

The Future of Provision of Intermediate Care in North Oxfordshire

Public Consultation

October to December 2015

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1. Background and approach

Introduction

1. This is the report on the consultation exercise called The Future of Intermediate Care in North Oxfordshire run by the council. The public were able to comment on the two models presented and offer other proposals via the council's website, at a public meeting and in writing. Stakeholder groups and partner organisations also took part.
2. All the submissions were read and analysed. This report summarises the responses to show strengths, weaknesses and impacts of the different models, and the concerns raised. The analysis of the questionnaire is grouped by the proposed models. This is followed by detailed comments from particular interest groups.
3. The report is provided to members of the council for consideration at a key point in the decision making process to the County Council Cabinet.

About Intermediate Care in North Oxfordshire

Intermediate care services are designed to help people, usually older people, who have an illness or injury to stay at home rather than go into hospital, and to support people to get back home as quickly as possible after a hospital stay.

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

Intermediate Care beds are defined as "short term beds commissioned in care homes that are supported with therapy inputs, aimed at maximising the patient's independence and capacity to undertake activities of daily living".

Consultation approach

The Future of Intermediate Care in North Oxfordshire consultation ran between Monday 5th October and Tuesday 8th December 2015. The consultees were

1. Asked to consider the strengths and weaknesses of the two proposed models:

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.

Model 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 that this would free up could be used as part of the existing care home already on the site.

2. Invited to give their views on the impacts identified for each proposal in the Service and Community Impact Assessment (SCIA), in particular the potential impact on patients of the Intermediate Care unit and people living in Chipping Norton and surrounding areas.
3. Invited to submit any alternative proposals for the provision of Intermediate Care within North Oxfordshire that were evidence based, provided good quality of care, and be within the budget indicated in the consultation document.
4. Asked if there is any way in which either of the proposed models will have a greater impact on them than other people in the population.
5. Asked if they had any other comments on the proposed change in the Intermediate Care provision in North Oxfordshire as set out in the consultation document?

The consultation comprised:

- An explanation of the council's proposed models using a consultation document, and Service and Community Impact Assessment that was made available in Chipping Norton and Banbury public libraries and from council offices on request.
- Online consultation comprising written background information and a questionnaire.
- One public meeting held in Chipping Norton.
- Two stakeholder meetings.
- Interviews with recipients of Intermediate Care
- Giving people other opportunities to engage in writing via email, letter, petition or social media.
- Raising the profile of the consultation through a range of direct and indirect communications to ensure as many people of possible were aware of the exercise and how to have their say.

Supporting communications

The consultation was publicised throughout the county via posters in council buildings, digital communications (website and social media), paid for advertising in local newspapers, and PR (media releases etc.).

In addition the council also directly informed representatives from the following stakeholder groups about the consultation:

- All county councillors
- All parish councils and town councils in North Oxfordshire
- All public sector partners within Oxfordshire
- Key voluntary sector partners
- Service delivery partners
- Infrastructure organisations in the voluntary and charity sector

A detailed summary of communication/publicity distribution as follows: 506 posters were distributed with 529 explanatory letters and/or e-mails, to 57 Parish Councils; Chipping Norton Town Council; 49 home support organisations; 14 day centres; 22 GP surgeries, dentists and hospitals; 41 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; Talking Health newsletter); 19 local shops and post offices; a letter to staff of Henry Cornish Care Centre; consultation documents in two libraries and Henry Cornish Care Centre; 2 press releases; 4 press adverts. See examples in Annex D.

Analysis and reporting

All the responses to this consultation have been read and the online data has been cleaned to remove duplicate responses and incomplete responses. The table below summarises the response pattern across all channels. It should be noted however, that the council sought to make the consultation an open and inclusive process, and as such we did not place any limitations on how people could respond. With this in mind, it is possible some people responded through more than one channel.

Activity	Number
Questionnaire responses	32
Public meeting attendees	50
Minutes of meetings	2
Stakeholder meetings	2
Letters	1
Emails	3
Interviews with people with direct experience of care	15

This consultation asked for qualitative responses which have undergone detailed analysis. A summary has been included of these responses. In addition we have reported the responses of particular groups who have personal experience or will be particularly impacted.

In parallel to this process, an indexed deposit of consultation responses is being collated for all councillors to review. This will ensure that all councillors can read at first hand all the comments and representations being made.

Following the publication of this report, officers will continue to use the analysis of the consultation responses to inform Service and Community Impact Assessments (SCIAs) and to support the continued development of the model.

2. Main Findings

The findings section is ordered by:

- 1) Questionnaire results
- 2) Personal Experience of care
- 3) Responses from organisations

2.1 The questionnaire results

Model A

Strengths: Of 31 people who answered this question, 23 were able to list some strengths, such as the need to have continuity and to keep beds (15 people) and better care (5), although some commented that this was not the ideal option. One said there was a need for both models. Four did not list any strengths unless there were NHS nursing staff. Another 4 did not list any strengths at all. Other comments are below.

Weaknesses: Of 28 people who answered this question only two said there were no weaknesses. 13 people were mainly concerned about reduction in staff skills under the new management, for five people the main weakness was higher cost and three people said the beds were needed. Eight gave other comments, see comments section below.

Verbatim quotes are in italics, other comments are summarised.

2.1.1 Questionnaire responses to 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.

This section is reported on in the same way it is laid out in the questionnaire i.e. strengths/weaknesses of each proposal respectively; unidentified impacts in the Service and Community Impact Assessment; alternative proposals; impacts on you; any other comments.

The tables below show the strengths and weaknesses highlighted in the questionnaires. The number of comments does not indicate the number of people, as some people made many comments and others none or one.

Table 1 Model A Strengths

People were asked what they thought the strengths would be of Model A.

	Number of comments
Reasons of continuity and retaining the beds for the future	16

No strengths	8
Better care	5
Chipping Norton residents being close to home/relatives/friends	2
Support for The Orders of St John Care Trust, noting that they successfully provide services elsewhere in the county.	2
It allows intense rehabilitation by expert therapists leading to significant reduction in acute hospital admissions and readmissions	2
Patients are able to convalesce near family and get their support	1
More immediate response in emergencies	1

Comments Included:

- *It's a provision that works and is understood and maintains a basic level of community facilities in the north of the county.*
- *To ensure provision of step-up/down beds for patients requiring bed care.*
- *Community beds are very safe in that an individual's needs can be assessed instantly by nurses immediately at hand in case of emergency.*
- *Should be nurses and Health Care Assistants with recent acute care experience and acute trust training thus able to deal with patients deteriorating/changes in health*
- *The NHS is commissioning sub-acute beds in Community Hospitals and Care Homes in Banbury and Chipping Norton areas to relieve so called 'bed-blocking'.*
- *Many patients presently cared for in community hospitals do need intensive nursing input.*
- *It may be possible to spread the cost, if instead of creating a whole new service; you simply increased the capacity of 'Hospital at Home' to include early discharge from hospital.*
- *Need both hospital and home care to address 'bed-blocking'.*

Table 2 Model A Weaknesses

People were asked what they thought the weaknesses would be of Model A.

