Delegated Decision by Cabinet Member for Adult Social Care
21 January 2025

Short Stay Hub Beds

Report by Director of Adult Social Care

RECOMMENDATION

The Cabinet Member is RECOMMENDED to:

a) approve the procurement and commitment of budget to purchase the new Short Stay Hub Bed (SSHB) model; and

b) delegate to the Director of Adult Social Services authority to award call off contracts under the Light Touch Care Homes Framework further to procurement.

Executive Summary

1. The Integrated Care Board [ICB] and the Council purchase Short Stay Hub beds [SSHB] in line with NHS Hospital Discharge to Assess policy to support people who cannot be discharged directly home under Home First Discharge to Assess [D2A]. The current beds have been partly procured under the Council's former Pseudo Dynamic Purchasing System and partly delivered by alignment of former intermediate care beds supplied by Order of St John Care Trust [OSJ] from the Oxfordshire Care Partnership [OCP] agreement. Bed numbers have ranged between 90-100 since 2019 in response to operational demands and pressures on the acute hospital.

2. Since the implementation of the Home First D2A programme more people are being supported to go home after a hospital stay. This was discussed in detail in Cabinet in Paper 2024/346 approved on 17/12/2024. The progress of Home First D2A and the impact on the need for and costs of SSHB is discussed at full in that paper at paragraphs 15-23 (pages 31-34 of the public pack) and at Annex 4 to the paper (pages 49-50 of the public pack). See Annex 1.

3. The development of Home First D2A has led to an opportunity to revise the model and the bed capacity within the SSHB pathway. The Council has worked with clinicians and partner organisations across the health and care system to develop a new model focussed on providing a discharge route for people who are not able to go home directly after a hospital stay but do not need medically supervised rehabilitation in a community hospital setting. For the most part the target population for this new model for SSHB will be either people who are very frail and need a further period of assessment and recovery in a bed-based setting before a long-term decision can be made on their onward pathway or people who have resolving delirium and/or complex dementia presentations where it would not be safe for them to go home at the point of discharge. In the current SSHB model 66%

of people go home after a stay in a bed and the Council does not expect that figure to change significantly in the new model. But more people will have the opportunity to go home as the SSHB will be able to accept more frail and complex people who hitherto may have been placed directly in a care home for long-term care directly from hospital.

4. The current SSHB contract expires on 31 March 2025. The Council will deliver the new model by procuring a block call off contract for SSHB under the Care Homes (Light Touch) Framework.

5. The new SSHB model is aligned to the Care Homes (Light Touch) Framework [CHF] which defines the inputs required and price point for different needs across 5 "care bands". It is proposed that 36 Nursing beds are procured under the CHF with a mixture of Nursing Specialist beds at care bands 4 and 5 which manage a level of complexity and intensity seen and expected in this cohort. The contract for the new model will include flexibility to increase beds in times of sustained higher demand and to reduce these or end the contract with notice if no longer required.

6. To support transition and deliver effective procurement the Council will need to vary the existing SSHB contracts to provide cover in the interim until the new model contracts are in place from July 2025.

7. The care model for the revised SSHB has been agreed across the health and care system and endorsed by the Oxfordshire Urgent and Emergency Care Board. The funding for the SSHB comes from the Oxfordshire Better Care Fund and the business case for the model and the procurement has been agreed by both the Director for Adult Social Services in the Adult Social Care Directorate Leadership Team for the Council on 23 December 2024 and the Integrated Care Board (ICB) Executive Management Committee on 13 January 2025 as joint funders of the future contract. This is a system initiative that builds on existing joint commissioning approaches, supports integration between health and social care and will support delivery of the Better Care Fund Plan for the benefit of our population and in partnership with the provider market.

8. The Council's commissioning team has been working with colleagues and system stake holders to develop the model and to prepare for the procurement from February 2025.

Exempt Information

Not applicable.

Background

9. Detail on the history and development of the SSHB model is set out in Paper 2024/346 which was approved by Cabinet on 17 December 2024. This also sets out the impact of Home First D2A and the case to reduce reliance on bed-based discharge pathways from acute hospital. See page 29 ff of the Cabinet public reports pack at Annex 1.

10. The Council and the ICB has a duty to plan and deliver services that will enable timely and effective discharges from the hospitals when the patient is medically

optimised for discharge and no longer requires an acute bed. The Council provides residential care home services pursuant to its powers under section 21 of the National Assistance Act 1948 and the Care Act 2014. The Council purchases short stay hub beds on behalf of the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board pursuant to a delegation of functions under sections 75, 65Z5 and 65Z6 of the National Health Service Act 2006 as amended.

