

CABINET
– 17 December 2024

Henley Short Stay Hub Beds

Report by Director of Adult Social Services

RECOMMENDATION

1. **The Cabinet is RECOMMENDED to**
 - (a) Note the history of step-down bed provision in Oxfordshire and to endorse the Home First Discharge to Assess model of care that has been implemented countywide since January 2024
 - (b) Note the impact of Home First Discharge to Assess for users, hospital flow and on business efficiency across the County and in the South Oxfordshire area
 - (c) Agree that the former Chiltern Court beds are not reinstated for the reasons set out in the paper
 - (d) Note the decision of the Secretary of State for Health not to “call in” the decision to close the Chiltern Court beds
 - (e) Note the engagement that has taken place with the public and stakeholders during 2024
 - (f) Endorse ongoing engagement with Oxfordshire residents around out of hospital care

Executive Summary

2. This report addresses the Motion agreed by the Council on 5/11/2024 and questions subsequently raised by Councillor Gawrysiak addressed to Cabinet (see Annexes 1 and 2). It sets out the background to the decisions made in 2023 and the actions taken subsequently to address the concerns raised in the Motion.
3. The decisions and actions set out below form part of a transformational shift to support more people live in their own homes in their own communities. The Council and NHS and other partners have made a series of strategic changes to how the health and care system supports residents in Oxfordshire in line with
 - (a) best clinical practice of out of hospital care
 - (b) national policy directives
 - (c) most efficient use of the Oxfordshire pound
 - (d) support for our residents in line with the ambitions set out in the Oxfordshire Way.

4. The Council and partners acknowledge the concern set out in the Motion and elsewhere that it did not engage residents and stakeholders in Henley sufficiently prior to the decisions made in 2023. This report sets out the engagement that has been undertaken to share our vision and seek views in relation to out of hospital care and the Oxfordshire Way during 2024.
5. Since Council agreed the motion at (2) the Secretary of State has responded in full to Councillor Gawrysiak's request to "call in" the decision to close the short stay hub beds in Henley. This letter is attached as Annex 3. This confirms the expectations of the NHS in respect of consultation on changes to health services but states that the closure of the beds at Chiltern Court, Henley does not meet the threshold for intervention.
6. The Council is currently developing the replacement model for step down beds on expiry of current contracts. Subject to the agreement of the business case for that new model by the Council and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB) as joint funders, the integrated commissioning team will procure replacement services in 2025.
7. In response to the Motion of 5/11/2024 the report
 - (a) Sets out why the Chiltern Court beds need not – and therefore should not – be reinstated
 - (b) Confirms the engagement approach that the Council and partners have taken and will take going forward, but also confirms that there are no plans for formal consultation on the closure of beds at Chiltern Court

Short Stay Hub Beds

8. "Short-stay hub beds" are a local Oxfordshire initiative to support discharge from hospital where someone cannot directly go home. The model was developed in 2015-16 in response to extreme winter pressures when there was insufficient reablement and homecare to help people go directly home but where there was capacity in the care home market. There is no statutory requirement on a Council or local NHS system to maintain "step-down" beds to support flow from hospital and where there are alternatives to a bed-based pathway. It is now national policy that these opportunities should be prioritised and maximised.
9. In Oxfordshire there has been a heavy reliance on step down beds which grew significantly in the period 2015-2019, and then again in response to the Covid pandemic in 2021-2023. During the earlier period Oxfordshire was often the worst-performing system in the country for delayed transfer of care with as many as 200 people unable to move on from hospital when medically fit to do so.
10. The numbers of beds, the type of beds and support model into those beds developed over time in response to immediate system pressures (see Annex 4). The Chiltern Court beds in Henley were contracted by the Council at the request of the then Oxfordshire Clinical Commissioning Group (OCCG) in November 2016.

