through training and management practices.
49. The North Oxfordshire Locality Forum reported that views from the public suggest that intermediate care provided by the Orders of St John indicate a lower level of care and less successful outcomes than when provided by Oxford Health Foundation Trust.
50. Much of the correspondence from the Chipping Norton Hospital Action Group, and some consultation responses, expressed the view that the County Council is not the appropriate commissioner for Intermediate Care. People expressing this view see Intermediate Care as a health service which should be commissioned through NHS commissioners - in this case the Oxfordshire Clinical Commissioning Group.
51. A number of respondents to the questionnaire did not fully support either Model A or Model B. These people mostly wanted to retain the existing structure, despite this not being an option within the consultation.

Interviews with people with direct experience of Intermediate Care in North Oxfordshire

52. Although small in number, the interviews with people who have direct experience of Intermediate Care provide powerful messages for the future model of care and what is important about its implementation.
53. There were seven people interviewed about their experience of using the Henry Cornish Care Centre, and all said they had been very satisfied with the care they received. Four said they could not see any difference between their

- nursing care being provided by NHS staff or by Orders of St John Care Trust staff, while three said they were not confident the high quality would remain in place if the provider was not an NHS organisation.
54. Most said that care at home would not have worked for them due to the high level of care they needed - for example they needed help using the toilet at night. However, as they had not experienced Intermediate Care at home they may have underestimated what level of care could be provided. Some said they would have preferred care at home so long as the quality remained the same.
 55. The concerns people had about managing at home were about continence (especially using the toilet at night), mobility, overnight care, or their home being unsuitable. People also valued being able to call a nurse and receive attention straight away.
 56. Six people who have used Intermediate Care at home were interviewed, and two of their family members. Overall they described the quality of care as excellent. The majority said they preferred getting care at home to being in a bed in a unit, although some were concerned that medical attention in a crisis was more difficult to access quickly and easily.
 57. Satisfaction levels with the support staff, Physiotherapy and Occupational Therapy were high. People also said that having family to help was a great advantage in making it work, so involving them is critical.
 58. Control over their own environment was very important for all of the people interviewed: bedtime, mealtimes, visits.

Themes and analysis of consultation responses

59. In this part of the report the main themes from the consultation are highlighted, alongside responses where appropriate.
60. Overall, significantly more people who returned questionnaires identified benefits with continuing bed-based Intermediate Care at the Henry Cornish Centre with a different employer for the nursing care (Model A) as the future model for Intermediate Care in North Oxfordshire, although in many cases this was with reservations (outlined more fully in the full consultation report). Many people expressed strong reservations about the appropriateness of intensive development of home-based Intermediate Care and removal of the bed-based service.
61. There were a number of themes which emerged from the consultation which will both help in decision-making about the future model of Intermediate Care, and in making sure the service is run in a way to minimise any associated risks.

No bed-based care

62. People expressed great concern about having no bed-based Intermediate Care in the area and felt it is not workable at this point. Some felt that making sure there would be enough care and support at home was not viable in the context of a great deal of pressure on organisations providing care, both financially and in terms of workforce.
63. Others felt that there will always be people who are too ill, whose needs are too complex, or who have homes unsuitable for receiving care, and that they should be able to have bed-based care locally. People did support the

development of home-based Intermediate Care, but felt it would only work in tandem with locally available beds. The ageing population was also said to be a reason to keep the availability of bed-based Intermediate Care, as demand is likely to increase in future.

Commissioning arrangements

64. A number of people expressed the view that the County Council should not be commissioning Intermediate Care as it is a health service which should be commissioned by the NHS.
65. Intermediate Care is, in fact, commissioned jointly between the County Council and the Clinical Commissioning Group. The County Council leads this commissioning, as Intermediate Care services are more easily understood as part of the adult social care pathway - providing support which helps people leave hospital as soon as possible, preventing avoidable admissions in the first place and reducing the likelihood of readmission to hospital.
66. Intermediate Care brings together social care with physiotherapy and nursing care so that people have the all-round help and support they need to become more independent. For this reason the Oxfordshire Clinical Commissioning Group is already closely involved in their commissioning.