11. Broadly, the expectation of the NHS Hospital Discharge Policy guidance is that assessment of long-term needs should not happen in hospital and that people should be discharged to one of the following pathways:

Pathway 0	Patient returns home with no support or with informal support from a voluntary and community group. The Council commissions the Age UK Urgent Care Community Links service to support that. This may also include people returning to previous care where there has been no change to their needs. The Council commissions Oxfordshire Association of Care Providers to deliver a *Trusted Assessor* intervention to support this return to prior care setting
Pathway 1	Patient returns to usual place of residence with support. The Council commissions Discharge to Assess from within the Live Well at Home Framework to deliver this. It can be short-term assistance, reablement and/or long-term care. It can also include people who can go straight home from hospital but need community therapy services to support their medical rehabilitation needs. Oxford Health is leading on a pilot to divert patients to this homebased intervention rather than be discharged via a community hospital bed
Pathway 2a-reablement	**Patients need assessment and therapeutic support prior to long-term care decision. This can be delivered in a nursing home environment and is what is delivered by the short stay hub beds**
Pathway 2b-rehabilitation	Patients need medically supervised bed-based rehabilitation delivered in a community hospital bed. There may be an option to take more of these people home under Pathway 1 in the future.
Pathway 3-long-term care	Patients need a new long-term care placement normally in residential or nursing home. This does not include people returning to a previous placement. The guidance states very clearly that we should use Pathway 3 only in exceptional circumstances and instead people should go into Pathway 2a for assessment and to maximise recovery.

12. The SSHB deliver pathway 2a. The work of the system Transfer of Care [TOC] Hub has developed a clear distinction between pathway 2a and pathway 2b in most cases where previously these pathways may have been used more interchangeably. SSHB play a key role in reducing waiting times for those individuals that no longer require an acute bed but who are unable to go directly home via D2A.

13. Oxfordshire has sought to drive the change to Home First D2A by proactively shifting to the new model in 2023-24 and 2024-25. In April 2023 there were 82 SSHB in place. The number of beds were reduced initially to support the change and then in response to the impact of the D2A model. SSHB have further been reduced to 56 from 01/12/2024.

14. Data from Oxford University Hospitals NHS FT [OUH] shows:
    a) 90-100 people per day are ready for discharge from hospital at any given time.
    b) Referrals to SSHB has reduced from 82 pcm to 63 in the past 18 months.
    c) Average LOS (Length of Stay) in the current model is 25 days since April 2025.
    d) Average no of people waiting for a SSHB is 20 at any given time.

15. Patients discharged into SSHB in 2024 were audited in full by the TOC hub. It was found that these individuals were not able to return home under D2A but neither did they need alternatively community hospital beds.

16. SSHB are non-permanent care homes beds with nursing. Part of the current SSHB were procured by the Council through the Pseudo Dynamic Purchasing System (DPS) in 2019 for a period of 5 years with the option to extend for 1 year. The Council is within the extension period and the contracts are due to end in March 2025.

17. The SSHB have been commissioned and contract managed by the Council but are funded jointly by the Council and the ICB via the Better Care Fund.

18. The ICB commission a SSHB Hub multidisciplinary team that support admissions, therapy, assessment and discharge planning for people placed in the SSHB. This is provided by OUH with social work input from the Council. The ICB also commissions medical cover from GPs that otherwise support the provider homes and OUH provides gerontology advice and support via the Hub team as indicated. These dedicated inputs have enabled individuals referred to the SSHB to recover back to their “base level” as far as possible and enable most people to go home following an intensive period of bed-based reablement. This model is consistent with the national best practice models for Intermediate Care.

19. The other part of the SSHB bed stock has been provided by OSJ from within the OCP agreement. This was for former “intermediate care beds” that were aligned to the SSHB model when that contract commenced in Nov 2019. The Hub team and GP inputs to the OSJ beds are the same.

20. It has been agreed with OSJ that it would not be able to work into the new SSHB model, and so the Council is in discussions with OSJ to make best use of these beds and to re-purpose these for use to meet long-term needs in line with the Care Homes (Light Touch) Framework. These beds might be purchased by the Council, by the ICB for people qualifying for NHS Continuing Healthcare or by self-funders.

Proposed Model for SSHB

21. Since the introduction of the D2A model individuals with less complex needs are returning home after a hospital admission. Provider and operational staff feedback has confirmed that a greater proportion of more complex people are being referred for the SSHB. Care Homes providing SSHB have been unable to admit people with complex needs where these exceed the scope of the current contract.