11. This mix of bed types and contracts created confusion in discharge practices; created as many delays as it solved; and had a level of risk in relation to outcomes arising from the range of in-reach support models. Overall, this “portfolio” of step-down bed models did not reduce days lost to delay in the acute hospital and it risked pushing patients towards long-term residential or home care.
12. In 2019 the Oxfordshire health and care system agreed that the model of step-down beds needed to be rationalised and streamlined as part of system demand and capacity planning led by the then Accident & Emergency Delivery Board in response to the ongoing poor performance in relation to delayed transfers of care. It was agreed that the Council would:
 - (a) Commission on behalf of the system 56 short stay hub beds on the open market against a revised specification focussed on supporting people on a pathway home
 - (b) Align the 41 intermediate care beds contracted from Order of St John Care Trust [OSJ] within the Oxfordshire Care Partnership Agreement [OCP] to the new short stay hub specification
13. It was agreed that the funding for the beds would be pooled and shared pro-rata between the Council, OCCG and Oxford University Hospitals FT [OUH] and that the support into the beds would be provided by the multidisciplinary Hub team hosted by OUH.
14. The number of beds in the system continued to flex up and down. During the Covid pandemic there was a requirement to develop an additional covid-secure pathway (“Designated beds”) and ongoing pressures on the system meant that the Council purchased additional winter interim beds in 2021/22 and 2022/23. See Annex 4 for more information.

The development and impact of Home First Discharge to Assess

15. In response to the Covid pandemic in March 2020 the NHS “cleared the hospitals” to create emergency capacity. This approach was then written into the Hospital Discharge Guidance published in August 2020 and frequently updated [Hospital discharge service guidance - GOV.UK](#)
16. In summary the guidance sets out that
 - (a) Hospital is an inappropriate and potentially risky place for people who do not have a medical need to be in an acute bed
 - (b) Assessment of people’s long-term needs should take place away from the acute wards, and be focused on strengths rather than deficits if the discharge is to support recovery towards maximum possible independence
 - (c) When people are discharged home reablement ensure that they recover full independence in 65% of cases and reduced care needs as part of a reablement approach in most cases

- (d) 95% of people leaving hospital should be discharged home, with or without support
17. The figure of 95% has become a target in the Better Care Fund metrics and has replaced the old “delayed transfers of care” metric.
18. Oxfordshire has created several roles and reshaped structures to support the implementation of the Guidance:
- (a) A Home First lead, jointly funded from the Better Care Fund and hosted by the Council was created in 2022 to lead on Discharge to Assess [D2A] and improve practice with care providers;
 - (b) Transfer of Care [TOC] team was set up by the system in January 2023 to manage discharges and allocate resources to support flow
 - (c) A jointly funded TOC manager was established for April 2023 and the team expanded from managing OUH discharges to Oxfordshire patients in other hospitals (e.g. Royal Berkshire Hospital-RBH) in August 2023.
19. In spite of these developments, Oxfordshire did not make significant progress towards the 95% metric in 2021/22 and 2022/23. The system Urgent and Emergency Care [UEC] Board resolved to address this problem as a key part of the Oxfordshire Better Care Fund for 2023/24 by the following actions:
- (a) Move to a D2A model to take people directly home from hospital by default. The Council:
 - (1) Piloted a D2A model in July-December 2023 with Strategic Partners within the Council’s Live Well at Home [LWAH] Reablement and Home Care Framework and achieved proof of concept. The model was implemented county-wide in January 2024.
 - (2) Extended the LWAH service to include additional live-in and waking nights care. This meant the TOC team could divert people home who might previously have been discharged to a bed. These changes ensured that reablement could be delivered safely and effectively and offered assurance to residents and their families about going home.
 - (3) Reorganised the former Hospital Social Work teams in winter 2023/24 to support the “pull” model to help people home from hospital
 - (b) Reduce the number of short stay hub beds as capacity to take people home increased. The number of beds was reduced from 94 in March 2023 to 63 in April 2024. This reduction included the 7 beds at Chiltern Court.
20. In 2024/25 the Better Care Fund Plan has further extended this model
- (a) The system invested Additional Discharge Funding in an expansion of live-in and waking night support to D2A and reablement
 - (b) The Home First manager has developed a Trusted Assessor model with LWAH framework providers which has increased efficiency in the pathway by removing assessment delays