	Number of comments
Concern change of management may lead to reduced nursing staff expertise	13
Escalation in overall costs	7
Increase in acute hospital admissions	4
Beds are needed for more ill people	3
Reduction in service to county	2
No weaknesses	2
Service not accessible to most of county	1
Site the beds in Banbury	1
Unsustainable model not best for patients	1

Comments included:

- *Banbury would be more convenient site for a bed-based service.*

- A suggestion was put forward that people in the community should have the option to be directly admitted to the unit for care instead of attending A&E and / or admission to the acute hospitals in Oxford/Banbury.
- People argued that length of stay was shorter under current provision than previously when under The Orders of St John Care Trust management. A suggestion was made for a full clinical audit of outcomes to be made available if the unit was under The Orders of St John Care Trust management, to enable comparison to when it was under Oxford Health NHS Trust management.
- *Some people need to receive intensive 24 hour inpatient care for a short time to enable them to be discharged home.*
- *Increased cost upstream in the acute sector, lower throughput, and increased delayed transfers of care with the result of costing the public purse more than existing arrangements do.*
- *Potentially no beds to admit to, difficulty in moving people if their need becomes more chronic and they are increasingly unlikely to become independent, or requiring less care, but still unable to move back home because of lack of community support.*
- Staffing issues:
 - *less experienced staff might lead to problems being detected later*
 - *perceived difficulty recruiting and retaining staff under the reduced terms and conditions offered by The Orders of St John Care Trust*
 - *there are already significant pressures on recruitment and retention of NHS staff in Oxfordshire*
 - *potential of less staff training leading to de-motivation.*

2.1.2 Questionnaire responses to Model 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.

Strengths: Of 32 people who answered this question 14 said there were no strengths. Five people said that "people want to be at home". Four people said support systems were better at home. Four people commented that home care was only appropriate for those who were likely to make a good recovery. Five people made different comments which are in the comments section below.

Weaknesses: Of 31 people who answered, the primary issue mentioned by 12 was insufficient quality and/or quantity of care/workforce. For five people the main weakness was that there would be more call on A&E and GP services. Three people mentioned isolation as the key issue and three increased cost. Eight gave various other comments, see below.

The tables below show the strengths and weaknesses highlighted in the questionnaires. The number of comments does not indicate the number of people, as some people made many comments and others none or one.

Table 3 Model B Strengths

People were asked what they thought the strengths would be of Model B.

	Number of comments
Most patients do want to go home, but there would need to be adequate overnight & daytime support	5
Appropriate for those with good recovery	4
Being close to family and friends offering support systems	4
Better care	2
Will support more people	1
No risk of losing the service	1
Easier for carers	1
Can be assessed more easily	1
Pilot has worked so worth expanding	1
No strengths	14

Other comments included:

- *Reassurance of familiar surroundings and convenience for family visiting.*
- *Home based rehabilitation is an important part of a continuum and a valuable service, but it cannot replace bed based care.*
- *Where possible if someone can be in their own home it can be less stressful for the family.*

Table 4 Model B Weaknesses

People were asked what they thought the weaknesses would be of Model B.

	Number of comments
Workforce issues <ul style="list-style-type: none"> • care workers are not available in sufficient numbers / availability of trained good quality staff • terms and conditions e.g. travel times/fuel reimbursement/workload versus length of visit • logistics of visits complicated 	12
False economy/short-termism/ more costly in the long run and risk to quality of care	5
Obstacles to accessing services, or services accessing people at home e.g. rurality; logistics re frequency of visits, risk of isolation	5
Safety and risk issues for vulnerable people	4
Risk of increasing inappropriate calls on emergency services due to anxiety / response time too long in emergencies due to rurality/bad weather	4

Those with complex and difficult medical conditions need overnight care / some patients too ill to be cared for at home	2
Loss of facility	2
Risk of (bed blocking) delayed transfer of care from acute sector to home	1
More pressure on GPs	1
All care at home and no community beds could result in increased readmissions	1
Not suitable for some service users who live alone	1
May give false impression of being independent and coping	1

Other comments included:

- A GP suggested that a separate emergency team may be needed, but if this covered the whole county is unlikely to be sufficiently safe.
- It was suggested that the care at home services should be reconsidered and restructured to increase efficiency and to avoid duplication. Three said the current Rehabilitation at Home pilot was an unfair comparison as they thought some of the referrals were inappropriate as some service users were not ill enough for the criteria and yet received the service.
- *Not all agency staff are trained adequately and vulnerable people are likely to be put at risk. What extra input is planned for home care and where are the resources required to attract the right calibre of persons to enter the caring profession?*
- *Doesn't provide care to the sick and palliative care to those who can't be nursed at home and require more hours of face to face care. Doesn't enable admission of those with chronic illness who may only need a short stay and GP care instead of acute secondary care - thus reducing pressure on acute beds.*
- *Where are the numbers of staff to manage this and the Multidisciplinary Teams disciplines required to manage a rural spread out area?*
- *There is a risk of the person's condition worsening e.g. someone cannot get to the toilet between care calls because of reduced mobility, then they become incontinent, which is unacceptable.*
- *The medical cover can be provided by a named GP but the nature of the severity of illness of intermediate care patients is that they have to have access to urgent medical response (not wait until the GP is next available for visiting) and to regular medical (doctor) review, not just nurse, OT, physio or carer review.*

Neither Model

One GP commented they didn't like either model, saying that vulnerable people placed at increased risk of harm and poor medical outcomes, which would lead to increased deaths, morbidity and hospital admissions.

2.1.3 Unidentified Impacts

The consultation asked if there were any potential impacts from either model that the council haven't had not identified.

Concern was raised that the proposals could *undermine current health services such as the new GP Health Centre especially as is likely to be a centre for innovation in Health Care in the future.*

2.1.4 Alternative proposals

People were invited to submit alternative proposals which were costed, safe, and within the budget limitations stated in the consultation paper.

One such proposal was received from Brooklands Nursing Homes Group. This was in essence a suggestion to recommission the service in Banbury which 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. The proposal put forward to recommission the beds did not include resolution of this issue.

