

Dear Alan and Barbara,

Thank you for your report entitled 'Admission to Care Homes during the COVID Pandemic - The First Thirty Days and Beyond'. The report raises four key issues, each of which we would like to respond to in turn.

1. That Senior Officers provide further information on the reporting of people who have experienced a delayed discharge from acute hospitals, and how some of the successes in reducing that number can be maintained into the future.

As you mentioned, Delayed Transfers of Care (DToC) is no longer the metric that we report on at a national level. This is because there was strong evidence that the reporting of DToC was inconsistent across the country; at the same time as Oxfordshire was reporting higher than average against this metric, its hospitals had statistically significantly shorter hospital lengths of stay (See CQC local area profiles). That notwithstanding, we clearly had great success in reducing the DToC figure and ensuring that it has remained low since March 2020.

Whilst we are awaiting new national measures, we are currently continuing to report locally on DToC. Delays currently stand on average at 29 people, compared to an average of 25 in 2020/21 and 93 in 2019/20 (a reduction of two thirds). These are discussed at a daily tactical meeting with senior managers across the Oxfordshire System. As we continue to strengthen our system partnerships with integrated working, the system wide gains secured in discharging patients during the height of the Covid pandemic have therefore been maintained through last year and into this year. This has speeded up an existing trend, e.g., in 2017/18 we had on average 138 delays, meaning that in the last 5 years delays have reduced by 80%.

The Government hasn't announced yet what and how it wants to measure DToC in future. Their focus seems increasingly to be on patients with long length of stay i.e., over 14 days. The Government is also moving away from reporting who is responsible for DToC and focusing instead on the system wide performance.

2. That Senior Officers provide further information as to the consequences of implementing national guidance associated with the discharge of patients to care homes in the early stages of the pandemic.

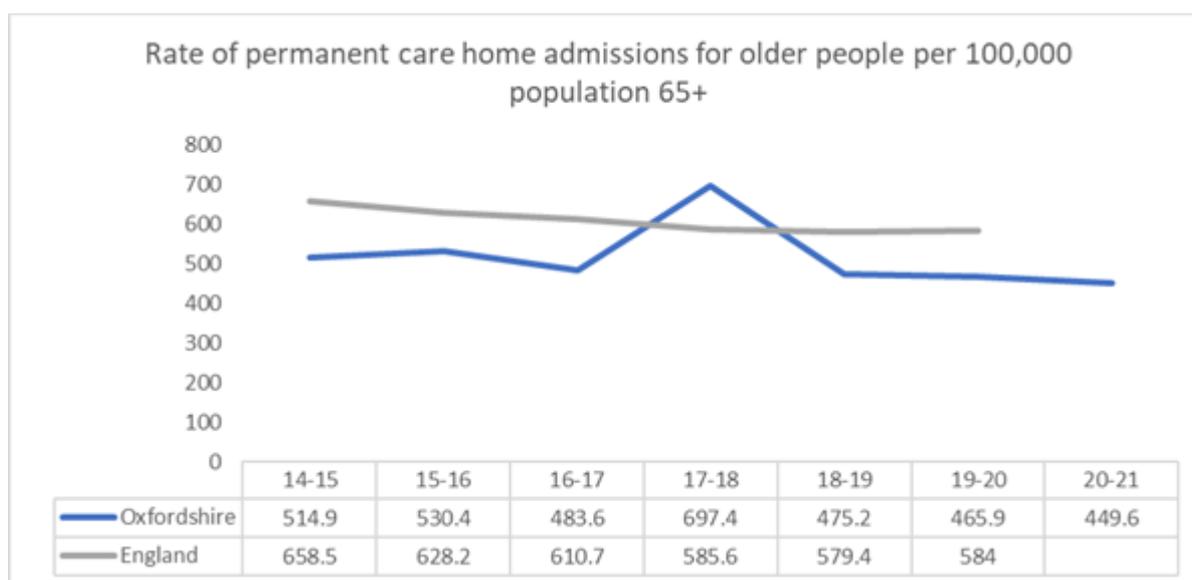
As a system, we followed the Government guidance that was provided on 19th March and 9th April 2020. The initial guidance did not require routine testing upon admission to a residential or nursing care facility upon discharge from hospital. The subsequent guidance provided for testing upon admission and patient isolation where there was a positive test. It is important to recognise that there was not a robust process for testing within care homes for either staff or residents in the early stages of the pandemic. Routine testing of care home residents and staff was not introduced until the summer.