22. The people now being referred to SSHB after the introduction of D2A generally have needs that are described in care band 4 under the Care Homes (Light Touch) Framework (Please refer to **Annex 2** for details of the care bands). The current model for SSHB does not cater for these complex needs therefore we need to procure beds that can meet the needs of individuals as described in care band 4.

23. A small number of the people currently considered for SSHB have more complex needs than care band 4. Their needs fall within care band 5. Care band 5 is not described in detail within the Care Homes (Light Touch) Framework Specification, and therefore, the SSHB Service Specification will confirm expectations for this group. People in this group will include those with resolving delirium, challenging behaviour of severity and/or frequency that poses a significant or risk to self, others or property, or multiple wounds which may not respond to treatment, or require complex tracheostomy management. This group will need significant monitoring and management 24/7 and present complexity and intensity in care delivery. In 2024 the Council and the ICB have commissioned some Band 5 beds funded from the Better Care Fund to inform the new model. This has confirmed that local providers can meet these needs, and that some of these people are able to return home after a period of recovery. This step also provides assurance to unpaid carers and family members that a return home is manageable.

24. In the new model the SSHB will be procured under the following care bands as set out in the CHF and the SSHB service specification:

    a) Band 4: Nursing Specialist- A) Complex Physical Needs & B) Complex Mental Health Needs/ Complex Dementia
    b) Band 5: Specialist Plus care A) Physical Needs & B) Needs arising from Mental Health and/or Complex Dementia.

Proposed SSHB capacity

25. The number of beds required in the new model has been derived from reviewing the admissions into the SSHB, the length of stay in the beds and the number of referrals waiting for this service. In developing the model and the bed numbers, officers have taken account of learning from the small trial of beds under care band 5 with an existing provider of SSHB. This has confirmed the specification for the care band 5 beds and confirmed that a longer length of stay may be required for more complex needs.

26. The number of beds to be procured will be 36 with a split between Band 4 and Band 5. The number of beds has been reviewed as part of the Business Case for procurement and by the system Urgent and Emergency Care Board. There are some unknowns and potential challenges in moving to the new model but the Council and ICB view is that the system should move to the new model at this level of capacity for the following reasons

a) The TOC process and the development of Home First D2A (particularly to support people with live-in and nighttime care) will continue to identify people who can be diverted from the SSHB pathway to Home First. Also, the new model will enable some people who would otherwise go directly into long-term care to be diverted to a SSHB
    i. Both features improve outcomes for the individual, reduce lengths of stay in the acute hospital and improve practice and responsiveness across the system, including with independent providers
b) In the new model there will be further opportunity to improve efficiency through partnership working with providers in the way that has been achieved in Home First D2A.
c) In the new model the Hub team support to the beds will move to 7 days increasing throughput through therapy input and timely discharge planning
d) Current lengths of stay in SSHB are extended in some instances owing to sourcing delays for homecare or care home placement. There is scope for the Council to reduce these in partnership with the Hub team and providers: there is ample capacity both within the Live Well at Home Framework and the Care Homes (Light Touch) Framework
e) The contract will have provision to scale up and down the number of beds procured by +/- 50% of the original contracted bed numbers with an upper ceiling of 54 beds. In the case of short-term pressures or shifts in Demand and Capacity planning within the Better Care Fund it would be possible to increase capacity and potential providers of the SSHB will be asked to evidence this as part of the bids.

Approval for Business Case for SSHB

27. The Business Case to proceed with a procurement of 36 SSHB in the new model as a call-off to the Care Homes (Light Touch) Framework was approved by Adult Social Care Leadership Team for the Council on 23/12/2024 and by the ICB Executive Management Committee on 13/1/2025. The funding for the SSHB is shared by both partners within the Better Care Fund. Approval for the Business Case to proceed to procurement of the SSHB is delegated to the Director of Adult Social Care under the Council's scheme of delegation.

28. The Business case set out the key benefits and risks of the SSHB. In summary the model:
    - Works to the national NHS Hospital Discharge Policy guidance and is in line with the national model of Intermediate Care
    - Supports people to get the best possible experience of discharge by reducing length of stay in acute hospital and giving them the best chance of returning home
    - Supports flow from acute hospital and reduces bed occupancy and the risks of readmission
    - Increases capability in our discharge pathways and engages the market of providers registered within the Care Homes (Light Touch) Framework
    - Delivers to a high specification and promotes person-centred, strengths-based care and support
    - Reduces long-term financial exposure by supporting more people away from long-term care home placement, whilst also reducing costs in the acute hospital

29. Within the Business Case the Council and the ICB are asked to commit funding from the Better Care Fund to purchase the new SSHB model. The reduction in SSHB delivers savings within the Better Care Fund which are needed and will be recycled to support the significant increase in Home First D2A as well as more "upstream" services that support independence, hospital avoidance and the Oxfordshire Way. These savings will be reallocated as part of the Better Care Fund plan for 2025/26.

