

Service and Community Impact Assessment (SCIA) January 2016

Front Sheet:

Directorate and Service Area:

Social and Community Services – Joint Commissioning

What is being assessed (e.g. name of policy, procedure, project, service or proposed service change):

The provision of Intermediate Care in Chipping Norton in Henry Cornish Care Centre under the management of The Orders of St John Care Trust.

www.oxfordshire.gov.uk/intermediatecare

Responsible owner / senior officer:

John Jackson, Director of Adult Social Services

Date of assessment:

January 2016

Summary of judgement:

This assessment considers the potential impacts of a change in provider of the existing bed-based Intermediate Care services at the Henry Cornish Care Centre in Chipping Norton. The Orders of St John Care Trust will be the new provider, ending the existing joint arrangement with Oxford Health NHS Foundation Trust.

This does not represent a significant change in the service and is not expected to have any impact on the quality or accessibility of services. As the Intermediate Care beds will continue to be accessible based on need and will be specified to the same standard as they currently, there will not be any disproportionate impact on people who share protected characteristics or from particular areas of the county as a result of changing the provider.

Changes to the provider of the service will impact on staff at the Intermediate Care Unit in Chipping Norton employed by Oxford Health NHS Foundation Trust. The Trust have been responsible for consulting staff on proposed changes, and will work with the Orders of St John Care Trust to effectively manage the transition arrangements including the transfer of any staff.

Detail of Assessment:

Purpose of assessment:

To assess the potential impacts of changing the provider of the Intermediate Care Unit in Chipping Norton (Model A). The assessment includes mitigation for potential risks, and will be updated throughout and following the consultation process.

Reasons and context for undertaking the assessment:

Section 149 of the Equalities Act 2010 (“the 2010 Act”) imposes a duty on the Council to give due regard to three needs in exercising its functions. This proposal is such a function. The three needs are:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic, and those who do not.

Complying with section 149 may involve treating some people more favourably than others, but only to the extent that that does not amount to conduct which is otherwise unlawful under the new Act.

The need to advance equality of opportunity involves having due regard to the need to:

- remove or minimise disadvantages which are connected to a relevant protected characteristic and which are suffered by persons who share that characteristic,
- take steps to meet the needs of persons who share a relevant protected characteristic and which are different from the needs of other people, and
- encourage those who share a relevant characteristic to take part in public life or in any other activity in which participation by such people is disproportionately low.
- take steps to meet the needs of disabled people which are different from the needs of people who are not disabled and include steps to take account of a person’s disabilities.

The need to foster good relations between different groups involves having due regard to the need to tackle prejudice and promote understanding.

These protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief

- sex
- sexual orientation
- marriage and civil partnership

Social Value

Under the Public Services (Social Value Act) 2012 the Council also has an obligation to consider how the procurement of services contracts with a life value of more than £173,934¹ might improve the economic, social, and environmental well-being of the area affected by the proposed contract, and how it might act to secure this improvement. However, it is best practice to consider social value for all types of contracts, service delivery decisions and new/updated policies. In this context, 'policy' is a general term that could include a strategy, project or contract.

Context / Background:

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.

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 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.

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.

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.

If the bed-based services are to continue, the way they are provided would need to change as they are not sustainable or affordable in their current form going forward. 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.

¹¹ [EC Procurement Threshold for Services](#)

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.

The public consultation ran from 5 October to 8 December 2015 and considered 2 models:

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.

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.

Proposals:

Following the consultation, it is proposed 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.

The aim would be to implement Model A by 1 April 2016.

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.

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.

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.

Evidence / Intelligence:

There were 232 referrals received during the period December 2014 to May 2015 for bed-based care intermediate care. Of these people approximately a third were aged between 61 years and 80 years old, and two-thirds were aged over 80 years. There were two and a half times more women than men referred. The acute sector is the greatest source of referrals.

Proportions of postcode OX7 patients in 2015 (year to date) in Henry Cornish Care Centre

Below is the assembled data from the three Oxfordshire Intermediate Care units for Intermediate Care bed admissions for the period April through October 2015.

ICB Unit	Resident in OX7 before admission to ICB Unit		Total	% from OX7
	No	Yes		
Henry Cornish	52	29	81	36%
Isis	57		57	0%
Watlington	61		61	0%
Grand Total	170	29	199	

This shows 36% of Henry Cornish beds were filled with postcode OX7 patients. No OX7 patients were admitted to either of the other units. We cannot comment on whether people went to a completely different type of provision.

Post code district of patients treated in Chipping Norton in 2015 (YTD)

The information provided is for the post code district ensuring individuals are not identifiable.

Post code district	Total
OX1	1
OX15	7
OX16	9
OX17	3
OX18	5
OX2	1
OX20	3
OX26	6
OX28	7
OX29	4
OX4	3
OX5	2

OX7	29
SN7	1
Grand Total	81

The area affected by these proposals is Oxfordshire.

The estimated costs associated with the change of provider to The Orders of St John Care Trust bring the overall cost of the provision on intermediate care in North Oxfordshire within the available funding envelope:

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

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).

Alternatives considered/rejected:

Feedback from individuals and organisations via the consultation on Model B (Intermediate Care services based in people's own homes and closing the Intermediate Care beds in Henry Cornish Care Centre) was considered by the council. Concerns were raised about Model B which in summary included availability and quality of workforce; increased cost in the long run; obstacles to access due to rurality; fear of increased risk of harm. GPs said it would impact them as they are overstretched already and would not cope with the extra workload implied by Model

B. 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.

Brooklands Nursing Homes Group put forward a proposal which was in essence a suggestion to recommission the service which had previously been decommissioned because it was not possible to secure medical cover for the beds. Further investigation by commissioners from the council showed that this situation had not changed and therefore the council couldn't consider the proposal as viable.

