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Aberdeen City Health & Social Care Partnership
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To: Members of the Integration Joint Board

Town House,
ABERDEEN 26 January 2021

INTEGRATION JOINT BOARD

The undernoted items are circulated in connection with the meeting of the **INTEGRATION JOINT BOARD** on **WEDNESDAY, 27 JANUARY 2021 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

BUSINESS

- 11 Finance Update - HSCP.21.012 (Pages 3 - 18)
- 13 Rosewell House - HSCP.21.009 (Pages 19 - 26)

Should you require any further information about this agenda, please contact Derek Jamieson, tel 01224 523057 or email DerJamieson@AberdeenCity.gov.uk

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INTEGRATION JOINT BOARD

Date of Meeting	27 January 2021
Report Title	Quarter 3 Financial Monitoring and Mobilisation Plan Update
Report Number	HSCP.21.012
Lead Officer	Alex Stephen, Chief Finance Officer
Report Author Details	Alex Stephen, Chief Finance Officer
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	<ul style="list-style-type: none"> a) Finance Update as at end December 2020 b) Variance Analysis c) Mobilisation Plan Costings Update d) Progress in implementation of agreed savings – December 2020 e) Budget Reconciliation f) Budget Virements g) Summary of risks and mitigating action

1. Purpose of the Report

- a) To summarise the current year revenue budget performance for the services within the remit of the Integration Joint Board (IJB) as at Period 9 (end of December 2020).
- b) To highlight the current forecast in relation to the additional costs of COVID-19 to be reclaimed from the Scottish Government.
- c) To advise on any areas of risk and management action relating to the revenue budget performance of the Integration Joint Board services.
- d) To approve the budget virements so that budgets are more closely aligned to anticipated income and expenditure (see Appendix F).



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2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Notes this report in relation to the IJB budget and the information on areas of risk and management action that are contained herein.
- b) Approves the budget virements indicated in Appendix F.

3. Summary of Key Information

Background

3.1 The IJB considered reports on the 9 June 2020, 11 August 2020 and the 28 October 2020, which highlighted the estimated costs of the mobilisation plan and the risk that particularly the indirect costs of COVID-19 on the IJB budget may not be funded by the Scottish Government.

New Information on COVID-19 Costs and Funding since 28 October 2020

3.2 Since the 28 October 2020 the following allocations have been received from the Scottish Government, highlighted in grey below:

Funding Received to Date for Mobilisation Plan

Social care sustainability tranche 1	£1,856,000	Council
Social care sustainability tranche 2	£928,000	Council
September allocation from '£1.1 billion allocation'	£5,369,000	Council\NHS
Scottish Living Wage	£324,848	Council
Prescribing	£388,000	Health
Primary Care GPs	£787,174	Health
November top up allocation for sustainability payments	£2,729,720	Council transferred in January
December allocation for winter plan funding - Sustainability	£1,750,000	Council transferred in January
Total Mobilisation Plan Funding Received	£14,132,742	
December allocation for winter plan funding - Additional Staffing	£1,250,000	Council\Health transferred in January
December allocation for winter plan funding - Admin	£180,000	Council\Health transferred in January
	£15,562,742	



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- 3.3 The funding received has aligned with the expenditure included on the mobilisation plan costing to date. As highlighted previously the mobilisation plan costings were based on estimates in March 2020 and as the pandemic response continues and the guidance in relation to social care provider payments is changed then the costs continue to move on the mobilisation plan.
- 3.4 In regard to the allocations the letters from the Scottish Government have indicated that Chief Finance Officers and Directors of Finance can approach the Scottish Government if the basis for allocation does not meet local requirements. Based on the information and funding received to date Aberdeen City IJB's local requirements have been met, apart from the items where a decision on allocation has still to be made.
- 3.5 In relation to savings undelivered, those which were originally included against the staffing budgets have largely been delivered, as it has not been possible to recruit to the normal levels. Locum spend has reduced in some services this financial year, however, it has increased in community mental health services where recruitment to medical posts has proven challenging. On the social care side of the budget, savings which were expected to be delivered at the start of year have not been delivered and have been included on the mobilisation plan from the outset as a result. A funding allocation for the undelivered savings is expected in January.
- 3.6 In relation to social care sustainability costs these continue to be refined and the sustainability scheme has recently been extended by the Scottish Government. Further information on the social care payments and forecast continues to be requested on a regular basis by the Scottish Government to substantiate the payments.

