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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 22 April 2021

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Virtual - Remote Meeting on TUESDAY, 27 APRIL 2021 at 9.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

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Tuesday 29 March 2022 at 10.00am

Website Address: <https://www.aberdeencityhscp.scot/>

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

DECLARATIONS OF INTEREST

You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether reports for meetings raise any issue of declaration of interest. Your declaration of interest must be made under the standing item on the agenda, however if you do identify the need for a declaration of interest only when a particular matter is being discussed then you must declare the interest as soon as you realise it is necessary. The following wording may be helpful for you in making your declaration.

I declare an interest in item (x) for the following reasons

For example, I know the applicant / I am a member of the Board of X / I am employed by...

and I will therefore withdraw from the meeting room during any discussion and voting on that item.

OR

I have considered whether I require to declare an interest in item (x) for the following reasons however, having applied the objective test, I consider that my interest is so remote / insignificant that it does not require me to remove myself from consideration of the item.

OR

I declare an interest in item (x) for the following reasons however I consider that a specific exclusion applies as my interest is as a member of xxxx, which is

- (a) a devolved public body as defined in Schedule 3 to the Act;
- (b) a public body established by enactment or in pursuance of statutory powers or by the authority of statute or a statutory scheme;
- (c) a body with whom there is in force an agreement which has been made in pursuance of Section 19 of the Enterprise and New Towns (Scotland) Act 1990 by Scottish Enterprise or Highlands and Islands Enterprise for the discharge by that body of any of the functions of Scottish Enterprise or, as the case may be, Highlands and Islands Enterprise; or
- (d) a body being a company:-
 - i. established wholly or mainly for the purpose of providing services to the Councillor's local authority; and
 - ii. which has entered into a contractual arrangement with that local authority for the supply of goods and/or services to that local authority.

OR

I declare an interest in item (x) for the following reasons.....and although the body is covered by a specific exclusion, the matter before the Committee is one that is quasi-judicial / regulatory in nature where the body I am a member of:

- is applying for a licence, a consent or an approval
- is making an objection or representation
- has a material interest concerning a licence consent or approval
- is the subject of a statutory order of a regulatory nature made or proposed to be made by the local authority.... and I will therefore withdraw from the meeting room during any discussion and voting on that item.



ABERDEEN, 23 March 2021. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor Sarah Duncan, Chair; Luan Grugeon, Vice Chair; and Councillor Philip Bell, Kim Cruttenden, Councillor Lesley Dunbar, Alan Gray, John Tomlinson, Mike Adams, Councillor John Cooke, Jim Currie, Dr Howard Gemmell, Dr Caroline Howarth, Jenny Gibb, Maggie Hepburn, Alison Murray, Shona McFarlane, Dr Malcolm Metcalfe, Graeme Simpson, Sandra MacLeod and Alex Stephen.

Also in attendance:- Angela Scott (Chief Executive), John Forsyth (Solicitor) and Kundai Sinclair (Solicitor)

Apologies:- Chris Littlejohn

INTRODUCTION

1. The Chair welcomed all to the meeting and advised that Lyndsay Stother of Audit Scotland was observing the meeting.

Members were advised that a Minute's Silence would be observed at 12 noon in acknowledgement of the 1 year anniversary of when the UK first went into lockdown as a result of Covid.

The Chair advised that there would be no report as indicated at Agenda Item 13 - Reduction in Notional Rent - HSCP.21.030 which would now be presented at a later date.

DECLARATIONS OF INTEREST

2. Members were requested to intimate any declarations of interest in respect of the items on today's agenda, thereafter the following was intimated:-

Dr Howarth, Clinical Director, ACHSCP, declared an interest with regards to the 2C Remodelling Project as referenced within the Chief Officer's Report – HSCP.21.0020 at Article 6 and stated an intention to leave the meeting during any discussion on the subject.

The Board resolved :-
to note this declaration.

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DETERMINATION OF EXEMPT BUSINESS

3. The Chair indicated that Article 12, Grant Funding to Counselling Services – HSCP.21.021 was an Exempt Report and would be heard in private.

The Board resolved :-

in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the press and public from the meeting during consideration of the above item so as to avoid disclosure of information of the classes described in the paragraphs 6 and 9 of Schedule 7(A) to the Act.

MINUTE OF BOARD MEETING OF 23 FEBRUARY 2021

4. The Board had before it the minute of its previous meeting.

The Board resolved :-

to approve the minute as a correct record.

BUSINESS PLANNER

5. The Committee had before it the Committee Business Planner prepared by the Chief Finance Officer (CFO), ACHSCP.

Members heard that intended reporting continued to be monitored and amended to maintain focus on operation delivery related to the continuing pandemic and the intended cessation of civil contingency measures.

The CFO and Members commented on adjustments at this time.