- (c) The Council has increased the number of providers working within the D2A and reablement pathway
- (d) The number of people discharged home has increased weekly by on average 30% from 2023/24
- (e) The Council has significantly increased the amount of reablement being delivered in the community since Jan 2024 to avoid admissions to hospital. The monthly number of new starts in the community has increased from 18-90 over this period.
- (f) The D2A model has:
 - (1) Enabled people who might previously waited for reablement to go home, find their feet and return to independence with a brief intervention from LWAH providers
 - (2) Avoided people being stuck in hospital awaiting a long-term home care package
 - (3) Continued to support >70% of people to full independence after reablement and a further 15% to a reduced care package
 - (4) Not seen an increase in readmission rates from the D2A process- of 392 D2A discharges in September 2024 only 12 were readmitted to hospital
 - (5) Information on the performance of D2A is set out in Annex 5 for Oxfordshire as a whole and for South Oxfordshire specifically
- (g) Overall, the Oxfordshire focus on co-ordination of discharge processes and on strengths-based assessment and D2A approaches has contributed to:
 - (1) A reduction in bed days lost to delay from 3796 in January 24 to 3105 in October, a reduction of 18%
 - (2) A reduction in average waiting time in the Home First pathway of 1.5 days per patient from Sep 23 to Oct 24
 - (3) A reduction in average waiting time for people awaiting a Community Hospital or Short Stay Hub bed of 3.5 days per patient and an overall reduction in bed occupancy in Oxford University Hospital sites from 96.54% in Nov 2023 to 94.10% in Oct 2024. This increases the capacity of OUH to manage Emergency Department pressures, and also reduce the risk of cancellation of planned procedures.

21. There remains work to be done. Generally, the system needs to stop people coming into hospital and there are a range of initiatives funded by Better Care Fund and ICB urgent care funding to support that approach which are under review by the UEC Board. There is a risk that D2A becomes a victim of its own success if it creates space in acute beds that are “filled behind them”. This is recognised by UEC Board as a system risk.

22. The increased level of activity also creates financial challenges for the Council and the Integrated Care Board within the Better Care Fund which will need to be considered in the Better Care Fund Plan for 2025/26. But overall, the cost of looking after people at home is much more efficient:

- (a) The costs of taking someone home for reablement is £ **1174** per episode; if on assessment at home they do not need reablement the cost is £250

- (b) Where people go home with D2A and reablement the overwhelming majority end up with no or reduced ongoing home care needs. This represents a significant cost avoidance for the Council compared with the costs of larger care packages direct from a hospital bed. It is also better for the person who has the maximum opportunity to regain as much of their independence as possible
- (c) By contrast the average cost of a Short Stay Hub bed is (2024/25 rates) is £1500 a week, plus the cost of the Hub team and medical cover. There are some people who do benefit from bed-based assessment and reablement, but this pathway should only be used when consistent with the patient's needs on discharge from hospital

23. The experience of people and professionals of D2A has been the subject of a recent Healthwatch Oxfordshire report which can be accessed at [People's experiences of leaving hospital in Oxfordshire – a report summary - Healthwatch Oxfordshire](#). The report details both good practice and challenges around- especially-communication to people in the discharge pathways, involvement of unpaid carers, join up between hospital and community teams when people are discharged, and general information around discharge pathways. The Council and partners have developed an action plan which will be reviewed in the system Urgent Care Delivery Group [UCDG] and the Carers Strategy working group. A new discharge information leaflet is now being finalised as part of the response. The report did not identify any significant levels of concern around D2A as opposed to bed-based pathways and provided positive statements regarding the level of quality of care being delivered into people's own homes.

Questions raised by Councillor Gawrysiak

24. Councillor Gawrysiak has raised specific questions further to the Motion agreed by Council on 05/11/2024:

(a) **Were the Chiltern Court beds NHS beds?**

The Chiltern Court beds were contracted by the Council from OSJ on behalf of OCCG in November 2016 as a variation to the OCP agreement. The funds to pay for the beds were pooled between the Council and OCCG as part of the then s75 NHS Act 2006 agreement. The beds were treated as part of the system discharge capacity as set out in Annex 4. These were jointly commissioned and funded beds contracted by the Council. They were not "NHS beds".

In her response to Councillor Gawrysiak, the Minister of State confirms that, *"a service being funded from the BCF does not impact duties on NHS commissioners or local authorities to involve patients and the public, through engagement or consultation"*; but also, that, *"as local joint commissioners, the NHS BOB ICB and OCC are best placed to determine the needs of their local population"*.

(b) **To remove them needs a consultation?**

The Minister of State has confirmed that, *"the Secretary of State has decided that this does not meet the threshold for intervention"*, and notes

that the view of the Joint Health Overview Scrutiny Committee at its meeting on 16 January 2024 that this was not a material change needing consultation.