Aberdeen City IJB Financial Information

- 3.7 A prudent approach has been taken in forecasting the level of additional income to be received from the Scottish Government for the cost implications of COVID-19 and therefore, for the time being, only income that has been received is accounted for in the financial monitoring. The financial position of the IJB at the 31 December 2020 is as follows:



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	£'000	£'000
Overspend as at 31 December 2020 (Appendices A and B)		3,456
Represented by:		
Overspend\(\Underspend) on Mainstream Budgets (Appendix B)	(55)	
Costs of COVID-19 – Included on Mobilisation Plan (Appendix C) on Prescribing line	409	
Costs of COVID-19 – Included on Mobilisation Plan (Appendix C)	3,102	
		3,456

- 3.8 In quarter 2 an overspend of £1.2 million was forecast on the prescribing budget, this has been reduced to £409,000 as additional funding of £388,000 has been received for the increase in the cost of two drugs due to COVID and there has also been a reduction in the average unit cost of drugs.
- 3.9 As highlighted in the report to the urgent IJB meeting on 28 October 2020 there has been a movement in the level of planned care at home hours. Some of this increase is temporary and due to respite and day care services not being available, and some is a result of supporting people at home, instead of a residential setting, during the first lockdown. As indicated in the report, these costs are being added to the mobilisation plan as a direct cost of COVID.
- 3.10 Whilst the IJB does have a small risk fund held in reserve, the Chief Finance Officer does not recommend that this is used to cover any shortfall. The Scottish Government have confirmed that additional funding will be provided to cover the costs of COVID-19 but until all the funding is distributed and the final financial position is known, there remains a risk of overspend, particularly given the move into the second phase of providing services during the COVID pandemic. Should the Chief Finance Officer feel that the financial risk has increased as a result of new information becoming available then a special meeting of the IJB will be called at short notice with the permission of the Chair of the IJB and as stated in the Standing Orders.
- 3.11 Information on the variances to date are contained in the appendices, along with the budget virements and an updated mobilisation plan costing.



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4 Implications for IJB

4.1 Every organisation must manage the risks inherent in the operation of large and complex budgets. These risks are minimised by the regular review of financial information by budget holders and corporately by the Board and Risk, Audit & Performance Systems Committee. This report is part of that framework and has been produced to provide an overview of the current financial operating position.

Key underlying assumptions and risks are set out within the Appendices to this report.

4.2 **Equalities** – there are no equalities implications arising from this report.

4.3 **Fairer Scotland Duty** – there are no Fairer Scotland Duty implications arising from this report.

4.4 **Financial** – the financial implications are contained throughout the report.

4.5 **Workforce** – there are no workforce implications arising from this report.

4.6 **Legal** – there are no legal implications arising from this report.

4.7 **Other** – there are no other implications arising from this report.

5 Links to ACHSCP Strategic Plan

5.1 A balanced budget and the medium financial strategy are a key component of delivery of the strategic plan and the ambitions included in this document.

5.2 **Management of Risk**

5.3 **Identified risks(s)**

See directly below.

5.4 **Link to risks on strategic or operational risk register:** Strategic Risk #2



There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend.