The council also received 14 suggestions and ideas that were not fully costed proposals. A number were not within the parameters of the consultation, such as suggesting making no changes to the current service provision and retaining NHS staff.

Other suggestions are listed here:

- Increase council tax and be transparent about how it is spent.
- Obtain funding from the NHS.
- *Find the money to fund the current arrangement - it is efficient and works / is cost effective and reduces bed blocking in Oxford and Banbury and you need more beds not less.*
- *Draw down from other budgets, such as the NHS budget, given that the overall result of such an exercise would be a reduction in spending for both parties. Continued NHS management (subsidised by the acute sector) would enable the current levels of active therapeutic input to continue for those passing through the unit, keeping their length of stay shorter, and therefore reducing the cost to the Acute Sector that would otherwise be caused by bed-blocking.*
- *A GP suggested spreading the cost by simply increasing the capacity of 'Hospital at Home' to include early discharge from hospital; try to work with Acute Hospitals to help safely facilitate early discharges; not to invent a new service when existing services can be expanded and modified.*
- *To ask Oxford Health/Oxford University Hospitals Trust to take over the finances and running of the unit but as a Community hospital with sub-acute care we have GPs and nurses willing to run it.*
- Examine data, including chronic illness, and explore options of early intervention by local health professionals to admit people directly to Intermediate Care and so prevent acute admissions.

- *Emergency Medical Units are working elsewhere in the county why can't Chipping Norton be used in a similar way to care for those most vulnerable in the community?*

2.1.5 Impact on you

The consultation asked: will either of the proposed models will have a greater impact on you than other people in the population?

A GP said it would impact them as they are overstretched already and would not cope with the extra workload implied by Model B. A small number of people said they would be impacted as potential users of the service in the future if beds were not available. One person said that under Model B they may be discriminated against by care workers in their home on the grounds of their sexual orientation.

2.1.6 Any Other comments

There were a number of comments and questions.

People questioned why the NHS couldn't take over the commissioning of Intermediate Care from the County Council.

The geographical disadvantages to living in a rural area such as in Chipping Norton were raised, and difficulties in accessing medical services particularly without robust transport services.

Some respondents said they wanted details of the budgetary breakdown for evaluation and comparison to comment further.

GPs wanted to be involved in any future design of Model B.

Clarity was requested about the roles and referral criteria of existing services supporting people at home in the community.

2.2 Personal Experience of care

Feedback from people who have direct experience of Intermediate Care

Interviews were conducted to get the views of people who have directly received care in Henry Cornish Centre or at home under the Rehabilitation at Home pilot. 15 people took part, seven had received in-patient care, and six had care at home and two of their carers also participated in the interviews.

2.2.1 Views of people who received bed-based Intermediate Care

All seven people were full of praise for the staff and the quality of care. It was clear that feeling secure and cared for by responsive caring staff was very important. Below is a summary of the main points people raised:

- Four people said they saw no difference between The Orders of St John Care Trust nursing staff, and the NHS nurses providing their care.
- Three said they didn't feel confident the excellent quality of the nursing care would be maintained with a change of provider.
- The majority thought being at home would be inappropriate for them as they would be vulnerable at home and unable to cope.
- The remainder were positive about receiving care at home if the quality of care remained the same as they currently receive.
- Continence: getting to the toilet at night was a major concern.
- Mobility issues and being safe were a concern.
- Three reported an unsuitable home environment to return to.
- Some needed overnight care and couldn't cope alone.
- The importance of the nurses coming when called was highlighted.
- All reported no negative impacts to being in the unit.
- The majority were current or former Chipping Norton residents and didn't experience any issues around family visiting them.
- Two had previous experience of care at home, one was unsatisfactory, and the other possibly had inappropriate timing of carer visits.

2.2.2 Views of people who received Intermediate Care at home

Overall, the eight interviewees (including two carers) found the quality of care was excellent, and were full of praise for all the services. Below is a summary of the main points people raised:

- People are confused by all the different services.
- The majority preferred getting care at home to being in a unit.
- Many said a range of options is important particularly for those who lived alone.
- Having family to help was a great advantage in making it work, so involving them is critical.
- Plenty of equipment was provided to enable independence.
- Control over own environment was very important e.g. choosing bedtime and mealtimes, and being home for drop-in visits from friends.
- Access to medical help in a crisis was not easy.
- There is psychological advantage to being in one's own home.
- The number visited at home by their GP was small.

3. Responses from organisations

3.1 Chipping Norton Hospital Action Group

The Chipping Norton Hospital Action Group has been aware of and involved in discussions with the public sector partners about Intermediate Care recently in 2014, and in 2015 when their representative attended a meeting with David Cameron, Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, and Oxford

NHS Foundation Trust and The Orders of St John Care Trust. They also met with the Director of Adult Social Services and the Leader of the Council in November 2015. A representative of the group made a public address to the Joint Health Overview and Scrutiny Committee at the special meeting on Rebalancing Health and Social Care during the formal consultation period in December 2015.

The Chipping Norton Hospital Action Group submitted the final results summary of the survey they conducted into Intermediate Care in Chipping Norton, and highlighted the depth of feeling and arguments for maintaining the current provision. The summary of the survey, which received in excess of 1400 responses, can be found in Annex B.

Despite being in regular contact with the council, the group didn't collaborate with the council on the content of their survey, which did not address the questions that were being posed by the County Council and that the council were seeking views on. The council do not consider the Chipping Norton Hospital Action Group survey to be objective as it contains a number of inaccuracies and misleading information which the council has repeatedly addressed and answered, and which has been made available on the consultation website. The council was disappointed that the Hospital Action Group didn't encourage people to complete the questionnaire issued as part of the formal consultation.

The Chipping Norton Hospital Action Group asked Oxfordshire County Council in a letter 'to honour the 2014 agreement to keep our beds and nurses in the NHS and award the contract as agreed to Oxford Health NHS Foundation Trust.' 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. They wrote 'NHS commissioned beds and staff to provide a safe standard of care. In the long term this will reduce patient bed blocking, readmission to larger hospitals and be more cost effective to the NHS. Please see the data presented by the Chipping Norton Hospital Action Group on 3/12/2015 regarding the numbers treated and length of stay and projected cost effectiveness.' The council met with representatives of the group several times this year and during the consultation period, and published the responses to the questions that were posed in the Frequently Asked Questions documents on the consultation website.

www.oxfordshire.gov.uk/intermediatecare

3.2 West Oxfordshire District Council

West Oxfordshire District Council response is outlined below:

- Model B not viable given the NHS is looking for additional Intermediate Care beds.
- *Chipping Norton Hospital appeared to offer the opportunity to retain good quality intermediate care beds in the north of the District serving a very wide area.*
- *Neither of the two options was in the best interests of residents or qualified staff in the north of the District, and represents a reduction in quality and health care provision.*
- More patients would have to travel to Banbury and Oxford hospitals.

