

To: Cabinet
Date: 13 September 2023
Report of: Executive Director (Communities and People)
Title of Report: Continuation of the Oxfordshire Out of Hospital Care Model

Summary and recommendations	
Purpose of report:	To seek authorisation to continue the Oxfordshire Out of Hospital Care Group through financing secured from the Better Care Fund and to seek delegated authority to award ongoing contracts (with annual break clauses) for the provision of this service, subject to securing the necessary financing.
Key decision:	Yes
Cabinet Member:	Councillor Linda Smith, Cabinet member for Housing
Corporate Priority:	Support Thriving Communities
Policy Framework:	Housing, Homelessness and Rough Sleeping Strategy 2023 – 2028

Recommendations: That Cabinet resolves to:	
1.	Approve continuation of the Oxfordshire Out of Hospital Care Model (OOHCM) using the financing secured through the Better Care Fund (BCF);
2.	Recommend to Council the allocation of £1.2 million to continue to fund the Oxfordshire Out of Hospital Care Model until 31 st March 2024, using funding from the Better Care Fund;
3.	Delegate authority to the Executive Director (Communities and People) in consultation with the Cabinet Member for Housing, the Head of Financial Services / Section 151 Officer, and the Head of Law and Governance / Monitoring Officer to enter into agreements and contracts to continue the Oxfordshire Out of Hospital Care Model until 31 st March 2024 within the level of the external funding award and within the project approval; and

4. **Delegate authority** to the Executive Director (Communities and People) in consultation with the Cabinet Member for Housing, the Head of Financial Services / Section 151 Officer, and the Head of Law and Governance / Monitoring Officer to enter into agreements and contracts to continue the Oxfordshire Out of Hospital Care Model beyond 31st March 2024, up to a maximum of five years with an early termination clause, subject to ongoing financing being secured and in place.

Appendices

Appendix 1	OOHC staffing model
Appendix 2	Diagram of flow
Appendix 3	Case study 1
Appendix 4	Case study 2

Introduction and background

1. The Oxfordshire Out of Hospital Care Model (OOHCM) was conceived in partnership between Oxford City Council, Oxford Health NHS Foundation Trust and Oxfordshire County Council (Adult Social Care). As such, an integrated approach has been integral from the outset.
2. The OOHCM started operationally in February 2021, through an initial 15 months' award from the Department of Health and Social Care's 'Shared Outcomes Fund' to test innovative ways of working across public sector systems. Oxford City Council has held all the funds awarded to the OOHCM Model and paid service providers on a quarterly basis.
3. OOHCM is part of a nationwide programme of 18 sites working with people either experiencing or at risk of homelessness, the original core aims of the model were to:
 - Prevent discharges to street and associated re-admissions;
 - Avoid hospital attendance and admissions (where health, care and support needs can be better met in the community);
 - Support an improvement in an individual's health and wellbeing; and
 - Prevent rough sleeping and homelessness.
4. The OOHCM national programme is being evaluated by King's College London (KCL), with their full report due September 2023. However, in January 2022, Dr Michelle Cornes (Senior Research Fellow) chose Oxfordshire as the focus of an interim Audit, which found it to be:

- A “high fidelity”, evidence-based, Out-Of-Hospital Care Model - implementing the key mechanisms for safe, timely discharge that are proven to reduce delays and emergency department attendances (Cornes et al, 2021);
 - Highly cost effective – with cost savings across the entire system of around £1.3m identified over the 10 months from Feb 2021 - Dec '21;
 - High performing against national benchmarks;
 - Successful in embedding within the local integrated care system facilitating rapid patient flow from hospitals and through Short and Long Term Care (SALT).
5. On the back of a successful first year, financing was secured from a range of sources, including: Rough Sleeping Initiative 22-25, NHS Urgent and Emergency Care and COVID Management Fund, to continue the model for a further 12 months beyond June 2022.
 6. In fact it was possible to grow the OOHC Model as it was first invited to recruit and host additional specialist health roles on behalf of the Buckinghamshire, Oxfordshire & West Berkshire Integrated Care Board (BOB ICB) and was then successful in a number of bids to the Better Care Fund (Winter Discharge).
 7. Accordingly, the model's stated aims were expanded to include:
 - Improve access to mainstream services and reduce health, housing and care inequalities for people with multiple and complex needs;
 - Increase elective engagement with care and treatment to support an improvement in health and wellbeing and avoid hospital admissions where a person's needs can be better met in the community.

Performance

8. The model has had a lot of success supporting planned discharges from hospitals across Oxfordshire; results include:
 - Step Down and Housing Options services have supported over 200 planned discharges from hospital (50% from Mental Health wards)
 - Where a discharge has included a stay in Step Down housing, there has been (comparing 12 months prior to and 12 months post-Step Down):
 - 24% reduction in emergency hospital admissions
 - 56% reduction in presentations to Emergency Departments
 - 155% increase in Outpatient visits (evidence of ongoing engagement with planned treatment in community)
 - 89% reduction in Mental Health bed days at December 2021

- Number of 'stranded' patients on Mental Health wards was static at around 14-18 prior to OOHCM; the monthly average is now around one person
- The average length of stay in the Step Down service is 28 days (national average is 105) - evidence of good throughput and generating capacity
- 22% of people in Step Down had been rough sleeping prior to entering hospital; only one person returned to rough sleeping (national average is 20%) and zero new rough sleeping
- The OOHCM team has been rated as the national exemplar for genuine coproduction and involvement of lived experience by King's College London.

9. The model has also prevented hospital admissions and rough sleeping:

- The preventative, Step Up team of Social Worker, Psychologist and Embedded Mental Health Workers have supported 135 individuals in the community, of those:
 - 44 have remained out of hospital (both Mental Health and Acute), breaking historic cycles of re-admission;
 - 59 have seen an increase in elective engagement with healthcare and other treatments (inc. for substance issues);
 - 50 have maintained their accommodation where they had been at acute risk of eviction and homelessness.