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How might the content of this report impact or mitigate these risks:

Good quality financial monitoring will help budget holders manage their budgets. By having timely and reliable budget monitoring any issues are identified quickly, allowing mitigating actions to be implemented where possible.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)



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Appendix A: Finance Update as at end December 2020

Period 9	Full Year Revised Budget £'000	Period Budget £'000	Period Actual £'000	Period Variance £'000	Variance Percent %	Forecast £'000
Mainstream:						
Community Health Services	34,952	26,168	26,476	308	1.2	35,051
Aberdeen City share of Hosted Services (health)	24,320	18,163	17,463	(700)	-3.9	23,326
Learning Disabilities	35,954	26,827	26,096	(731)	-2.7	35,046
Mental Health and Addictions	21,801	16,607	16,157	(450)	-2.7	20,888
Older People & Physical and Sensory Disabilities	80,192	61,224	64,907	3,683	6.0	83,004
Directorate	342	256	257	1	0.4	204
Criminal Justice	92	73	(702)	(775)	-1061.6	77
Housing	1,846	1,384	478	(906)	-65.5	1,846
Primary Care Prescribing	39,267	29,080	29,367	287	1.0	39,676
Primary Care	42,706	32,039	31,535	(504)	-1.6	42,047
Out of Area Treatments	2,000	1,592	2,046	454	28.5	2,622
Set Aside Budget	46,410	34,808	34,808	0	0.0	46,410
Direct COVID Costs	14,063	3,935	6,911	2,976	75.6	17,165
Public Health	2,133	1,664	1,510	(154)	-9.3	2,172
	346,078	253,820	257,309	3,489	1.4	349,534
Funds:						
Integration and Change	518	24	24	0	0.0	518
Primary Care Improvement Fund*	3,147	1,312	1,317	5	0.4	3,147
Action 15 Mental Health*	655	410	410	0	0.0	655
Alcohol Drugs Partnership*	1,240	43	145	102	237.2	1,240
	5,560	1,789	1,896	107	238	5,560
	351,638	255,609	259,205	3,596	1.4	355,094

Appendix C: Mobilisation Plan Costings

	Original Medium Range Forecast 2020/21 £'000	Forecast 2020/21 £'000	
<u>Direct Costs Agreed Locally</u>			
Additional Care Home Beds	3,168	2,979	Initially agreed via NHSG for up to three months - Costs likely to be incurred for remainder of the year depending on how long clients remain in the care home - might be replaced by sustainability costs in due course.
Clinical Leads	288	85	Additional staff costs for our clinical leads to support the Partnership and the community Hub.
Mental Health	144	144	
Staff overtime and additional hours	300	392	Additional Mental Health Officer and social care provision via a provider. Required to support residential settings and for weekend working.
Care at Home Additionality	0	1,500	Additional costs in relation to Care at Home required to keep residents from moving into residential settings wherever possible.
Care Homes Sustainability	1,263	5,569	Principles still being agreed at SG level - to support care homes financially due to a reduction in number of residents.
PPE Partnership	3,600	530	High level estimate, but have forecast for the whole year - this will be an additional cost to social care and Partnership for a long time .
COVID HUB	0	1,426	Costs of Covid Vaccination Hubs
Prescribing	(690)	0	Return of funding to SG due to their expectation that the cost will reduce in first two months of the financial year. This amount has been removed from the prescribing budget.
Lost Income	1,000	1,109	Reduction in financial assessments and relaxation of rules. There will be a delay in collecting some of this income.
Winter Allocations	0	1,430	Allocation received for Winter Costs
Savings	3,662	2,000	Agreed savings undeliverable as they impact on Social Care Providers and Staffing which would directly hinder the response to the pandemic if implemented.
COVID Costs	12,735	17,164	
<u>Included on other budget lines</u>			
Savings	0	409	Agreed savings undeliverable as they impact on Prescribing
Social Care Providers Uplift	528	324	Additional cost of uplift agreed via Scottish Government - was agreed to provide care providers 3.3%, which is higher than the amount anticipated in the MTFP.
Prescribing	0	388	Cost recovery for two drugs where the costs have increased due to COVID.
GP Practices	591	788	Additional payments to practices agreed by Scottish Government for public holidays.
	1,119	1,909	
20/21	13,854	19,073	
19/20	774		
	14,628		
Less: Funding Received		15,562	
Balance Still to be Funded		3,511	

Appendix B: An analysis of the variances on the mainstream budget is detailed below:

Community Health Services (Forecast Position - £349,000 overspend)

Major Variances:

(254,000) Across non-pay budgets
144,000 Under recovery on income
209,000 Staff Costs
250,000 Undelivered Savings

Staffing costs slight underspend due to overspend in Medical Staff and Admin Staff offset by underspends in Nursing and Allied Health Professionals. Income forecast for under recovery is down to income from Dental patients reducing. Non-Pay underspend due to underspends in Transport and GP practice funding costs offset by overspend to Medical Supplies and Admin costs. There is also an overspend forecast due to undelivered savings.