- *Disappointing that Chipping Norton was not being considered in the wider context of intermediate care beds within Oxfordshire, particularly as it had a role to play in reducing delayed transfer worries.*
- *Represented a further reduction in health care provision for those in the north of the District following the previous decision to change the beds from sub-acute to intermediate care.*
- *Plans need to reflect demographic pressures.*
- *Chipping Norton Hospital Action Group had suggested that there was evidence that using NHS staffing and management significantly reduces the length of stay for patients.*
- *Support the continuation of the current provision until the wider consultation that is planned for community hospital provision across the county is completed.*
- *Not all patients would be fit enough to return home from hospital directly and would need a greater degree of medical care, so beds would enable quicker recovery.*
- *Preferable for people to be cared for at home in certain circumstances, with an adequate level of care.*
- *It was important for people to be cared for close to their families and support network.*

3.3 North Oxfordshire Locality Group

North Oxfordshire Locality Group is the GP forum under the Oxfordshire Clinical Commissioning Group and represents 12 GP practices in North Oxfordshire. An outline of their response is below:

The North Oxfordshire Locality Group meeting notes of 20th October 2015 reflect -

- GPs not clear how this is different from other home-based service – pilot to ensure that as few patients end up in residential care in the long run.
- Lack of GP capacity to provide additional medical cover mentioned by several. There is a crisis of recruitment and retention in primary care.
- GP view that some patients too ill to be kept at home. Currently in bed-based care from a wide geographical area

A council representative attended a meeting of the group and noted:

GPs asked for clarity about role of existing services, and commented on the Rehabilitation at Home pilot referral criteria. They stated that bed-based care is 24 hour care; however Model B isn't 24 hour care. They emphasised that there was no GP capacity to provide medical cover in Model B. The stated preference of those present was that patients were better off in a unit getting appropriate care, and they didn't want to lose the beds.

3.4 North Oxfordshire Locality Forum

North Oxfordshire Locality Forum responded by questionnaire (represents Patient Participation Groups – Chair is the public representative who sits on the North Oxfordshire Locality Group)

An outline of their response is below:

- *Wish to maintain a basic level of Community Hospital facilities in the north with capacity to expand when necessary. Recovery is improved by being close to family and friends not far away in the county.*
- *Chipping Norton should be part of countywide review of community hospitals.*
- *Objections to Model A included; fewer GP visits; length of stay longer; less experienced staff; acute hospitals may be reluctant to discharge patients there; and delayed transfers of care and increased costs to the NHS.*
- *Model B: inappropriate to medical needs; inadequate funding for home care; increase in delayed transfers of care.*
- *Responsibility for commissioning at Chipping Norton Community Hospital must be returned to the Oxfordshire Clinical Commissioning Group.*
- *Feedback from the public suggests intermediate care provided by the Orders of St John indicate a lower level of care and less successful outcomes than Oxford Health Foundation Trust.*

3.5 Brooklands Nursing Home Group

Brooklands Nursing Home Group responded by questionnaire, an outline of their response is:

- Both models to address delayed transfers of care.
- Rehabilitation at Home pilot is performing badly and cost not accurate.
- Home-based and bed-based care cannot be compared as it does not take into account the effects upon local GP practises.
- Lack of workforce for Model B.
- Bed-based service can be run better for less.
- Provision of medical cover in Banbury is still an issue.
- Are the commissioning processes robust?

4. Public Meeting

A public meeting took place on 21st October at St Mary's Church Chipping Norton. It was chaired by the Chief Fire Officer; the panel consisted of the Leader of Oxfordshire County Council, the Director of Adult Social Services, and the Cabinet Member for Adult Social Care. The aim was to outline the models in the consultation, to explain the council's financial situation, and to hear local views and to answer questions. Each participant was offered copies of the consultation documents and a summary of the slide presentation.

This event was publicised using posters, press releases, social media, web content, event listings, and press advertising, see examples Annex F. The council wrote to a wide range of stakeholders and asked them to publicise the meetings to their contacts.

Fifty people attended including:

- Chipping Norton Action Group
- District and County Councillors

- Mayor of Chipping Norton
- Shared Strategic Director for both Cotswold and West Oxfordshire District Councils
- West Oxfordshire District Council officer
- St Mary's Church staff and volunteers
- GPs
- Nurses
- Healthwatch Oxfordshire
- Hearing Loss organisation
- Independent Chair Joint Health Overview Scrutiny Committee
- Banbury Sound radio station
- Unison representation
- Oxfordshire Wheel
- The Chief Executive of Oxfordshire Clinical Commissioning Group
- Acting Chief Executive of The Orders of St. John Care Trust
- Members of the public.

The issues raised by attendees at the public meeting were as follows:

- a) There was a call for the Chipping Norton War Memorial Hospital¹ to be part of the consultation for community hospitals.
- b) The council was asked to stop the consultation by Chipping Norton Hospital Action Group.
- c) The perception that length of stay was longer at Henry Cornish Care Centre under management of The Orders of St John Care Trust - a full clinical audit of outcomes was called for to allow comparison to Oxford Health NHS Trust management.
- d) Opinion that changing management will have a knock-on effect on worsening bed blocking and could cost an additional £675,000 / year.
- e) Concerns that the quality of care would diminish with change of management, with less skilled well trained nurses.
- f) The patients in Henry Cornish Care Centre tended to have complex nursing needs, require overnight care, and have frequent hospital admissions. Therefore retaining the beds is important.
- g) Opinion that Model B would lead to increased delayed transfer of care from acute hospitals.
- h) There would be difficulty in getting fast emergency response in rural areas.
- i) Opinion that Model B would put more pressure on already over stretched GPs to perform home visits.
- j) A suggestion was put forward to have a mixture of home, hospital and community care.

The questions and answer section of the meeting were summarised in the (FAQ) Frequently Asked Questions document on the council's consultation website.

See Annex A for a full list of those who responded.

¹ This new community health facility plus the Henry Cornish care home which share the same site is referred to by people in the Chipping Norton area as 'The Community Hospital'.

5. Stakeholder Meetings

1. North Oxfordshire Locality Group (including 12 GP practices; 6 practice managers; 1 public representative; 1 Locality Director; 3 Oxfordshire Clinical Commissioning Group officers).
2. Chipping Norton Hospital Action Group meeting with Director of Adult Social Services (November 2015) and correspondence.