30. The funding within the Better Care Fund required to purchase the new SSHB model is as follows:

Full year budget based on potential fee uplifts				
	3% uplift	4% uplift	5% uplift	6% uplift
OCC	£715,300	£722,200	£729,200	£739,600
ICB	£2,352,100	£2,375,000	£2,397,800	£2,432,100
Total	**£3,067,400**	**£3,097,200**	**£3,127,000**	**£3,171,700**

a) The SSHB will be purchased using the Light Touch Care Home Framework banding for Band 4 beds and a set figure for Band 5 beds. The Framework now represents an understood and agreed currency between the Council and the marketplace and effectively matches the price paid to the needs of the individual. In the procurement the Council will stipulate the fee and will seek to evaluate the bids on quality and ability to deliver the model.
b) The final budget will be subject to the agreed fee uplift applied to Light Touch Care Homes Framework bandings in 2025/26. The Council is currently seeking views from providers on its proposals and so budgets across the likely range is set out here.
c) For the Council, the purchase of 36 SSHB in the new model will cost between £715,300 and £739,600 per annum subject to the final agreed uplift.
d) For the Council to proceed with the procurement, the ICB needs to confirm its commitment of the required budget. This was confirmed by the ICB Executive Management Committee on 13 January 2025.

31. The new contract will be issued for a period of 3 years with an option to extend by up to 2 years. After procurement, the new contracts will come into effect 1 July 2025.
a) This timeline creates a potential gap in provision as the current SSHB contract terminates on 31/3/2025. To support an effective and safe transition to the new model for patients, providers and staff the Council will extend the current SSHB contracts exceptionally for 3 months from April-June 2025 in line with Contract Procedure Rules.
b) The negotiations with OSJ re the repurposing of their current SSHB will be aligned to this timetable

32. The providers and the location of the beds under the new SSHB contract cannot be confirmed until the outcome of the procurement. Broadly the Council will seek to source beds in the north, city and the south to reflect both the population and the flow out of Horton General, John Radcliffe and Royal Berkshire Hospitals respectively.

33. As set out above at paragraph 26e, the contract will have provision to increase or reduce the number of SSHB in line with demand. The council and the ICB have agreed in the business case that
    a) Any increase to the number of SSHB which exceeds the budget set out in paragraph 31 will need to be funded additionally from the health and care system whether within the Better Care Fund or from some other source.
    b) The need for any increase will be determined by demand and capacity planning and reviews within the Better Care Fund plan, and be agreed by the wider system at Urgent and Emergency Care Board
    c) Any proposals to increase the number of beds will need to
        i. identify additional budget to fund them. Identification of resource would be identified with the Urgent and Emergency Care Board and agreed by the Council-ICB Joint Commissioning Executive which is accountable to Cabinet and the ICB Board for budgets, and to the Health & Wellbeing Board for delivery of the Better Care Fund plan
        ii. be confirmed by the Director of Adult Social Services, the Director of Law & Governance and Monitoring Officer and s151 Officer
        iii. be managed in accordance with the Council's rules and procedures and may need a new decision

Corporate Policies and Priorities

34. The procurement aligns with the following strategic priorities identified in the Council's Corporate Plan:
    a) **Tackle inequalities in Oxfordshire.** With the adoption of a care bandings approach based on need the Council has improved its ability to address assessed care needs and support more vulnerable people home from hospital
    b) **Prioritise the health and wellbeing of residents**. The SSHB model will map the needs of patients within the hospital to the D2A pathways so that the right care is delivered at the right time. The SSHB model will provide patients with the best opportunity to optimise their health and where appropriate return home.
    c) **Support carers and the social care system**. The SSHB model supports the care needs of the individuals that require this level of the care outside of the hospital and when it is not possible to return home under Home First D2A model. The SSHB model integrated across health and social care in partnership with the provider market will improve response to needs and develop the care inputs to meet those needs.
    d) **Work with local businesses and partners for environmental, economic and social benefit.** The SSHB model will be delivered by the Care Homes (Light Touch) Framework and support the business development model of local care home providers.

Financial Implications

35. This will be funded from Better Care Fund managed within the Age Well pooled budget under the financial responsibility of both the council and the ICB. Any increase to this contract will be managed in line with affordability and agreement from both parties.