Hosted Services (Forecast Position £994,000 underspend)

The Hosted Services position is now reporting an underspend mainly due to the allocation of cost pressure funding from the Integrated Joint Board. All services reporting underspend excluding GMED which still has a significant overspend despite additional funding.

Intermediate Care: Has an underspend position in city due to allocation of additional funding. The Grampian wide service has an underspend position due to reduction on medical supplies spend and no longer accruing for an invoice, along with a reduction in locums usage.

Grampian Medical Emergency Department (GMED): Currently overspent despite additional IJB funding. Relates mainly to pay costs and the move to provide a safer more reliable service which has been a greater uptake of shifts across the service. Non-pay overspend due to repair costs not covered by insurance, increased costs on software and hardware support costs, increased usage of medical surgical supplies and an increase in drug costs.

Hosted services are led by one IJB, however, the costs are split according to the projected usage of the service across the three IJBs. Decisions required to bring this budget back into balance may need to be discussed with the three IJBs, due to the impact on service delivery.

Learning Disabilities (Forecast Position - £908,000 underspend)

There are forecasted underspends on homecare (£1,460,000), day care (£497,000) and the transitions team (£197,000), offset by an overspend of £1,700,000 on residential care.

Mental Health & Addictions (Forecast Position - £913,000 underspend).

There are underspends across the service, in particular residential care (£360,000), day care (£313,000), support services (£252,000) and drug addictions (£133,000). An overspend is also forecast on the health side of the budget of £500,000 due to the use of locums and rising Methadone costs.

Older People & Physical and Sensory Disabilities (Position £2,812,000 overspend)

There has been a large increase in commissioned services in 2020/21, with costs expected to be approximately £1.9m higher than in 2019/20. In addition, there has been a fall in the amount of client income being billed, with a potential under recovery for the year of up to £1m.

Directorate (Position – £138,000 underspend)

Various underspends, the most significant being £97,000 income received for self directed support.

Primary Care Prescribing (Forecast Position – £409,000 overspent)

The Primary Care Prescribing Budget is reporting an overspend. This position is based on seven month's actuals for April to October which includes the continuing impact on price and volume from Covid and an accrued position for November and December including the impact of Christmas.

This budget now includes an allocation from IJB Covid funding amounting to £388,000 for two drugs identified by Scottish Government as being specifically impacted upon relating to Covid. To the end of October the volume of drugs prescribed has reduced by 4.5%. There have been various price variations throughout the year with the price at the start of the financial year being far higher than expected and this stabilising. Unfortunately the price fall has not offset the price increase at the start of the financial year and therefore an underspend is still forecast.

Primary Care Services (Forecast Position - £659,000 underspend)

The GP contract uplift for 2020/21 agreed has now been notified and allocation received.

Funding has been released to practices by the Scottish Government in anticipation of increased cost relating to Covid response and this is anticipated to be fully funded by the Scottish Government. An allocation for initial expenditure for this has been received and included in position. This expenditure continues to be reviewed and payment to practices for additional expenditure incurred over and above initial allocation released has been arranged monthly. It is anticipated that such additional expenditure is to be funded by the Scottish Government.

The premises position improved following rent review reconsideration where anticipated increase in rent for two practices are no longer expected. This was the main factor in the improved position.

Out of Area Treatments (Forecast Position - £622,000 overspend)

Forecast overspend has been increased due to an increase in the costs and number of people treated out of area. There is also additional expenditure as some patients have required additional support over the lockdown period.