Quality and NHS nurses

67. Some people said that only the NHS can guarantee high quality nursing care, so any future model should employ nurses through the NHS. There were also comments from the North Oxfordshire Locality Forum and Chipping Norton Hospital Action Group that the quality of care reduced and length of stay increased where Intermediate Care was not provided by the NHS, and that only NHS staff have the required skills and expertise to offer effective intermediate care.
68. There is however clear evidence that other organisations are able to provide high quality nursing care. Orders of St John Care Trust employ nurses at the Isis Care Home in Oxford and the evidence is that the quality of the Intermediate Care service and the outcomes for people using it are equally as good as at the Henry Cornish Care Centre.
69. There is some variation in the average lengths of stay in different Intermediate Care settings across the county, and it is true that the average length of stay in the Intermediate Care Bed Unit provided by the Orders of St John Care Trust at Isis Care Home in Oxford is longer than the average length of stay in the Intermediate Care beds at the Henry Cornish Care Centre in Chipping Norton. However, the scheme in Watlington provided by Sanctuary has an equivalent length of stay to the beds at the Henry Cornish Care Centre in Chipping Norton.
70. Average length of stay is also a fairly blunt instrument for assessing effectiveness of care. There are a number of factors that impact on the length of stay in Intermediate Care beds, not least the particular needs of individuals. It is also the case that people no longer requiring Intermediate Care may be delayed in an Intermediate Care bed whilst awaiting an ongoing care package or placement to be available. This means length of stay does not necessarily reflect the quality of provision, and as stated already the outcomes for people using Intermediate Care beds in Chipping Norton, Oxford and Watlington are equally good.

71. It therefore doesn't follow that NHS staffing equals a shorter length of stay, nor is it the case that only NHS staff have the required skills and expertise to offer effective intermediate care.
72. As commissioners, the County Council monitors quality and outcomes in Intermediate Care services and if there are any concerns about a service the Council would work with the provider to ensure that improvements are made. The Care Quality Commission also maintains an overview of quality of care provided in Intermediate Care beds.

Costs across the health and care system

73. A number of people said that any reduction in the level of Intermediate Care will impact on spending in other parts of the health system, as it will increase delays in leaving hospital.
74. The relationship between delays in leaving hospital and availability of and access to other services in health and care is highly complex and difficult to quantify as so many factors affect it, not least the individual circumstances and needs to the person. Neither Model A nor Model B actually constitutes a reduction in the level of Intermediate Care available.

A Community Hospital?

75. Much of the opposition to both Model A and Model B for the future of Intermediate Care provision in North Oxfordshire was based on the premise that the beds are part of a 'Community Hospital'.
76. The site in Chipping Norton, which is made up of a residential care home, the Henry Cornish Care Unit and several NHS health services such as outpatients and maternity services, is seen by many people in Chipping Norton to be the replacement for the War Memorial Community Hospital. For this reason the Intermediate Care beds are seen as an NHS service which should be reviewed along with all Oxfordshire's community hospital provision later in 2016.
77. However, the County Council is not consulting on the services across this site, but on the 14 bed Intermediate Care Unit which is only one part of it. This is the service commissioned by the council, and it is no longer viable in its current form. Decisions about the future of the Unit therefore cannot wait until Oxfordshire's Community Hospitals are reviewed. It should also be noted that the review of community hospitals will be led by Oxfordshire Clinical Commissioning Group, and decisions about the scope of that review (including whether to include services based in Chipping Norton) will be taken by them in due course.

Suggestions for alternative models

78. There were two alternative models put forward to the County Council during the consultation period. Both were considered carefully by council officers.
79. In addition, there were several respondents who said that they would prefer the service to be run in the same way as it is now. This model is not financially viable in the context of the County Council's current and future financial circumstances and does not represent value for money. The NHS also has significant budget pressures both locally and nationally. The need for any model to be deliverable within the available finances was made clear within the consultation documents.

80. Oxford Health NHS Foundation Trust outlined a way to provide a mixed bed-based and home-based service, focused on Chipping Norton town rather than the larger North Oxfordshire area. This was outside the formal consultation process.
81. Following discussions with County Council commissioners, Oxford Health did not develop a full proposal. It had in any case been noted by commissioners that the suggestion did not offer a full solution, as the proposal related to providing Intermediate Care services only in the immediate Chipping Norton area.
82. Brooklands Nursing Homes Group suggested that the County Council recommission a bed-based Intermediate Care service at their Banbury Heights Nursing Home. This service was decommissioned in September 2014 as it had not been possible to secure medical cover to support the 12 beds at Brooklands from 1st July 2014 onwards.
83. Medical cover to support Intermediate Care beds is an essential part of the service, and is generally provided by the local GP practice(s) and the out of hours GP service. The proposal put forward to recommission the beds did not include resolution of this issue. The resolution on medical cover is seen as fundamental to success of the proposed service.