On 11th May, the Government announced that they will be launching a full public enquiry into their handling of the virus. We fully expect that the guidance issued by the Government will come under scrutiny as part of this enquiry and as such. We will, of course, expect to feed our local experiences into this wider review.

3. That Senior Officers provide further information on the emerging pattern of community and home-based care, and how this can be linked to current developments in the County.

Since the pandemic began, we have continued to work with the home care market to strengthen the reablement offer for people upon discharge from hospital and we have contributed to emerging work on new innovative community services. We know that people achieve better outcomes when they are able to live independent lives in their own homes compared to people going into another bedded facilities (see IPC paper 'Commissioning out of hospital care services to reduce delays'). We remain committed to allowing people to live independently in their community for as long as possible.

Last year, the amount of home care we purchased grew by 5000 hours per week (an increase of 25%). The number of people offered reablement from hospital grew by 77%. This combined with fewer care home admissions meant that the number of older people supported by the council in their own home rose from 55% at the end of March 2020 to 59% by March 2021. The rate of permanent care home admissions in Oxfordshire continues to fall slightly and remains around 25% lower than the national rate.



We have also embarked on an ambitious programme of work to transform Oxfordshire Community Health Services, with full support of the Health and Well Being Board.

Our focus is on the life stage of Age Well looking to:

- Increase independence and health and wellbeing outcomes for our population
- Work with our population to make best use of our people, our systems, and our assets

This work is being scoped at pace and we would be reporting on current thinking and progress to the Health and Well Being Board in the autumn.

4. That Senior Officers are able to re-affirm a commitment to a review of the response of the system partners to the pandemic, in so far as this would provide a plan of what would be included and a reasonable time scale, given the unpredictability of the current situation.

Recognising that we have all learned a lot since the COVID-19 response began, the Oxfordshire COVID-19 Health Protection Board which is a system-wide partnership board is currently reviewing the Local Outbreak Management Plan to ensure that the systemwide response to COVID is aligned with the new national Contain Framework and it reflects our learning. The revised plan is due to be published in October in preparation for winter.

In addition, we are committed to supporting care homes testing programme for both residents and staff. Testing is an important intervention for reducing risk and for breaking the cycle of transmission. This will ensure vulnerable people who receive care are protected and Oxfordshire care homes are resilient going forward. Within adult social care, the government's asymptomatic testing regime covers care home staff, residents, visitors and visiting professionals. This is in addition to regular asymptomatic testing to day care centre staff and volunteers, homecare staff including personal assistants, high risk extra care and supported living staff and residents, and wider extra care and supported living staff. [See information on how to access regular COVID-19 testing for staff, residents, and service users across these various adult social care settings](#)

OCC is committed to reviewing our response to the COVID-19 pandemic. Our view is that a review undertaken jointly by the Council and system partners would be the most effective and valuable method of learning from the pandemic and helping us all to strengthen our preparedness for any similar events in future.

The scope and timetable of such a review would be for partners to agree as we emerge from the pandemic. We expect that any local review in Oxfordshire will be aligned with a national review of the UK-wide response, which we anticipate the Government will undertake in due course. Aligning with a national review would avoid duplication, place local observations and learning in the national context and ensure that the Oxfordshire review shares the rigour and confidence of the Government-led national review.

Stephen Chandler, Corporate Director of Adult and Housing, OCC
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