COVID -19 Costs (Forecast Position - £3,102,000 overspend).

Major Movements:

See appendix C for detailed breakdown. This overspend should be recovered through the mobilisation plan funding once received.

Public Health (Forecast Position - £39,000 overspend).

A small overspend on public health staffing which is being investigated.

Funds (Position - balanced)

Income will match expenditure at the end of the financial year.

Appendix D: Progress in implementation of savings – December 2020

Programme for Transformation:	Agreed Target £'000	Status	Forecast £'000
Managing Demand	(2,050)	Description - Additional income to be received from social care charging and reduced costs largely through a reduction in social care commissioning. Status - Commissioning plans and savings put on hold are delayed as a result of COVID19, as most of these savings would have come from redesigning social care services.	(300)
Conditions for Change	(2,640)	Description - reduced usage of locums and agency staff and redesign of community services as we move into localities. Status - Some of the savings have been made due to staff vacancies and a reduction in the use of locums. However, the use of locums in mental health services may increase during the year owing to a number of retirements. A working group has been established to look at the medical staffing the mental health community and inpatient services.	(2,390)
Accessible and responsive infrastructure	(500)	Description - A review of our 2C medical practices to seek to develop new models for these services which encourage better collaboration between the practices and more cross-system working. Status - An underspend is forecast on our primary care services and we are using this to offset some of this saving. The 2C re-design work is starting back up again and the work undertaken during the COVID19 response phase is influencing the direction of travel.	(500)
Data and Digital\Prevention	(500)	Description - The majority of the savings will come from seeking alternatives to medicines (social prescribing), ensuring our prescribing processes and management of patients using medicines is as efficient as it can be and also stopping the prescription of drugs where there is evidence of little clinical value. There were also elements about looking at a system to aid the management of medicines in care homes, looking at reducing GP call-outs and the considering how to prevent people being admitted to hospital. Status - This majority of this saving was due to come from the prescribing budget and at present this budget is forecasting to breakeven.	(91)
	(5,690)		(3,281)

Undeliverable due to COVID19

(2,409)

Appendix E: Budget Reconciliation

	NHSG £	ACC £	IJB £
ACC per full council:	0	94,314,381	94,314,381
NHS per letter from Director of Finance:	232,053,968		
Budget NHS per letter		0	
	<hr/> 232,053,968	<hr/> 94,314,381	
Reserves Drawdown			
Quarter 1	7,352,501		
Quarter 2	3,398,969		
Quarter 3	11,785,415	2,732,720	
Quarter 4			
	<hr/> 254,590,852	<hr/> 97,047,101	<hr/> 351,637,954 <hr/>

Appendix F: Budget Virements (balancing)

Health 7-9		£
GMED Out Of Hours	City Hosted Services	194,904
GMED Out Of Hours	Earmarked Funding	(194,904)
Capacity Funding	Core Community	133,398
Capacity Funding	Earmarked Funding	(133,398)
Total Virements		0

Social Care 7-9		£	Ref
Nhs Covid Funding Tranche 2	Directorate	928,000	49740
Nhs Covid Funding Tranche 2	Budget Savings	(928,000)	49740
Total Virements		0	