Chipping Norton Hospital Action Group survey

84. During the consultation period, the Chipping Norton Hospital Action Group conducted its own survey, and the results of this have been shared with the council. There is a brief summary and response to this survey here, and a letter to the council from the Hospital Action Group summarising their results can also be found at **Annex 3**.
85. The Action Group has asked the council to make it clear that this survey was carried out by them and that the council cannot take credit for their work. The survey received in excess of 1400 responses.
86. The concerns expressed as part of the Hospital Action Group survey, along with those raised during the County Council's consultation, will be included in the implementation plan for the future of Intermediate Care in North Oxfordshire. However, overall, the Chipping Norton Hospital Action Group's survey does not add reliable new evidence.
87. The letter from the Action Group includes a request to find a way to maintain the Intermediate Care bed-based service in its current form, with the NHS providing the nursing care. A statement from the Prime Minister, as local MP, is included in the letter, and asks that 'Chipping Norton' is included in the review of Community Hospitals planned for 2016.
88. We have examined the results of the Hospital Action Group's survey and there is no doubt that the number of responses reflects the strength of feeling in the area.
89. However, the way the questions are asked, along with the misleading historical and background information given in the introduction, undermine the validity of the results. Many of the questions include inaccuracies or assumptions about the service specification and commissioning arrangements, all of which have previously been addressed through correspondence and conversations with the Hospital Action Group, as well as

being published on the council's website. Many questions could be considered to lead the responder to a particular answer.

90. An example is a question asking people whether they are *'aware that the County Council had downgraded the Sub-Acute specification for the beds in 2014'*, to which 80% replied that they were not aware. The specification was changed in 2014 to embed a consistent approach to the commissioning of Intermediate Care beds in Oxfordshire, but there was no 'downgrade'.
91. The term 'sub-acute Intermediate Care' was used in the past by the Oxfordshire Primary Care Trust about the service, but this was not describing a different or higher grade specification: it was describing Intermediate Care, the definition of which has not changed. This has been explained to the Action Group, and a comparison of the two specifications has been published on the council's public website.
92. The Hospital Action Group suggests that the commissioning of the service is returned to the NHS. The Intermediate Care beds were, in fact, commissioned by the County Council from the beginning. The council commissioned the service in 2011 when it first opened, along with other Intermediate Care services throughout Oxfordshire. This has been explained to the Hospital Action Group in writing and verbally several times during and before the consultation.
93. The Chipping Norton Hospital Action Group's survey was not part of the council's consultation process and did not provide accurate information or impartial questions for people to respond to. It is therefore not possible to draw conclusions from the answers to the questions posed, although it is acknowledged that the survey expressed strong feelings and a commitment to the local services in Chipping Norton.

Conclusions leading to recommendation

94. The view emerging across the consultation is that, while people do support the development of Intermediate Care at home in North Oxfordshire, they do not believe that this can be developed to be reliable and robust enough to be a complete replacement for bed-based care at this time.
95. People, including local GPs, believe there should be bed-based Intermediate Care available locally for those whose circumstances mean that they cannot benefit from care at home, and to make sure care can be provided if home-based care cannot be arranged.
96. Although many people expressed a desire to maintain the status quo, this was not part of the consultation as it is not financially viable or good value for money.
97. Although people expressed concern about the quality of nursing care which would be provided by a non-NHS organisation, the council does not share this concern. All the evidence we have suggests that the Orders of St John can provide an equal standard of nursing care, as outlined earlier in this report. Were this to change the County Council's contract monitoring processes would identify problems and work quickly to make any improvements needed.
98. The consultation also raised several issues which will be important whichever model of care is developed, and these will be included in the plans for implementing the service.