Interviews with care recipients

Fifteen people took part in interviews, seven who have experienced bed-based care; six who experienced care at home; and two carers.

6. Conclusion

The following main themes have emerged from the consultation.

Model A

A strong theme was that of ensuring people who needed a bed-based service could access one in North Oxfordshire. Being close to home and family was said to aid recovery. A reduction in bed-based care in the North was seen as a reduction for the whole county and caring for people in one site was more effective than providing services to 12 people in dispersed in a rural setting. The majority of GPs wanted beds retained for the future in view of the demographics prediction to allow for expansion.

A common theme was that in attempting to reduce costs and save money there was a risk of reduced quality of care. There was a perception that the loss of experienced NHS nursing staff would lead to a reduction in the quality of care and less successful outcomes. Also worries were expressed about there being less staff training input and less skilled nurses under different management arrangements. In both models recruitment and retention of staff was flagged as a concern, and the availability of a reliable workforce to draw from was questioned.

Delayed transfers of care were seen as an increased risk if acute hospitals were not confident of the quality of care in the unit, or if good quality nursing staff could not be recruited under reduced terms and conditions leading to longer stay in beds, increased cost and lower throughput.

The two models of Intermediate Care are not seen as mutually exclusive, and there was some support for offering both in the appropriate circumstances.

Model B

Supporting people at home was seen as appropriate for those with good recovery, had psychological and social advantages, and in some cases crucial family support. The feedback was although ideally people preferred to be at home; in some circumstances this is not appropriate due to medical or mobility issues. Clarity about

the existing services which support people after discharge from hospital was asked for, and it was suggested these be reconfigured for better efficiency.

GPs said the intensity of visits at home required for people with more complex needs would place impossible demands on the workforce to provide effective 24 hour care. GPs were opposed to Model B as there was no GP capacity to provide medical cover and that there is a crisis of recruitment and retention in primary care.

It was feared that, for some people, spending long periods isolated and alone at home may create anxiety and prompt inappropriate calls on emergency services. Some thought Model B would fail to provide for the needs of the significant number of patients for whom home-based care is inappropriate on discharge from the hospital. They said, this coupled with the risk of readmission to the acute services, would lead to inefficiency and further delayed transfer of care and pressure in the hospital system.

Some people didn't agree with the cost analysis of the home care provision provided by the council, and said that a short term solution to cut costs would not work in the long run. They argued costs in the long run would be higher in Model B due to readmission to acute hospitals, that the assumed costs would be much higher than the national average due to higher living costs and a greater labour shortage in Oxfordshire and problems in organising efficient staff workloads. Travel costs for staff and payment for time travelling between homes was raised as a reason for Model B being unsustainable. Rurality and isolation of individuals was seen to be significant because frail individuals would not have access to urgent medical response, and may have to wait longer for an emergency response. Further, there was comment about risk of harm and questions about the ability to safeguard vulnerable people at home. Distances and inclement weather were mentioned as barriers to accessing services or services accessing people at home.

Both Models

There was a view that inpatient care would be better and more appropriate for some people for whom care at home was not medically appropriate, such as those frail people with complex needs. Five people mentioned the need for some people to receive intensive 24 hour care in a unit for a short time to enable them to be discharged home. GPs said they wanted to keep beds in Henry Cornish Care Centre to safeguard bed provision for the future.

Neither model

Neither model was supported West Oxfordshire District or Chipping Norton Hospital Action Group as they said both models represent a reduction in quality and health care provision in the North of the county. In addition, one GP and two other individual responses to the questionnaire took this view.

General

There was support for retaining the current model with NHS staff provision; however the council has explained why this is not possible or sustainable and therefore not an option it can consider. Questions were asked as to why the commissioning of Intermediate Care beds was the responsibility of the council rather than the NHS,

and there were calls for the commissioning responsibility to return to the NHS. There was strong support for Henry Cornish Intermediate Care beds to be considered in the wider context as part of the Community Hospital Review.

In Summary

There was a wide range of views expressed and there was not universal support for either model. There was an overarching strength of feeling that the NHS was the preferred provider but this was outside the scope of the consultation. Of the two models significant concern was expressed about how the needs of people would be met if no Intermediate Care beds were available. Model A therefore had higher levels of support than Model B. Model A while not being seen as a perfect solution, was the more acceptable of the two. No other alternative proposals were seen as viable.

7. What happens next?

The council will give full consideration to the findings of this report and any other pertinent information in making a decision about the future of Intermediate Care in North Oxfordshire. A report by the Director of Adult Social Services with recommendations about the course of action will be brought to Cabinet on 26 January 2016.

Appendices

Annex A: List of stakeholders who responded

Annex B: Chipping Norton Hospital Action Group Survey Form and Action Group Survey Results

Annex C: Demographic information about consultation participants

Annex D: Examples of Publicity and Communications

Appendices

Annex A: List of stakeholders who responded

Public sector partners:

Oxfordshire County Council

West Oxfordshire District Council

Elected Member Chipping Norton Town Council

North Oxfordshire Locality Group of the Oxfordshire Clinical Commissioning Group

Representatives groups or organisations:

Chipping Norton Hospital Action Group

North Oxfordshire Locality Forum

Brooklands Nursing Homes Group

General:

Members of the public

One recipient of Intermediate Care

Individual GPs

DRAFT

Annex B: Chipping Norton Hospital Action Group Survey Form and Action Group Report on Survey Results

Thank you for your time it may just make the difference. Chipping Norton Hospital Action Group

Chipping Norton War Memorial Community Hospital



Important Information please read

This is your chance to try to keep the NHS staffing and management of our hospital beds.
(This is not about the Day Hospital or Clinics)

After the last consultation the Primary Care Trust (PCT) announced we had kept our Community Hospital status and that a full range of services would be provided on the new London Road site when it opened in 2011. This included a hospital bed service specification appropriate for a Community Hospital. This higher level of Intermediate Care is called Sub-Acute and that is what was specified by the PCT. The service was to be available to all people aged 18 and above and this specification was the basis for the contract.

When the hospital opened it had NHS nurses staffing the beds but they were seconded to the Orders of St John who own the site and run the care home next door. This arrangement was only partially successful probably because clinical management lines were not always clear.

In 2014 OCC decided to award a contract for the staffing and the management of the beds to the NHS (Oxford Health). OxfordHealth introduced new techniques including a Modern Matron and the service improved. We understand patients stayed in hospital for less time and many more received treatments such as physiotherapy. This improvement is likely to have saved the NHS large sums of money (we calculated £750,000 a year) because it could have reduced bed blocking in the major hospitals.