Appendix G: Summary of risks and mitigating action

	Risks	Mitigating Actions
Community Health Services	Balanced financial position is dependent on vacancy levels.	Monitor levels of staffing in post compared to full budget establishment. A vacancy management process has been created which will highlight recurring staffing issues to senior staff.
Hosted Services	There is the potential of increased activity in the activity-led Forensic Service. There is the risk of high levels of use of expensive locums for intermediate care, which can put pressure on hosted service budgets.	Work is being undertaken at a senior level to consider future service provision and how the costs of this can be minimised. The movement of staff from elsewhere in the organisation may help to reduce locum services.
Learning Disabilities	There is a risk of fluctuations in the learning disabilities budget due to: - Expensive support packages which may be implemented. Any increase in provider rates for specialist services.	Review packages to consider whether they are still meeting the needs of the clients. All learning disability packages are going for peer review at the fortnightly resource allocation panel.
Mental Health and Addictions	Increase in activity in needs led service. Potential complex needs packages being discharged from hospital. Increase in consultant vacancies resulting in inability to recruit which would increase the locum usage. Average consultant costs £12,000 per month average locum £30,000 per month.	Work has been undertaken to review levels through using CareFirst. Review potential delayed discharge complex needs and develop tailored services. A group has been established in the city to look at supplementary staffing on a regular basis.
Older people services incl. physical disability	There is a risk that staffing levels change which would have an impact on the balanced financial position. There is the risk of an increase in activity in needs led service, which would also impact the financial position.	Monitor levels of staffing in post compared to full budget establishment. Regular review of packages to consider whether they are still meeting the needs of the clients.
Prescribing	There is a risk of increased prescribing costs as this budget is impacted by volume and price factors, such as the increase in drug prices due to short supply. Both of these factors are forecast on the basis of available data and evidence at the start of each year by the Grampian Medicines Management Group	Monitoring of price and volume variances from forecast. Review of prescribing patterns across General Practices and follow up on outliers. Implementation of support tools – Scriptswitch, Scottish Therapeutic Utility. Poly pharmacy and repeat prescription reviews to reduce wastage and monitor patient outcomes.
Out of Area Treatments	There is a risk of an increase in number of Aberdeen City patients requiring complex care from providers located out with the Grampian area, which would impact this budget.	Groups to be re-established reviewing placements and considering if these patients can be cared for in a community setting.



Date of Meeting	27.01.21
Report Title	Rosewell House
Report Number	HSCP21.009
Lead Officer	Sandra Macleod, Chief Officer
Report Author Details	Sarah Gibbon, Programme Manager SGibbon@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

This report provides an update on a short-term, interim solution for the repurposing of available, staffed beds at Rosewell House to positively impact on addressing pressure within the health and social care system particularly relating to the surge of demand for hospital beds and the flow of patients out of hospital into community settings.

2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB):

- a) Endorses the actions taken by the system-wide team to utilise part of Rosewell House as an interim NHS facility supporting surge and flow during the Covid19 second-wave response;
- b) Notes that this is an interim position for a period of up to 16 weeks and the permanent arrangements will be progressed via a registration with the Care Inspectorate as per the Direction made by the IJB on 2nd October 2020; and
- c) Notes that, in line with the approved recommendations of the 2nd October 2020, assurance and oversight of service delivery at Rosewell House will be monitored by the Clinical & Care Governance Committee; performance reports will be provided by the newly formed "Rosewell (Interim) Clinical & Professional



Oversight Group”; and the Grampian Care Home Oversight Group will continue to have a role in support, scrutiny and assurance.

3. Summary of Key Information

3.1. Background

The IJB have directed Aberdeen City Council (ACC) to provide residential care services for adults, and ACC have contracted with Bon Accord Care (BAC) to provide these services at Rosewell House. This Direction is still being discharged, as care home services are still being delivered by BAC. This position will not change.

On 2nd October 2020, the IJB was updated on plans to deliver a new integrated service model at Rosewell House, providing intermediate care for both step-down from hospital and step-up from community as part of the Frail Elderly Pathway element of Operation Home First (OHF) managed by Aberdeen City Health and Social Care Partnership (ACHSCP). The model will increase capacity in the system as well as meeting our aim of delivering the right services, in the right place at the right time whilst also reducing the need for unscheduled admissions and enabling the safe discharge of patients from hospital who require further care prior to returning home.

A Direction was issued to ACC to register the new integrated service in Rosewell House with the Care Inspectorate (CI) with ACC as the registered service provider. This report does not materially change the plans for Rosewell House that were approved in October and this subsequent Direction will also continue to be discharged. The proposals are an interim solution to respond to the current level of demand for patient flow out of hospital and potentially for anyone in the community requiring a more intensive service but not hospitalisation.

