

## **CABINET – 15 SEPTEMBER 2015**

### **Consultation on the Future Provision of Intermediate Care in North Oxfordshire**

#### **Report by 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.
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 and essential care are provided by the Orders of St John Care Trust, while Oxford Health NHS Foundation Trust provide nursing staff.
4. There is a growing body of evidence nationally that health and 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.
5. 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. This includes building up Intermediate Care services available to people in their own homes, such as rehabilitation and reablement.
6. 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 are to continue, the way they are provided will need to change as they are not sustainable or affordable in their current form going forward.
7. The Orders of St John Care Trust has 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.
8. 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, the proposal is to carry out a public consultation into the provision of Intermediate Care services in North Oxfordshire. A fair and thorough consultation will allow future decisions to take into account people's

views on how Intermediate Care services in North Oxfordshire are developed and provided in future.

### **Background to Intermediate Care Unit, Henry Cornish Centre**

9. 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 maternity unit and an NHS outpatients department.
10. 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.
11. 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,
12. New arrangements were put in place from March 2014 in which the nursing staff are managed directly by Oxford Health and the Orders of St John Care Trust provide the accommodation, property, essential care, domestic and 'hotel' services and is the registered provider.
13. 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.
14. Oxford Health NHS Foundation Trust and Orders of St John Care Trust put forward a business case to the council and the Oxfordshire Clinical Commissioning Group (the commissioners) 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.
15. 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.
16. As an alternative the Orders of St John Care Trust have developed a model to take over the provision of the Intermediate Care Unit, including the transfer of nursing staff from Oxford Health.
17. The council intended to implement this proposal as a simple change to the organisation providing what would be an unchanged service.
18. This was not seen as requiring public consultation, although Oxford Health planned to consult its staff on arrangements under this change. Staff were to be offered the opportunity to transfer to Orders of St John (with Transfer of Undertakings Protection of Employment - TUPE - rules in place) or to another Oxford Health service.

## Key issues

19. The plans for 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 Action Group, local people and some politicians.
20. The main expressed concern has been how nursing quality will be maintained if the employer is no longer an NHS organisation. 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.
21. After listening to these concerns the proposal is to carry out a thorough consultation on two possible models:
  - A: The Intermediate Care Unit in Chipping Norton continues and the full 14 bed service is provided by the Order 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.
22. The consultation will also ask for any other options to be put forward, which will be considered as part of the final decision-making process where they are affordable and realistic.
23. In both models, Oxford Health NHS Foundation Trust would continue to provide skilled therapeutic input as part of any Intermediate Care service, which they provide through their contract with the Clinical Commissioning Group for community health services.
24. GPs would provide medical cover as needed. Under Model A this would continue to be paid for as additional service. In Model B, GP cover would be provided to existing patients in their own homes.
25. While Intermediate Care at home will continue to be developed across Oxfordshire, under model B services would be developed more intensively to provide a sustainable, appropriate alternative to bed-based care in the North Oxfordshire area.
26. There will be some people whose particular conditions and circumstances mean they need bed-based care. If the decision following consultation is to close the Intermediate Care Unit in Chipping Norton, those people would continue to be able to access bed-based Intermediate Care in other units in Oxfordshire.
27. The status quo 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 and are not considered to be workable longer term.

28. The cost of continuing with a formalised joint arrangement has been estimated as costing £1,782 per bed per week, which is £782 more than Model A and £932 more than the estimated cost of home-based intermediate care in Model B.
29. Changing the provider organisation so that the Orders of St John Care Trust provide the Intermediate Care Beds at the Henry Cornish Care Centre would be considerably less costly in the longer term at approximately £1000 per bed per week.

### Financial and Staff Implications

30. There will be some resources required to carry out the consultation. Staff time and resources will be provided through the Joint Commissioning and Central Communications teams.
31. The final decision about how Intermediate Care is provided will have implications for Oxford Health NHS Foundation Trust staff, which will be addressed primarily through the Trust.
32. The two proposed models have different costs, model B being estimated as less expensive than model A. Both are affordable within the finances available at the current time.
33. The current arrangement is more expensive than either model A or B, as outlined in the business case put forward by the Oxford Health NHS Foundation Trust and the Orders of St John Care Trust for the model going forward.
34. For information, the following table shows the costs for comparison:

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
Sustainable jointly run service, as put forward by Oxford Health and Orders of St John	£1,782 per bed	£1,298,000
Model A	£1000* per bed	£728,600
Model B	£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'.

\*\*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.

## **Equalities Implications**

35. A Service and Community Impact Assessment (SCIA) for the proposed changes has been drafted, and will develop up to, during and after the consultation process. Currently there have been no negative implications identified for particular groups or those with protected characteristics under the Equality Act 2010.
36. A positive impact of implementing Model B may be to make Intermediate Care services more accessible to people in rural areas, as the services would come to them. Their families and friends might also find it easier to stay in touch. This flexibility of home-based services could also have a positive impact on individuals and families from Black and Ethnic Minority communities, where services tailored to individual cultural requirements could be of benefit.

## **Legal Implications and Risk management**

37. The main risks associated with carrying out a public consultation relate to expectation and to robust legal process. The council has taken all reasonable steps to ensure the process is fair, thorough and transparent.
38. The consultation will include people most closely affected by any change to the way Intermediate Care is provided, such as those who have used the service and their families and friends.
39. The consultation documents and related communications will be clear about the decision-making process following consultation, and that responses are used to inform the decisions which will be taken by the council.
40. The information provided to people will be transparent in that new ideas and solutions likely to be raised through the consultation will be thoroughly considered. The consultation responses will be an important part of the information used by the council in making their decision about Intermediate Care provision in North Oxfordshire, along with other matters such as affordability and quality.
41. The final decision taken on Intermediate Care provision in North Oxfordshire will involve revised or new contractual arrangements, the details of which will be included in the report to Cabinet in January 2016 following the consultation.

## **Communications**

42. There have been several meetings with the Chipping Norton Action Group and local politicians, including the Prime Minister as the local Member of Parliament. The council has engaged with the local media through regular briefings. The messages from this period of engagement have been listened to by commissioners, and as a result this wider public consultation is now proposed.

43. The public consultation will allow for wider engagement with the people of North Oxfordshire and others affected by Intermediate Care provision, to hear the range of ideas and views which they have about Intermediate Care.
44. The public, organisations and individuals with an interest in Intermediate Care provision will be engaged through meetings, questionnaires and focus groups. The ways people can get involved will be widely publicised including through the local media, newsletters and digital platforms such as Twitter.
45. The consultation will run from 5 October until 7 December 2015. A report of the findings from the consultation will be brought to Cabinet on 26 January 2016, along with recommendations about the course of action.

## **RECOMMENDATION**

46. **The Cabinet is RECOMMENDED to agree that there is a public consultation on the way Intermediate Care is provided in North Oxfordshire in the future as set out in this report.**

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Background papers: N/A

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