Last year, without a public consultation, the County Council (OCC) downgraded the specification for our beds from that consistent with a Community Hospital to one used alongside a care home setting. We think OCC had no authority to do that as these were promised as NHS beds and specified as Sub-Acute. Now, to save money, OCC plan to take the contract away from the NHS (OxfordHealth) and give it to the Orders of St John despite our group pointing out that OxfordHealth improved the service. OCC say they will save money by using fewer qualified nurses. We are also worried, that recently, the Orders of St John said they do not wish to provide the same level of service as OxfordHealth as it is completely over the top. We do not agree and we think patients will not agree either.

OCC is saying that it cannot afford the present service arrangement and that if we do not accept the Orders of St John staffing and managing the beds we might lose them altogether.

We do not understand why OCC is involved in what were promised and specified as NHS beds. We think the NHS should pay for and commission these beds not the County Council.

Only you can decide what you want, The Hospital Action Group cannot make that decision for you. We are just trying to make sure you have all the information you need and give you the chance to express your views at a meeting and in our survey overleaf or by writing to OCC directly.

What do we want you to do?

Put the date of Thursday December 3rd 2015 in your diary and come to St Mary's Church in Chipping Norton at 7pm for a public meeting.

Every person there can make a difference. OCC will only listen if there are lots of people there. This is your chance to do something and ask questions. You can also express your views in public

In addition turn over the page and complete the questionnaire. Your views will be included in a report which we will send to OCC, The head of NHS England and the Prime Minister.

We need to know what you think and the more people who fill in the questionnaire the more powerful the message will be. **After completing your answers bring the form to the Church meeting or put it in a collection box located nearest to you before Monday November 30th (See list overleaf.)**
Or post it to Mr R Townley, 28, Over Norton Road, Chipping Norton. OX7 5NR

Be sure to come to the meeting in St Mary's Church Chipping Norton on Thursday December 3rd because we will be presenting the very first results from your completed surveys.

Please answer the questions below by ticking the box next to answer you have chosen

1. Who do you feel is best able to provide hospital bed care?
The NHS () Oxfordshire County Council (OCC) () Makes no difference ()
2. Before reading this leaflet today were you aware that OCC, had in 2014, downgraded the specification for the hospital beds in Chipping Norton? Yes () No ()
3. Do you believe Chipping Norton Hospital is a Community Hospital and should have a full range of services with NHS staffed beds? Yes () No ()
4. Do you feel our hospital beds should cater for patients of all ages (18 and above) or concentrate on the elderly?
All ages (18 and above) () the elderly ()
5. **Apart from this notice and the meeting we are holding** do you feel OCC has kept you well informed about the changes it is planning to make? Yes () No ()
6. If in order to save money OCC removed our NHS nurses and used fewer qualified nurses from the Orders of St John to staff our beds How happy would you be with that plan?
Very happy () Reasonably happy () Quite unhappy () Extremely unhappy ()
7. With OCC saying that **if we do not agree with its plan we could lose the beds completely** do you feel it is a threat aimed at people in the community? Yes () No ()
8. If OCC cannot afford to provide a proper Community Hospital type bed service do you think the beds should be handed back to the NHS (Oxford Clinical Commissioning Group) to be run as was originally promised by the PCT? Yes () No ()
9. The Hospital Action Group believes OCC should make no changes at Chipping Norton until a county-wide review which is taking place in 2016 concerning all Community Hospitals has been completed. This way our healthcare service needs, including in-patient beds, can be properly evaluated and a county-wide strategy developed. Do you agree? Yes () No ()
10. If the only way to keep 14 beds in Chipping Norton is for them to be staffed and managed by the Orders of St John with fewer qualified nurses, and not the NHS would you accept that?
Yes willingly () Yes reluctantly () Yes very reluctantly () No ()

Any other comments

Name or Names (if more than one completing the form)

Address or postcode.....

When you have completed this questionnaire either bring it to St Mary's Church on Thursday December 3rd or put in one of the collection boxes listed below **not later than Monday November 30th**

Boxes are located at :- **Chipping Norton** Coop Grocery, Guildhall, Hailey Road Stores, Doctor's Surgery. **Ascot under Wychwood** Shop, **Chadlington** Post Office (Café de la Post) **Charlbury** Coop or Post Office **Churchill** Chequers **Enstone** Shop **Great Tew** Sweetpeas **Kingham** Shop/Post Office **Middle Barton** Shop/Post Office **Milton under Wychwood** Coop **Salford** John Grantham, Stonecross **Shipton under Wychwood** Post Office or Doctor's Surgery

You can also express your views by writing to Cllr I Hudspeth Leader OCC at County Hall, New Road, Oxford OX1 1ND or email ian.hudspeth@oxfordshire.gov.uk before December 7th

Remember you will be one of the first to hear the survey results if you come to the meeting in St Mary's Church in Chipping Norton on Thursday December 3rd

Chipping Norton Hospital Action Group 2015 Survey Results

People ask OCC to think again and return the beds to NHS commissioning

- Over 1400 responses were received showing people in the community are concerned about their Community Hospital and want their voice to be heard by the County Council, David Cameron our MP and Jeremy Hunt Secretary of State for Health
- We understand our 1400 responses is significantly more than the number of replies returned to OCC as part of its consultation. We can only conclude that the

poor publicity and distribution of the OCC documents meant people were unable to participate as clearly our survey shows they wished to do

- The analysis of the answers in our survey shows the following:- (note not all respondents answered every question)
 1. 1403 (99%) of those who responded felt that the NHS is best for providing hospital bed based care. Just 6 (0.5%) felt it made no difference and 6 (0.5%) felt OCC was the right organisation to run hospital beds.
 2. The vast majority 1119 (80%) were unaware that OCC had downgraded the Sub-Acute specification for the beds in 2014 with 280 (20%) saying they were aware of a change. This finding supports the Action Group view that the change was done without any public consultation and OCC did little to tell the whole story about what was planned. Awareness in Chipping Norton may have been higher after a local news item this year but that was still well after the event. It is very significant that 80% did not know of the OCC downgrade.
 3. Almost everyone (99.6%) confirmed that Chipping Norton is a Community Hospital. OCC is clearly wrong to deny the hospital's Community Hospital status. We note the David Cameron has written to OCC advising them that ***Chipping Norton is a Community Hospital and should be treated as one.*** He repeated that belief in a statement read out to the December 3rd meeting
 4. Consistent with a Community Hospital service 1255 (93%) of respondents believe the hospital should cater for 'All ages 18 and over'. This was the basis on which the Primary Care Trust wrote the specification and contract in 2011. Just 96 (7%) thought the focus should be on the elderly
 5. 1369 (98%) said they feel OCC has **not** kept people informed about the changes it is planning to make. The Independent Reconfiguration Panel in a letter copied to OCC/OCCG dated October 23rd stated *'It appears that information about the consultation has so far only been posted on the county council website. The council together with its NHS partners and all those with an interest in the outcome need to assure themselves this is sufficient'*. **Clearly the people in our community do not feel it was sufficient.**
 6. On the question as to whether people were happy with the OCC plan to save money by removing NHS staffing and management and through the use of fewer qualified nurses from the Orders of St John 1375 (97%) are unhappy with **well over three quarters being extremely unhappy**. 6 people were very happy and 33 reasonably happy
 7. When asked if they felt the statement that if people did not accept the OCC plan Chipping Norton would have no Intermediate Care Beds at all was a threat to the community **1277 (99.2%) out of 1287 respondents felt it was a**