    These beds will feature as part of our annual fee review mechanism which considers inflationary changes, changes to the National Living Wage and other local market factors in Oxfordshire.

Comments checked by:

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Legal Implications

36. The Council provides residential care home services pursuant to its powers under section 21 of the National Assistance Act 1948 and the Care Act 2014. The Council purchases short stay hub beds on behalf of the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board pursuant to a delegation of functions under sections 75, 65Z5 and 65Z6 of the National Health Service Act 2006 as amended.

37. The proposed call-off for short stay hub beds will be undertaken in accordance with the call-off procedures set out in the Care Homes (Light Touch) Framework which was established in accordance with the Public Contracts Regulations 2015.

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Staff Implications

38. There are no direct staffing implications for the Council other than the planned expansion of the HESC Brokerage and Quality Improvement teams resourced by the ICB.

Equality & Inclusion Implications

39. The SSHB model supports some of the most vulnerable patients in acute hospital beds to be discharged to an appropriate setting in which they may recover and be able to return home. This reduces the risk of elderly and sometimes disabled people being placed directly from hospital into restrictive long-term care
40. As part of the procurement bidders will be asked to set out how they will meet the protected characteristics of people likely to be discharged to these beds and support the user and their family.

Sustainability Implications

41. The proposed SSHB 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.
42. The OUH Hub team will be embedded in the SSHB sites, and a reduced number of beds and sites will reduce the need for staff to operate in a peripatetic model, and so should reduce journeys.

Risk Management

43. This is a complex area of service development and there are several key risks that have been highlighted above and addressed in the Business Case.
44. These risks include:
    a) Risk of failed procurement. This is not likely: there is strong interest in the new SSHB model which will be procured using the fixed prices attached to care bands and using the care banding models and definitions that were developed with the marketplace. The Council anticipates a successful procurement.
    b) Medical and therapy/support to the model: the medical model is being developed by the ICB in partnership with local GPs and the Hub team and will be in place to support the new SSHB contract. The SSHB Hub team will continue and will move to 7-day working.
    c) Impact of a reduced number of beds. The business case has modelled efficiency opportunities from reducing delays at the "back door" of SSHB, and the impact of 7-day support and continued diversion from bed pathways for people who can go home. These are intended to maintain the flow out of hospital and address the risk of SSHB availability significantly affecting the acute hospital position. Discharges to SSHB currently represent about 8% of "supported discharges" where people cannot go home unaided. If the flow into SSHB reduced that could result in an increase of 1-2 additional people delayed in hospital each day. The Council believes that the new model will be able to manage this, but the contract will include provision to scale up beds in the event of sustained or short-term increased demand.
    d) A reduced number of beds and sites might increase the risk of "blocked" capacity for instance in the event of a flu outbreak. This is already an issue that has to be managed by the OUH SSHB Hub team in partnership with the Council commissioners. The proposed reduction does not significantly alter this risk which is mitigated by normal business processes.
    e) There have been public concerns regarding the siting of SSHB to support local populations and especially carers. In broad terms the beds will be procured to provide a north-city-south profile that reflects flow out of local hospital sites. The beds will have to be on public transport routes. The beds are specialist, and the final location will be the result of rigorous quality-checking and assurance of bids to provide the beds.
    f) The current SSHB provided by OSJ will not proceed into the new model after agreement that they cannot deliver to the new specification. This creates a risk to the Council and to OSJ. The Council and OSJ are working to repurpose these beds for long-term care aligned to the Care Homes (Light Touch) Framework and this will be delivered against the same timetable as the procurement.
    g) The SSHB are jointly funded by the Council and the ICB from the Better Care Fund. There are significant pressures on the Fund relating mainly to costs associated with the expansion of Home First D2A. The reduction in the number SSHB allows the Council and the ICB to move resources to Home First D2A and to other "upstream" preventative models.

Consultations

45. There is no requirement on the Council to consult in this instance. The development of the new SSHB has been extensively discussed with system partners and Care Homes (Light Touch) Framework providers and has been

endorsed as a model. The paper approved by Cabinet on 17/12/2024 emphasised the engagement that has been and will continue to be undertaken around moving to a Home First D2A model and more broadly supporting people in their own bed, rather than any other one. There will be engagement with stakeholders as part of a communications plan, including around the repurposing of the OSJ beds.

Karen Fuller
Corporate Director of Adult Social Care

Annex 1 Cabinet report 2024/346

Annex 2 - CHF Agreement including Care Bands

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