99. People said that it is important to maintain high quality care, and that outcomes for people using services should be monitored over time. There is a need to make sure that medical care is available in a crisis, that physiotherapy and occupational therapy are available, as well as GP cover for the service.
100. People told us that it is important to involve families, friends and carers for best outcomes, and that people need choice over their bedtimes, mealtimes and visiting times, wherever they have their care.
101. **The recommendation is therefore that Model A is implemented in North Oxfordshire, meaning that the Intermediate Care Unit in Chipping Norton continues and the full 14 bed service is provided by the Orders of St John Care Trust.**

Next steps for implementation

102. The aim would be to implement Model A by 1 April 2016.
103. Oxford Health NHS Foundation Trust has carried out initial consultation with the staff they employ at the Henry Cornish Care Centre and staff will be able to transfer to work for the Orders of St John Care Trust (with TUPE protection) or move to work for another service provided by Oxford Health. If Model A is implemented, further consultation will need to take place with staff about the timing and details of the process.
104. It is envisaged that approximately 50% of nurses will move to another service, and 50% will remain, although these are only estimates at the current time. The Orders of St John Care Trust will aim to recruit to fill the vacancies as they arise by 1 April 2016.
105. The commercial arrangements for the changes will be put in place by 1 April.
106. The County Council consultation raised several issues which will be addressed in setting up the service for the future:
- Maintaining high quality of nursing care, and monitoring outcomes over time
 - Availability of medical care in a crisis
 - Importance of physiotherapy and occupational therapy
 - GP cover for the service
 - Home-based care works best for some people
 - Involve families, friends and carers for best outcomes
 - People need choice over their bedtimes, mealtimes and visiting times, wherever they have their care.

Financial and Staff Implications

107. A decision to implement Model A has implications for Oxford Health NHS Foundation Trust staff, which will be addressed primarily through the Trust, as outlined above.
108. Model A is affordable within the current financial envelope, accounting for the loss of the existing subsidy from the former Primary Care Trust from April 2016 onwards. As set out in paragraph 22 above, implementing Model A may deliver a saving of £237,882 per year (£728,600 compared to current costs of £966,482), based on a reduction in the weekly cost per bed to £1,000 from £1,327. Should any savings be realised these may contribute to the wider

savings that have been proposed from remodelling the provision of Intermediate Care in the county.

109. The reduction in cost will depend on the percentage of nursing staff that transfer from Oxford Health NHS Foundation Trust to the Orders of St John Care Trust under TUPE rules. There may be some additional costs incurred initially, depending on the proportion of staff that transfer on NHS terms and conditions. These costs would reduce year on year through people moving on and TUPE arrangements ending. The full benefit of the reduction will only be realised once the all staff are employed under the pay and conditions of the Orders of St John Care Trust.

Equalities Implications

110. A Service and Community Impact Assessment (SCIA) for the proposed changes has been developed and updated following the consultation process (see Annex 4). Currently there have been no negative implications identified for particular groups or those with protected characteristics under the Equality Act 2010.

Legal Implications and Risk management

111. The recommendation will not bring about a significant service change, but a change of organisation providing it. This would not normally have merited a public consultation process.
112. The council has taken all reasonable steps to ensure the consultation process was fair, thorough and transparent.
113. The County Council's consultation included people most closely affected by any change to the way Intermediate Care is provided, including those who have used the existing services and their families.
114. The consultation documents and related communications were clear about the decision-making process following consultation, and that responses will be used to inform the decisions which will be taken by the County Council.
115. The information provided to people was transparent, and new ideas and solutions raised through the consultation have been thoroughly considered.
116. All relevant documents, including responses to correspondence throughout the consultation period, have been published on the consultation portal.
117. Subject to the agreement of the recommendation in this report the County Council will enter into negotiations with the Orders of St John Care Trust to ensure appropriate contractual arrangements are in place with effect from 1 April 2016.

RECOMMENDATION

118. **The Cabinet is RECOMMENDED to agree to move to implementation of Model A: the Intermediate Care Unit in Chipping Norton continues and the full 14 bed service is provided by the Orders of St John Care Trust.**

JOHN JACKSON
Director of Adult Social Services

Background papers:

Annex 1 - Consultation Document

Annex 2 - Consultation Report

Annex 3 - Summary of Chipping Norton Hospital Action Group survey

Annex 4 – Service and Community Impact Assessment

Annex 5 – Response of the Director of Adult Social Services to a letter from the Joint Oxfordshire Health & Overview Scrutiny Committee (attached as an appendix to the Annex)

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