It is not possible 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.

Impact Assessment:

Identify any potential impacts of the policy or proposed service change on the population as a whole, or on particular groups. It might be helpful to think about the largest impacts or the key parts of the policy or proposed service change first, identifying any risks and actions, before thinking in more detail about particular groups, staff, other Council services, providers etc.

It is worth remembering that 'impact' can mean many things, and can be positive as well as negative. It could for example relate to access to services, the health and wellbeing of individuals or communities, the sustainability of supplier business models, or the training needs of staff.

We assess the impact of decisions on any relevant community, but with particular emphasis on:

- Groups that share the nine protected characteristics
 - age
 - disability
 - gender reassignment
 - pregnancy and maternity
 - race – this includes ethnic or national origins, colour or nationality
 - religion or belief – this includes lack of belief
 - sex
 - sexual orientation
 - marriage and civil partnership
- Rural communities
- Areas of deprivation

We also assess the impact on:

- Staff
- Other council services
- Other providers of council services
- Any other element which is relevant to the policy or proposed service change
- How it might improve the economic, social, and environmental of the area affected by the contract **if** the Public Services (Social Value) Act 2012 applies

For every community or group that you identify a potential impact you should discuss this in detail, using evidence (from data, consultation etc.) where possible to support your judgements. You should then highlight any mitigating actions you will take to either lessen the impact, or to address any gaps in understanding you have identified.

If you have not identified an impact on particular groups, staff, other Council services, providers etc. you should indicate this to demonstrate you have considered it.

Impact on Individuals and Communities:

This bed-based model is not different from that currently being provided and there is no anticipated change in the level or quality of service as the same service specification would apply. The change in employer of the staff is the only difference between the status quo and Model A, at the level of service delivery.

There are risks perceived by the local community to quality of care; some people have questioned whether the quality of the nursing that will be provided will be of the same standard as the NHS. Orders of St John Care Trust are an established partner to the council, and run a similar service at the Isis House Care and Retirement Centre in Oxford. The Council carries out multi agency reviews of all Intermediate Care bed homes in Oxfordshire. The council, as commissioners of the Intermediate Care bed service, would continue to ensure that members of staff are properly trained, qualified and supervised, irrespective of the organisation that employs the staff. We are confident that the service will be of appropriately high quality, as at present.

Should there be any change to this, it would be identified swiftly through the council's multi agency reviews and the Care Quality Commission's inspections. Any information about this will be communicated and shared with people, and appropriate steps would be taken to address any issues or areas for improvement, working alongside the provider organisation.

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
- Involve families, friends and carers for best outcomes
- People need choice over their bedtimes, mealtimes and visiting times, wherever they have their care.

As such, no differential impacts have been identified on people who share protected characteristics, or based on where people live, as a result of this change in service provider.

Impact on Staff:

Risk	Mitigation
<p>Staff might be negatively affected by a decision to change the provider, with concerns about their job security, pension etc.</p> <p>This, and any potential turnover of staff, could have a negative impact on quality of service</p>	<ul style="list-style-type: none"> • Staff have been consulted by Oxford Health NHS Foundation Trust and will have the option to move to Orders of St John Care Trust (with their pay and terms and conditions protected under TUPE) or to move to work for Oxford Health NHS Trust elsewhere. • New nursing staff would be employed directly by Orders of St John Care Trust and would be expected to have the necessary qualifications and skill levels to deliver the service safely and effectively. This is part of the contract and part of the regulations. • The council, as commissioners of the Intermediate Care bed service, would continue to ensure that members of staff are properly trained, qualified and supervised, irrespective of the organisation that employs the staff. • Should any concerns be identified, appropriate steps would be taken to address any issues or areas for improvement, working alongside the provider organisation.

Impact on other Council services:

Recruiting an appropriate workforce to deliver the service safely and effectively may be a risk. This is mitigated by Orders of St John Care Trust having a good track record of recruiting good quality nursing and social care staff. Staff would be expected to have the necessary qualifications and skill levels to deliver the service

safely and effectively. The council will have robust contract management systems in place.

Impact on providers:

Potential impact on Oxford Health NHS Trust staff as outlined above under “Staff”.

Social Value

If the Public Services (Social Value) Act 2012 applies to this proposal, please summarise here how you have considered how the contract might improve the economic, social, and environmental well-being of the relevant area.

How might the proposal improve the economic well-being of the relevant area?

Retaining services in the area will maintain local employment opportunities.

How might the proposal improve the environmental well-being of the relevant area?

N/A

Action plan:

Action	By When	Person responsible
County Council Cabinet (proposal re consultation)	15 September 2015	John Jackson Director of Adult Social Services, Oxfordshire County Council
Joint Health Overview and Scrutiny Committee	17 September 2015	John Jackson Director of Adult Social Services
Public Consultation	5 October to 7 December 2015	Oxfordshire County Council Engagement Team
Staff Consultation	Initial consultation July 2015	Oxford Health NHS Foundation Trust
County Council Cabinet (report on consultation and recommendations)	26 January 2016	John Jackson Director of Adult Social Services
Joint Health Overview and Scrutiny Committee	4 February 2016	John Jackson Director of Adult Social Services
Implementation of new model	April 2016	John Jackson Director of Adult Social Services

Monitoring and review:

As per action plan above

Person responsible for assessment: John Jackson Director of Adult Social Services

Version	Date	Notes (e.g. Initial draft, amended following consultation)
1	25 September 2015	Draft
2	14 January 2016	Amended following consultation report

DRAFT