The Board resolved :-

- (i) to remove Line 15 - Immunisations;
- (ii) to amend Line 18 to show intended reporting in July 2021;
- (iii) to amend Line 20 to reflect national and not local elections;
- (iv) to amend Line 24 to indicate a report to IJB on 2 October 2021;
- (v) to remove Line 28 as a duplicate entry of Line 22; and
- (vi) to otherwise note continuing updates to the Planner.

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DECLARATION OF INTEREST

In accordance with article 2 of this minute, Dr Howarth withdrew from the meeting during discussions around 2C Remodelling Project.

CHIEF OFFICER'S REPORT - HSCP.21.020

6. The Board had before it the report from the Chief Officer, ACHSCP which presented an update on ACHSCP activities.

Members first heard from the Chief Finance Officer/Deputy Chief Officer, ACHSCP regarding Point 3.7 - 2C Remodelling – Investigation, who provided an overview of the findings and indicated activities intended to address the recommendations as outlined in the report.

Members then heard from the Chief Officer, ACHSCP who provided an overview of the rest of the report and provided responses to questions around the Strategic Plan and ensuring inclusion of all relevant groups and on the forthcoming Care Inspections.

Members were advised of the winding down intentions and planning around Operation Snowdrop.

Members were reminded of the series of Development Sessions to assist them conduct Board business.

The report recommended:-

that the Board note the content of the report.

The Board resolved :-

to approve the recommendation.

INTEGRATION JOINT BOARD MEMBERSHIP - HSCP.21.022

7. The Board had before it the report from the Chief Officer, ACHSCP which was to confirm membership of the Aberdeen City Integration Joint Board (IJB) and to appoint the Chair and Vice-Chair of the Board.

Members heard of the legal basis for submission of the report and that both constituent authorities, Aberdeen City Council (ACC) and NHS Grampian (NHSG) had provided their nominations.

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Members heard appreciation from the Chair Elect (Luan Grugeon) on the contributions of the departing Chair (Councillor Duncan) and then from the Vice Chair Elect (Councillor Duncan) who acknowledged the appreciation and indicated an intention to be a fully supportive Vice Chair.

The report recommended :-

that the Board -

- a) endorse the nomination of membership to the Integration Joint Board as proposed by Aberdeen City Council at paragraph 3.2 and NHS Grampian at paragraph 3.3 for the period to 31 March 2023;
- b) endorse the appointment of the Chair and Vice-Chair as proposed at paragraph 3.4 of this report for the period to 31 March 2023; and
- c) instruct the Chief Officer, ACHSCP to reconsider these arrangements by report to the IJB prior to 31 March 2023.

The Board resolved :-

to approve the recommendations.

INTEGRATION JOINT BOARD SCHEME OF GOVERNANCE - ANNUAL REVIEW - HSCP.21.019

8. The Board had before it the report from the Chief Officer, ACHSCP which presented the IJB Scheme of Governance – Annual Review.

Members heard that this report followed from the IJB Meeting of 27 January 2021 which instructed that all amendments and additions to the documents attached at the Appendices to this report be proof-read and amended as required and presented in 'track change format' to the IJB for approval, which the Board now had before it.

The report recommended :-

that the Board -

- a) approve the revised Risk, Audit and Performance Committee Terms of Reference, as outlined in Appendix A;
- b) approve the revised Clinical and Care Governance Committee Terms of Reference, as outlined in Appendix B;
- c) approve the revised Standing Orders, as outlined in Appendix C;
- d) approve the revised Roles and Responsibilities Protocol, as outlined in Appendix D;
- e) note that Aberdeen City Council reviewed its Scheme of Governance documents at the Council meeting on 3 March 2021. The changes that impact on the business of the ACHSCP or the IJB and its sub-committees are outlined in paragraph 3.5;

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- f) endorse the extension of Councillor Lesley Dunbar and John Tomlinson's term of office as respective Chairs of the IJB's sub-committees as proposed in paragraph 3.7.3;
- g) instruct the Chief Officer to scope the potential for Hybrid IJB (or any of its sub-committees) meetings and bring a paper detailing the options to the IJB for consideration; and
- h) note that the Integration Scheme review has been delayed to take account of recommendations arising from the Independent Review of Adult Social Care.

The Board resolved :-

to approve the recommendations.

INCLUSION OF INTEGRATION JOINT BOARDS AS CATEGORY 1 RESPONDERS UNDER CIVIL CONTINGENCY ACT 2004 - HSCP.21.028

9. The Board had before it the report from the Chief Officer, ACHSCP which provided information of the inclusion of IJB's as Category 1 Responders, in terms of the Civil Contingencies Act 2004 and an outline of the requirements that this inclusion involves.