threat. The Action Group believes it is impossible for any meaningful dialogue or consultation can take place against such a threatening background. People obviously feel the OCC statement was meant to intimidate.

8. When asked if the beds should be returned to the NHS if OCC has a budget problem an even higher percentage **99.8% felt they should**. This is not unexpected as the beds were promised to the Community as NHS beds following the Primary Care Trust consultation. Sir Barry Norton the Leader of WODC has written to OCC stating that everyone involved at the time understood the beds to be NHS beds to a Sub-Acute standard. The Prime Minister thinks the same. Clearly the Chipping Norton beds should be commissioned by the NHS.
9. Consistent with the Community's belief that Chipping Norton is a Community Hospital 1404 (98.6%) of respondents feel no decision should be taken regarding Chipping Norton's hospital beds until a full countywide review of community hospitals is completed in 2016. The Action Group feels this is the logical and only sensible course of action. Others including The Prime Minister, WODC, Healthwatch, County Councillor Hilary Biles have all made this request to OCC. We ask OCC to reconsider this particularly as we know up to 150 Intermediate Care Beds are to be contracted to relieve bed blocking (75 longer term)
10. When asked if the only way to keep the beds in Chipping Norton was to accept the OCC plan only 4 out of 1264 said they would do this willingly. **676 (49%) would agree very reluctantly with a further 174 (13%) doing so reluctantly. However 522 (38%) said No they would not accept the plan.** Although a majority would reluctantly or very reluctantly accept the change more than a third said they would not. This surprisingly high number of no votes probably stems from the fear in the community that once the beds are removed from NHS staffing and management standards will fall and the distinction between Hospital and Care Home will be gradually lost with the beds ending up as Care Home not Hospital beds. Just 4 people out of 1383 respondents said they would accept the change willingly

This survey was undertaken by the Action Group because it is felt that OCC is not fulfilling its obligations to fully engage with the people of the community for a proposed change of this nature. Indeed we have seen that the County Council did not consult at all in 2014 when it downgraded the specification for the beds. The huge response of 1400 replies demonstrates that people want to be heard so it is disappointing OCC declined to attend the Public Meeting on December 3rd.

Overwhelmingly people are not happy to have the NHS staffing and management of the beds taken away.

People do not feel OCC has kept them informed and the overall message is one which asks OCC to think again especially given the latest bed blocking relief (delayed transfer of care) initiative.

Our conclusion is that OCC should give thought to the proposal that the beds be returned to sole NHS commissioning. This would make total sense in view of the OCC budget issue, the countywide bed blocking problem and the need to contract beds to relieve pressure on Acute Hospitals referred to in Q9.

It would also resolve an unanswered question which is why OCC has any involvement at all in commissioning what were promised as NHS beds

Thank you Chipping Norton Hospital Action Group.

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Annex C: Demographic information about consultation participants

Demographic information from questionnaire responses

32 Questionnaires were returned.

Ethnicity:

28 ticked White (British, Irish, Any other white background)

3 preferred not to say

1 blank

Age Group:

35-44	4
45-54	9
55-64	7
65-74	5
75-84	2
85 or over	2
Prefer not to say	2
(blank)	1
Grand Total	32

Gender:

Female	16
Male	13
Prefer not to say	1
(blank)	2
Grand Total	32

How are you responding to this consultation? As a

Patient/Former Patient	2
Relative/Carer	0
Member of Staff HCC	0
Chipping Norton Resident	15
Oxfordshire Resident	15
Elected Member	1
Stakeholder	4
Other	5

(Two people said they had been recipients of care, but one was a GP in the 45-54 age bracket.)

Specify:

An elected Member of Chipping Norton Town Council

Local GP's

GP in Banbury

GP's in Chipping Norton

Residents of OX7
Member of Talking Health OCCG

Postcodes of respondents

OX2: 1	OX16: 1
OX4: 1	OX17: 1
OX5: 2	OX11: 1
OX7: 20	OX25: 1
OX15: 3	

Public Meeting 21st October 2015: demographic information

People were encouraged to sign in, but less than half did. A headcount showed 50 members of the public and stakeholders attended the event.

The Attendees postcodes: 38 of those who signed in live in OX7, two were from bordering counties, and one from Oxford.

Ethnicity:

White (British, Irish, any other white background)

Gender: Male 10; Female 11

I am responding as...

Member of staff or former member of staff of the Intermediate Care unit at the Henry Cornish Centre	2
Chipping Norton Resident	19
Elected Member	2
Stakeholder	1
TOTAL	24

Age:

18-24	0
25-34	0
35-44	2
55-64	4
65-74	3
75-84	2
TOTAL	11

Annex D: Examples of Publicity and Communications

Media: Oxfordshire County Council press release

Consultation into intermediate care underway

The consultation into the future of provision of Intermediate Care in North Oxfordshire has gone live.

The consultation will run until December 7th and will give the public an opportunity to consider two proposed models of care and give their views on how intermediate care will be provided in the north of the county

The consultation will be about two models of care:

Model A

The Intermediate Care Unit in the Henry Cornish Centre in Chipping Norton continues and the full 14 bed service is provided by the Order of St John Care Trust.

Model 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.

The consultation will not involve an option for the existing arrangement in Chipping Norton to continue. At present nursing staff are managed directly by Oxford Health NHS Foundation Trust and the Orders of St John Care Trust provide the accommodation, property, essential care, domestic and 'hotel' services and is the registered provider. This arrangement cannot be afforded within the available and projected council budgets.

If other viable options are put forward during the consultation, where they are affordable and realistic, these will be considered as part of the final decision-making process. Proposals would need to be specific, financially viable, safe and affordable.

A report on the consultation will be written after the public consultation closes on 7th December 2015.