3.2. Current Situation

On 5th January 2021, NHS Grampian (NHSG) moved to Level 4 of their contingency response to the pandemic, identifying “Surge and Flow” as a key priority in the cross-system response to the latest increase in Covid19 hospitalisations. The level of Covid19 community transmission is impacting heavily on the system. Restriction on access to available capacity, due to guidance on managing Covid19 in registered Care Homes has reduced patient flow and constrained capacity across multiple step-down facilities and sites. An alternative solution was required to meet predicted bed requirements over the coming weeks. The availability of staffed beds within Rosewell House would have a positive impact on flow across the Frail Elderly Pathway.



3.3. Actions Undertaken

Service Model

Arrangements have been made to change the use of Rosewell House on an interim basis to an 'NHS facility', to be managed through the OHF Frail Elderly Pathway.

Health improvement Scotland (HIS) has confirmed that the NHS Grampian Chief Executive holds accountability for sites which are designated as NHS facilities.

Operational responsibility will be delegated to the ACHSCP Chief Officer, who will be responsible for establishing the systems and processes which will provide the NHS Grampian Chief Executive with assurance on staff and patient safety and quality of care and the NHS Grampian Executive Nurse Director (as the Healthcare Associated Infections (HAI) lead) assurance that standards of patient safety and quality of care are maintained in line with NHS policies.

Bon Accord Care (BAC) has agreed in principle to grant a license to occupy to NHS Grampian, to allow this. They have further agreed in principle to provide certain services, including cleaning, catering, property maintenance and provision of the additional staff services. A contract is already in place with BAC however these variations accommodate this new arrangement and have been confirmed in a responsibility matrix between all four parties (ACHSCP, ACC, NHSG, and BAC).

It is proposed to operate Rosewell House as a dual facility.

- 20 beds registered as Care Home
- 40 beds which will be NHS beds.

Under its civil contingencies' powers, approval was sought from NHSG Gold Command, to direct the Chief Officer to proceed with changing part of the use of Rosewell House to an NHSG facility. This was received on 15th January 2021. Approval was also received from the BAC Board on 18th January 2021. The new, NHS led service started accepting admissions on the afternoon of 18th January 2021.

Site Assessment & Adaptations

Engagement has taken place with Bon Accord Care colleagues, NHSG Clinical Leads, NHSG Domestic Services, NHSG Catering, NHSG Infection Control, NHSG Fire Safety Advisor and NHSG ICT (Information Technology and



Communication) to review the site and assess its alignment with NHS Grampian standards.

Infection Prevention & Control (IPC)

Key principles of the dual facility include:

- Complete segregation of the two facilities (BAC Care Home and NHS Facility)
- Negative Covid19 test(s) for all admissions.
- Regular and routine testing of all staff; and lateral flow testing for any visiting staff.
- Total segregation of units, including cohorting of staff teams; use of communal areas, separate staff facilities.
- Reduction in footfall to and between units.
- Compliance with national PPE guidance
- Compliance with national and local NHS guidance relating to domestics and cleaning; including product types and cleaning schedules across the whole building.
- Compliance with strict standard operating procedures for kitchen and laundry.
- Ongoing support from Health Protection Team (for BAC Care Home) and Infection Prevention and Control Team (for NHS Facility).
-

Compliance with all guidance regarding Covid-19 vaccination program delivery. As part of the repurposing of the area designated as an NHS facility, an inspection of that area was undertaken by NHS Grampian's Infection Control Team, and assurance was received from the Interim Infection, Prevention & Control Manager.

Staffing

BAC and NHS Grampian staff from the current Frail Elderly pathway will continue to support in the new service. All staffing will be organised into cohorts to minimise the opportunity of anyone working across different units. Separate rest and changing facilities are being provided for both the BAC and NHSG areas. All staff will remain working for their respective organisations under their existing terms and conditions of employment. Staff will be prioritised for the vaccination programme.

- **BAC Care Home:** The BAC care home will continue to operate as normal with services provided from existing BAC Staff. Medical cover is provided by Garthdee Medical Practice and GMED Out of Hours.