Reasons to continue

10. The OOHCM is enabling the local system to deliver, or make progress towards delivering, several strategic aims and intentions. Whether that is the county-wide Homelessness Strategy, NHS long-term plan or BCF two year local plan, it is consistently:
- Facilitating timely, sustained discharges from hospitals, with robust Discharge to Assess (D2A) protocols, which are in turn leading to improved engagement with community services and a reduction in hospital presentations, re-admissions and rough sleeping.
 - Removing barriers to accessing mainstream services in the community and reducing health and other inequalities.
 - Promoting, facilitating and modelling genuine partnership working and an integrated approach between health, care and other system partners.
11. It is out-performing other OOHCM test sites on most of the metrics employed by King's College, London in their evaluation and has been cited in several recognised studies

(by KCL, Homeless Link, Local Government Association, Directors of Adult Social Services) as exemplifying excellent practice.

12. It is also having a significant and positive impact on the lives of people facing multiple exclusions and deprivations (see appendix 3 and 4).
13. The evidence for continuing the OOHCM model is strong and has been well-established in various studies and government guidance:
 - 2015 - 2021 - KCL and London School of Economics evaluation of 'standard' vs 'specialist' hospital discharge arrangements:
 - 'NHS Trusts with specialist homeless hospital discharge teams had lower rates of Delayed Transfers of Care linked to 'Housing' than standard care';
 - 'Specialist out-of-hospital care arrangements were consistently more effective and cost-effective than standard care';
 - 'Out-of-hospital care models that encompassed a homeless hospital discharge team PLUS direct access to a specialist step-down service were more effective and cost-effective than other models'
 - March 2022 - National Institute for Health and Care Excellence (NICE) Guideline:
 - '...providing such services would help avoid hospital admissions and ensure safe and timely discharge. Intermediate care can also prevent or shorten expensive inpatient care and provide appropriate care and support to people in need of more intense support than would otherwise be provided in the community.'
 - 'Intermediate care, including step-down and step-up care, would represent a change in practice because this service is currently rare for people experiencing homelessness. This would need some funding but there is evidence that intermediate care represents value for money.'

Next Steps

14. The OOHCM has been awarded the sum of £1,213,038 for the financial year 2023-24 from the Better Care Fund. This is by far the largest award they have made in Oxfordshire and will enable delivery of the current OOHCM in its entirety until 31st March 2024.
15. A sum of £1,665,366 has been allocated for the OOHCM in the BCF budget for 2024-25. The precise make-up of the OOHCM beyond March 2024 is to be determined partly in response to the pending KCL evaluation (due September 2023).
16. Cabinet approval is sought to continue the OOHCM at current level of provision using the financing provided by the BCF and to award associated contracts, with yearly break clauses in line with funding, to external providers and employees.

17. Any extension to contract beyond March 2024 would be on the proviso that funding was secured and in place to enable this to happen. Break clauses and termination clauses would be written into contracts reserving Oxford City Council the right to either end or not award the contract from year to year, dependant on funding.

Financial Implications

18. The OOHCM is funded 100% from sources external to Oxford City Council and there are no financial implications or risks to Oxford City Council in continuing the OOHCM.

Legal issues

19. The procurement and award of contracts for this service will be undertaken in compliance with the Council's contract rules contained in part 19 of its Constitution and the Public Contract Regulations (PCR) 2015 as amended by the Public Procurement (Amendment etc.) (EU Exit) Regulations 2020.
20. The current provision is operating under an exemption from procurement to the previous contract until Cabinet approves the continuation of the OOHCM. Once this approval is in place a comprehensive public tendering exercise will be conducted.
21. Contracts awarded beyond March 2024 to deliver the OOHCM will be up to a maximum of five years, with break clauses and termination clauses written in reserving Oxford City Council the right to either end or not award the contract from year to year, dependant on the funding being secured.

Level of risk

22. By facilitating the management of the OOHCM, Oxford City Council does expose itself to minimal risks associated with the commissioning of services to external providers, such as breaches of data protection and GDPR legislation, for example. However, any such risks have already been successfully mitigated over the previous two years through a robust system of governance, including: data sharing agreements in place among all partners, adherence to procurement requirements and clear lines of accountability and performance management.
23. The level of risk to Oxford City Council and its system partners if we do not continue the OOHCM is much higher, including:
 - Increase in delays to discharge from hospital and an increase in bed days, with associated adverse impact on the health and wellbeing of individuals and financial implications for health services;
 - Increase in unsafe discharges from hospital to rough sleeping and associated presentations to Housing teams and readmissions to hospital;
 - Disengagement with treatment and services within the community and subsequent increased risk of homelessness, presentation to Housing teams and readmission to hospital;

- Increase in inequality of access to services and subsequent poorer outcomes for the health and wellbeing of vulnerable and excluded individuals;
- Non-compliance with government and NICE guidance and good practice;
- Loss of operational and systemic achievements and gains that have been delivered by OOHCM, such as: lived experience input at a meaningful level; co-commissioning of services and housing strategies between services; improved partnership working and shared accountability.

Equality impact

24. The extension of the OOHCM is aligned to and forms part of the effort to deliver the Council's Housing, Homelessness and Rough Sleeping Strategy which has been subject to a full equality impact assessment. There are no adverse impacts anticipated on anyone with protected characteristics, rather efforts to support hospital discharge and prevent homelessness should support efforts to reduce inequality.

Environmental

25. There are few environmental considerations arising directly from this report and no impact is anticipated on the environment.

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Background Papers: None

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