Oxfordshire County Council will give due consideration to the views expressed, and the Director of Adult Social Services will make a recommendation to the Cabinet of the County Council which meets on 26th January 2016 and the Cabinet will make the final decision.

The consultation will involve a variety of ways for people to contribute:

Questionnaire

- Online at www.oxfordshire.gov.uk/intermediatecare
- Download a hard copy of the questionnaire and return it using the email address below.
- Pick up a copy in Chipping Norton or Banbury Library
- Request a hard copy of the consultation document and questionnaire.

or in writing to:

FREEPOST RTRX-GJUL-HXHY
Engagement Team
Oxfordshire County Council
County Hall
New Road
OX1 1ND

Public meeting

Date: 21 October 2015
Time: 7:00-9:00 pm - doors open 6:30pm
St Mary's Church
Church Street,
Chipping Norton, OX7 5NT
<https://www.google.co.uk/maps/search/ox7+5nt/data=!4m2!2m1!4b1>

Further information

Email: iccn@oxfordshire.gov.uk
Phone the Engagement Team on **01865 323624**

Oxfordshire County Council Cabinet member Councillor Judith Heathcoat said:
"We hope people will take full advantage of this opportunity to let us know their views on how intermediate care can best be provided in the north of our county. We know this is an issue close to the hearts of people in and around Chipping Norton but it also impacts on a much wider population across the north of Oxfordshire and beyond. We hope that all those who may be affected respond to our consultation. We will take account of the feedback we receive when we come to make our decision about the future direction of intermediate care in the area."

Ends

Notes to editors:

What is intermediate care?

Intermediate care services are designed to help people, usually older people, who have an illness or injury to stay at home rather than go into hospital, and to support people to get back home as quickly as possible after a hospital stay.

Intermediate care services can be provided to people in different ways. Although most intermediate care is provided as a bed based service, it can also be provided as a community service in people's own homes by a team of social care and health staff.

There is a growing body of evidence nationally that health and social care services are better provided in people's own homes where possible, both in terms of clinical outcomes and people's experience of the care. Care at home can be flexible and tailored to the individual, and enables people to maintain their family lives, and their independence.

Example of Press advert



The Future of Intermediate Care in North Oxfordshire

Have your say

Public meeting:
Wednesday 21 October, 7pm – 9pm
St Mary's Church, Church Street,
Chipping Norton

For more information and to have your say:

- visit www.oxfordshire.gov.uk/intermediatecare
- pick up a copy of the consultation document at Chipping Norton library

Consultation ends: 9am, Tuesday 8 December

The screenshot shows a web browser window with the URL <http://ocva.org.uk/2015/11/10/oxfordshire-county-council-the-future-of-the-provision-of-intermediate-care-in-no>. The page features a sidebar with a 'Pulse' logo (a red heart with a Wi-Fi symbol) and the text 'Oxfordshire's Non-profit Heartbeat'. The main content area is titled 'OXFORDSHIRE COUNTY COUNCIL: The Future of the Provision of Intermediate Care in North Oxfordshire' and is dated 'Posted on November 10, 2015 by OCVA'. The article is a 'Public Consultation - The future of provision of Intermediate Care in North Oxfordshire'. The text states: 'Oxfordshire County Council Adult Social Care Services would like to hear people's views on the two proposed models for how Intermediate Care will be provided in North Oxfordshire. The views of the community on this issue are important; we want to give people the opportunity to have their say. You will find the consultation online: www.oxfordshire.gov.uk/intermediatecare Printed copies of the consultation documents are from Chipping Norton and Banbury libraries: Service and Community Impact Assessment (reference copy): We have undertaken an assessment of the impact on individuals and groups of these proposed changes. The consultation questionnaire'.

Chipping Norton News Blog

Chipping Norton News

[Chipping Norton hospital beds – Your views wanted!](#)

Posted on [October 7, 2015](#) by [Chipping Norton News](#)

Consultation and Public Meeting

Wed 21st October St Mary's Church, 7-9pm doors open 6.30

As reported in this month's Chipping Norton News, Oxfordshire County Council have officially started their public consultation, between 5 Oct and 8 December, on the future of the 14 Intermediate Care Beds currently staffed by nurses from Oxford Health NHS Trust. They are not technically in the 'War Memorial Community Hospital' but are based in a specially equipped adjoining building maintained by the Orders of St John Care Trust who run the Henry Cornish Care Centre next door. The County say they cannot continue with this staffing as it is too expensive and complex to manage.

The County say 'Intermediate Care services are designed to help people, usually older people, who have an illness or injury to stay at home rather than go into hospital, and to support people to get back home as quickly as possible after a hospital stay. Intermediate Care services can be provided to people in different ways, as a bed-based service, or as a community service in people's own homes by

a team of social care and health staff.' The County would like to hear views on their future options for providing this care in North Oxfordshire. One specific option is to have the full 14 bed service provided by staff from OSJCT, who run the care home. The County say this will not be a change of service from currently. The County Council has a contract to buy IC beds off OSJCT elsewhere. A second option is to provide more care at home, close the unit and, if beds are needed, provide them elsewhere in the County. Their proposals aim to save around £700,000 per year, when health and social care budgets are big issues. They say 'other viable options or suggestions will be considered'.

Local Councillors, Oxfordshire Healthwatch and the Chipping Norton Hospital Action Group are raising several concerns which they will expect to hear answered in the Consultation. First, HAG say the service has been, or is being, downgraded from 'sub-acute' medically-led care of the kind provided previously at Chipping Norton and in all Oxfordshire's Community Hospitals. HAG suggest OSJCT cannot provide that higher level of service. Second, there are concerns that this will leave the north of the County with little community hospital cover, nor indeed intermediate care cover, for bed care at all. Thirdly, with wider uncertainty over resources and new 'models of care', Chipping Norton should be included in a wider review of community hospital and intermediate care to ensure they are being treated fairly – and should not have to be given this narrow choice.

Full details of the Consultation can be found at <https://consultations.oxfordshire.gov.uk/consult.ti/ICbeds/consultationHome> or at The Guildhall. Responses from all are encouraged – online, or submitted to FREEPOST RTRX-GJUL-HXHY Engagement Team, Oxfordshire County Council, County Hall, New Road, OX1 1ND.
Chipping Norton News Team

Talking Health - OCCG

Message from Oxfordshire Clinical Commissioning Group
FRIDAY 9 OCTOBER 2015

New Things

- **INTERMEDIATE CARE CONSULTATION**
To take part in the Oxfordshire County Council's consultation on the provision of intermediate care in North Oxfordshire [click here](#)