Members heard that in terms of the Civil Contingency Act 2004, this inclusion came into effect on 17 March 2021, therefore the report outlined the background to the Act and the governance arrangements in place in the partnership as well as in NHS Grampian, Aberdeen City Council and the wider Grampian area, through the Grampian Local Resilience Partnership (GLRP) and the North Region Resilience Partnership.

Members were advised that within the city, the Chief Officer, ACHSCP was already an active participant within the structure and that close working arrangements were already established.

Members discussed inclusion of a risk on the Strategic Risk Register and heard from the Chief Executive, ACC on existing risk register management within the Community Planning Partnership (CPP) which included voluntary organisation participation and the wider community involvement. An offer to assist any development was accepted.

Members agreed that the risk development should be included within the function of the Risk Audit and Performance Committee (RAPC).

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The report recommended :-

that the Board –

- a) note the inclusion of IJB's as Category 1 Responders in terms of the Civil Contingencies Act 2004 (the 2004 Act); the requirements and the arrangements in place and planned to ensure that the IJB meets its requirements under the Act;
- b) instruct the Chief Officer, as its Accountable Officer, to carry out on its behalf, all necessary arrangements to discharge the duties on the IJB under the 2004 Act;
- c) instruct the Chief Officer to bring a report, annually, providing assurance on the resilience arrangements in place to discharge the duties on the IJB under the 2004 Act; and
- d) agree whether to include a risk on the Strategic Risk Register relating to the IJB's requirements under the 2004 Act;

The Board resolved :-

- (i) to approve the recommendations; and
- (ii) to agree to include a risk on the Strategic Risk Register relating to the IJB's requirements under the 2004 Act;
- (iii) to delegate development of the new risk to the Chair of the Risk Audit and Performance Committee; and
- (iv) to instruct the Chief Officer, ACHSCP to report back to a future IJB.

INSPECTION OF JUSTICE SOCIAL WORK SERVICES - HSCP.21.024

10. The Board had before it the report from the Chief Officer, ACHSCP which presented the Care Inspectorate Report - 'Inspection of Justice Social Work Service'.

Members heard of the process and planning that accompanied the inspection and of the inclusion of staff and clients to develop the report.

Members were advised that activity had commenced on the report's recommendations and that IJB Members would be invited to a workshop session on these developments.

Members acknowledged the volume and high level of attainment and compliments in the report and highlighted the worthiness of celebrating and sharing the success and 'lessons learned' across the services within both ACC and NHSG.

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The report recommended :-

that the Board -

- a) note the contents of this report and the Care Inspectorate report as attached at Appendix A;
- b) agree the contents of the inspection report action plan;
- c) instruct the Chief Officer to facilitate a workshop for the IJB to have further discussion about the scope and performance of the justice social work service; and
- d) agree that the justice social work delivery plan should be presented to a future meeting of the IJB for approval following consultation in respect of the draft plan.

The Board resolved :-

to approve the recommendations.

As referenced at Article 1 of this minute, during presentation of the following report, at 12 noon Members observed a Minute's Silence in acknowledgement of the 1 year anniversary of when the UK first went into lockdown as a result of Covid.

MEDIUM TERM FINANCIAL FRAMEWORK (MTFF) - HSCP.21.025

11. The Board had before it the report from the Chief Finance Officer, ACHSCP which presented the Medium-Term Financial Framework (MTFF), developed after the final levels of funding delegated by Aberdeen City Council and NHS Grampian for health and social care activities in 2021/22 had been approved.

Members were reminded of previous MTFF report formats and to a recent workshop on the topic.

Members heard that regular financial information had been presented to the IJB throughout the financial year, and additional costs associated with the continuing pandemic had been closely tracked and covered in the budgets. The financial implications of these additional costs were being covered by additional funding obtained from Scottish Government through the Local Mobilisation Plan, who to date, had delivered on this promised funding.

Members were advised that whilst the CFO had a better understanding of the costs, it remained unclear which of these costs would be recurrent and what could be done to manage them within any future system. As the social care system is in a transitional state and shifts between potentially two models and that some of that shift reflected the priorities of the IJB.

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Members heard that whilst there remained a predicted deficit of between £5-£6 million annually within the forecasted 5-year plan, there remained some uncertainty and thus a risk around future funding levels.

The report recommended :-

that the Board -

- a) note the anticipated financial out-turn for 2020/21 and the impact on the Reserves position of the IJB;
- b) note the financial allocations proposed to be allocated by the partner organisations;
- c) approve the 2021/22 budget and the Aberdeen City IJB Medium Term Financial Framework included as appendix 1 of this report;
- d) note the intention to earmark £2.5 million in a risk fund at the end of the financial year;
- e) approve the Bon Accord Contract level for 2021/22 of £30,304,000 and budget assumptions noted in sections 3.17 and 3.18;
- f) instruct the Chief Finance Officer to uplift the direct payments for clients with a staffing element included in their payment by 2.2% from 1 May 2021 to cover the increase in the Scottish Living Wage;
- g) instruct the Chief Finance Officer to negotiate uplifts for those Social Care providers not covered by the National Care Home contract;
- h) instruct the Chief Finance Officer to apply a higher uplift should a higher national inflationary rate be agreed for direct payments and contracts not covered by the National Care Home Contract, on the proviso that additional funding is provided to cover any shortfall; and
- i) make the budget directions contained in appendix 2 of this report and instruct the Chief Finance Officer to issue these directions to the constituent authorities.