- **NHSG Facility:** The NHSG beds will be staffed by a mixture of NHSG staff from the Frail Elderly Pathway and BAC General Assistants and Support Workers. It is understood that the proposals have been positively received by BAC staff. Regular communication and contact will be maintained with staff and management to identify and deal with any issues that may arise. Medical cover will be provided by the Department of Medicine for the Elderly (DOME) when fully operational, and initially by a combination of DOME, GMED Out of Hours and Garthdee Medical Practice colleagues.
- **Allied Health Professionals:** ACHSCP staff, including Allied Health Professionals, will continue to provide support and input to both the BAC beds and the NHSG beds, where required.
- **Ancillary Services:** Existing BAC staff will continue to support catering and domestics, supported by colleagues from NHS Grampian to ensure alignment with NHS standards.

Clinical Governance & Risk Oversight

A “Rosewell Interim Clinical & Professional Oversight Group” has been established which covers both the BAC Care Home and the NHSG Facility. The group will meet weekly. This forum will enable multi-agency scrutiny, and the triangulation of intelligence held by ACHSCP; BAC; and Health Protection. It will consider performance; risk; incidents; feedback and provide oversight and assurance that the recommendations of audits are implemented. The group will report to the Clinical and Care Governance Committee.

The scrutiny arm of HIS will review the new service in line with HIS HAI and Older Adult Care Standards. The regulation of the 40 NHSG beds will sit with the NHS who must assure adequate audit, monitoring and compliance with national standards through a clearly described clinical and care governance process.

Clients/Patients and Families

In general, there is regular turnover of residents in Rosewell House. There is one permanent resident and they have been kept updated on the proposed longer-term changes and staff are committed to ensuring minimum disruption for this resident.

In terms of the interim changes, currently, there are 13 temporary residents in the Care Home beds. Families of the Rosewell House Care Home residents have been contacted by the BAC Admissions and Discharge Co-ordinator to provide an update and an opportunity to ask any questions. No concerns have been raised at this point. Regular contact will be maintained.



4. Implications for IJB

- 4.1. **Equalities:** The proposal in this report will result in enhanced bespoke service provision to some of the most vulnerable adults in the city. The service will be delivered based on levels of need and will help reduce the inequity these individuals experience by improving their health and enabling them to become more integrated and active members of their community.
- 4.2. **Fairer Scotland Duty:** There are no Fairer Scotland implications arising as a result of this report.
- 4.3. **Financial:** A key principle of this new service is that there should be no financial detriment to Bon Accord Care.
- 4.4. **Workforce:** There are significant workforce implications arising from this report, which has seen a new way of working for many staff members. Although BAC staff who currently work in Rosewell House will continue to do so under their existing contracts, they will move to work within an integrated model with several different staff from across the partnership (within set cohorts). In addition, several staff currently working within other clinical areas will transition over to work in Rosewell House. Trade unions and staff have been consulted throughout.
- 4.5. **Legal:** Bon Accord Care have submitted a variation to their Care Home registration with the Care Inspectorate, which has been approved. The Contract for Services between Aberdeen City Council and Bon Accord Support Services dated 24th September 2019 has also been amended to reflect the temporary reduction in beds.

A 'Letter of Comfort' has been provided from NHS Grampian to Bon Accord Care. This has allowed the new service to progress pending the completion of legal agreements relating to a 'License to Occupy' the accommodation and delivery of the agreed services.

- 4.6. **Other:** NA

5. Links to ACHSCP Strategic Plan:

This proposal strongly aligns with all five aims within the IJB's Strategic Plan, as it seeks to keep people in the community and their own homes instead of in hospital, preventing admission, building resilience, offering a personalised service and keeping people connected within their communities. It also links strongly to the current priorities as identified in Operation Snowdrop.



6. Management of Risk

6.1. Identified risks(s)



There is a system wide risk in relation to maintaining capacity and availability of beds.

6.2. Link to risks on strategic or operational risk register:

This report links directly to risk 1 on the Strategic Risk Register: There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.

6.3. How might the content of this report impact or mitigate these risks:

The proposals in this report increase the capacity in the community by 40 beds.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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