That said, the Director of Adult Social Care and the ICB Director of Place have both acknowledged that there could and should have been greater engagement to communicate the changes and that has been reflected in later work. See paragraph 25 below

- (c) **Full and transparent Data from RG9 Henley, RG4 Sonning Common, RG 8 Goring Woodcote, OX 9 Thames, OX 49 Watlington, HP18 Chinnor and OX 10 Wallingford of discharge paths for patients?**

See Appendix 5. In broad terms, demand and delivery for D2A and step-down beds is consistent in these post codes as with the rest of the County. Outcomes for people from these postcodes is also consistent.

It should be noted that people in post codes in the north and south-west of the District Council are more likely to have been admitted to the John Radcliffe site and then discharged to City or South Oxfordshire sites should they need Short Stay Hub beds.

- (d) **Beds are being provided at Burcot which is 17 miles by car away. We have no bus service from Henley so that is not an option. How can it be justified that Geography was not taken into account such that there is no provision in South Oxfordshire to serve a population of 140,000 residents?**

It is acknowledged that the journey by public transport is difficult to the Short Stay Hub bed site in Burcot for Henley residents. As noted above the same is true in reverse for perhaps the majority of South Oxfordshire residents who by contrast can reach the City or Burcot.

It is important to note that the District Council area is not a planning unit for step-down beds. These beds are specialist and will be more so in the new model (see below paragraph 26ff). The Council will seek to ensure a geographical spread and accessibility in the upcoming procurement but that will be subject to location of suitable bids.

- (e) **What is the RBH view on this and its impact on delayed discharges?**

See Annex 5. RBH has confirmed that the number of people discharged into bed-based pathways has reduced by on average 1 patient per month since April 24. There have been no referrals for short stay hub beds since March.

RBH has fed back that the TOC team “decides pathways very quickly. Our Hospital Discharge Team speak well of the new TOC process and have good working relationships with them. There are daily updates and twice weekly opportunities for wards to discuss cases”.

RBH does however flag that “Patients and relatives often do not understand the rationale of patients with relatively high needs going home with D2A and this can cause an amount of anxiety. A patient information leaflet [referenced above, para 23] has been developed with Oxford TOC colleagues”

This feedback is entirely consistent with the experiences in OUH across the implementation of the TOC and Home First D2A model.

Data on RBH discharges is supplied in Annex 5. Broadly the number of discharges has remain the same each month across 2023 and 2024 to date, with an increase of people going home under D2A.

In terms of length of stay, the waits for D2A have broadly reduced on average and those for step down beds have remained largely the same

25. As noted at paragraph (24b) the Council and the ICB has recognised that there was insufficient communication and engagement re the changes at Chiltern Court. Further it is acknowledged that the transformation to home-based out of hospital care needed to be shared and discussed with residents and stakeholders in Oxfordshire. This was the conclusion of HOSC in January 2024 (drawing a comparison with the work with local people in Wantage around planned changes to the use of the Community Hospital site) and led to the Healthwatch Oxfordshire report discussed at paragraph 23. A series of engagement roadshows has been undertaken during 2024 to promote understanding and debate around these crucial changes to the way we support our vulnerable population.

Next steps for step down beds

26. The Short Stay Hub bed contracts issued in November 2019 have been extended but come to an end in March 2025.
27. A business case is in development for the future provision of step-down beds. The new model will change and be focussed on:
 - (a) People with complex nursing needs who might otherwise be considered for long-term residential care on discharge from hospital. The aim of the beds would be to allow those people for whom there is not a safe, sustainable home-first option the opportunity to settle, recover and be assessed in an environment which maximises their independence. Some of these people may then return home with support, some may need long-term nursing care, but the needs and costs may have reduced delivering the least restrictive care for the individual and the most efficient long-term care for Council, the NHS via Continuing healthcare or indeed the individual if self-funding.
 - (b) People with dementia and/or delirium presentations where a spell of specialist support (possibly with access to a Registered Mental Health Nurse) will enable clinicians to work with the user and their family to

identify the most appropriate onward pathway. This group do badly in acute bed settings but in a pilot that has been running since July 2024 some people have been able to return home once their delirium has resolved. These beds will address a key gap in Oxfordshire's discharge offer.

28. The new beds will continue to be supported by the Hub and the ICB is working with local GPs to develop an appropriate medical cover model.
29. The procurement will be subject to approval of a business case by both the Council and the ICB as joint funders. The new beds will be procured from within the Council's Care Home Framework from January 2025.
30. Views have been sought from past users and carers of short stay hub beds, but feedback to date has been limited. The Council will seek further input from stakeholders before the business case is finalised and communicate any changes to current provision as part of the ongoing engagement regarding the out of hospital care model.
31. The procurement will be via the Council's Care Home Framework. As noted above the location of the beds that are procured will be subject to the quality of bids. The Council will seek to make the beds accessible to carers and family members across the County, but the increasingly specialist provision may limit scope to reflect the County's geography.

Recommendations

32. Cabinet is asked to:
 - (a) Note the history of step-down bed provision in Oxfordshire and to endorse the Home First Discharge to Assess model of care that has been implemented countywide since January 2024
 - (b) Note the impact of Home First Discharge to Assess from a user outcome, system performance and business efficiency point of view both across the Council and in the South Oxfordshire area
 - (c) Agree that the former Chiltern Court beds are not reinstated for the reasons set out in the paper
33. Cabinet is asked to:
 - (a) Note the decision of the Secretary of State for Health not to "call in" the decision to close the Chiltern Court beds
 - (b) Note the engagement that has taken place with the public and stakeholders during 2024 and to endorse ongoing engagement with Oxfordshire residents around out of hospital home first care

Corporate Policies and Priorities

34. Supporting people home from hospital and in their own community supports the delivery of
 - (a) Priority 3: supporting the health and wellbeing of residents and

- (b) Priority 4: support carers and the social care system

Financial Implications

35. **There are no financial implications directly linked to this paper.**

Comments checked by:

Stephen Rowles, Strategic Finance Business partner,
Stephen.rowles@oxfordshire.gov.uk

Legal Implications

36. There is no specific requirement for the local authority to conduct a formal consultation regarding these bed closures. Formal consultation is only required where there is a statutory requirement, or a legitimate expectation to do so has been identified. Clearly, the more serious or significant the impact of any proposed changes are, the more likely the views of those affected should be sought.
37. In this instance, it has been observed that the Joint Health Overview Scrutiny Committee determined on 16 January 2024 that this was not a material change needing consultation and as noted above by the Minister '*local joint commissioners, ... are best placed to determine the needs of their local population*'. The report identifies however that there has been engagement with stakeholders regarding the proposals and, despite there being no specific requirement for consultation, there is an ongoing commitment to engagement with stakeholders and interested parties.

Comments checked by:

Janice White
Head of Law and Legal Business Partner, ASC and Litigation
Janice.White@oxfordshire.gov.uk

Staff Implications

38. None. There are no direct staffing implications for the Council.

Equality & Inclusion Implications

39. The Short Stay Hub beds are designed to meet the needs of the individuals whose needs are too complex to return home under D2A programme. These are mostly people over the age of 65. This gap is filled by these step-down beds. In the new model the individuals' needs are set out clearly and emphasis is drawn on personalised care in line with care bandings and inputs set out in the

Council's Care Home Framework. Particular emphasis is given to the providers understanding of the impact of health conditions and being able to deliver care for people living with dementia and other health conditions. Short-stay hub beds address the needs of some of our most vulnerable elderly residents.

Sustainability Implications

40. The Short Stay Hub bed model does not directly create any sustainability benefits or issues. As part of the evaluation of bids the Council will assess providers commitment to and plans to move to a carbon neutral model for their businesses.

Risk Management

41. There are plans for procurement of the Short Stay Hub Beds under a new model to meet the needs of those individuals whose needs are too complex, and where they are unable to return home under the D2A programme. The aim is to run this model covering City, South and North parts of the county however the priority is to procure a high-quality standard of beds that can meet this level of complexity and intensity. This coupled with a reduction in the bed numbers in the procurement means there may not be beds available in each part of the County. This has not been the case so far and people who use this service will be informed of this at the outset to manage expectations and to work with any exceptional circumstances.

Consultations

42. As set out at paragraphs 24 and 25 there is no requirement for consultation, but the Council and the ICB have engaged subsequent to the decision to close beds in Henley and have and will continue to engage people around the Home First model.

NAME Karen Fuller, Director of Social Care
[Member of SLT]

Annex: Annex 1- Motion of the Council dated 05/11/2004
Annex 2-supplementary questions to Cabinet from Councillor Gawyrsiak
Annex 3-Letter from Minister of State for Health
Annex 4-History of step-down bed provision
Annex 5-Datapak

Background papers: None other than referenced in the report

Contact Officer:

Ian Bottomley Lead Commissioner for Age Well 07532
132975 ian.bottomley@oxfordshire.gov.uk

December 2024