The Board resolved :-

to approve the recommendations.

In accordance with Article 3 of the Minute the following item of business was considered with the press and public excluded.

GRANT FUNDING TO COUNSELLING SERVICES 2021-22 - HSCP.21.021

12. The Board had before it the report from the Chief Officer, ACHSCP which advised of grant funding requirements for the financial year 2021/2022 to several counselling services, and updated the Board on the review of service activity to ensure it aligned to the whole system provision of mental health services across the City.

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The report recommended :-

that the Board -

- (i) approve the expenditure of up to £199,224 to provide grant funding to the identified grant funded counselling services for the financial year 2021/22;
- (ii) make the direction as attached at Appendix A and instructs the Chief Officer to issue a direction to Aberdeen City Council (ACC) to procure the services provided by ACIS, Cairns and Avenue Confidential; and
- (iii) note the intention to work with providers to review the service activity and ensure that it is aligned to the whole system provision of mental health services across the City.

The Board resolved :-

to approve the recommendations

- **COUNCILLOR SARAH DUNCAN, Chair**

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Date of Meeting	27.04.21
Report Title	Rosewell House – Extension to Interim Arrangements
Report Number	HSCP.21.046
Lead Officer	Sandra Macleod, Chief Officer
Report Author Details	Sarah Gibbon, Programme Manager
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	NA

1. Purpose of the Report

This report provides the Integration Joint Board (IJB) with an update on the interim arrangements at Rosewell House and requests an extension for a further 16-week period.

2. Recommendations

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

- a) Approves the extension of the interim arrangements in place at Rosewell House for a further period of 16 weeks (ending 28 August 2021);
- b) Instructs the Chief Officer to commission an options appraisal to identify the most appropriate delivery mechanism for the integrated model at Rosewell House;
- c) Instructs the Chief Officer to present the options appraisal and recommendation(s) to the IJB at its meeting on 7 July 2021.



3. Summary of Key Information

Background

- 3.1. On 2 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 Frailty Pathway element of Operation Home First (OHF) managed by Aberdeen City Health and Social Care Partnership (ACHSCP).
- 3.2. 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 priority, in light of learning from the Covid19 pandemic, is for the model to provide agility and flexibility to adapt to system pressures. This will be a key requirement of the long term model at Rosewell House.
- 3.3. On 27 January 2021, the IJB retrospectively endorsed 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. This resulted in the establishment of Rosewell House as a dual facility, with 20 beds registered with the Care Inspectorate, and 40 beds which are led by NHS Grampian. (NHSG). These arrangements were approved for 16 weeks (18 January 2021 – 09 May 2021).
- 3.4. Rosewell House began operating 10 of the 40 NHS beds on 18 January 2021, with a further 20 beds opening in the week commencing 8 February 2021. The remaining 10 beds are closed at the point of writing, as this will require additional nursing staffing to allow them to accept admissions.
- 3.5. A report was presented to the Clinical & Care Governance Committee on the 6 April 2021, which outlined the governance arrangements in place to oversee the quality and safety in the current model. This is regularly reported to the Clinical & Care Governance Group.

Evaluation

- 3.6. An evaluation of the interim arrangements at Rosewell House was commissioned on 19 February 2021 and completed using a range of methods by 26 of March 2021. The evaluation was completed by the Lead for Research & Evaluation for ACHSCP, utilising a number of qualitative approaches (including interviews, focus groups, workshops and service user case studies), as well as an analysis



of the quantitative data available (including admission, discharges, length of stay etc).

- 3.7.** The evaluation sought to answer two key questions: how well are the interim arrangements functioning, and are they delivering what ACHSCP needs them to deliver? In summary, the interim arrangements functioning well, though it is acknowledged that it is in the very early stages of delivery. The evaluation notes that activity at Rosewell House has generally been of a 'higher acuity' than anticipated, with a greater proportion of 'step-down' care compared to 'step-up' care. This was as expected given the pressures faced at the time of opening the facility, however time needs to be taken to address this balance of care and transition Rosewell House towards the originally intended model.
- 3.8.** The evaluation makes several recommendations to address the long-term registration for Rosewell House, as well as some recommendations to improve the model given the learning from the interim period. The recommendations are outlined in section 3.13 below and will be implemented as actions over the coming month.

Extension

- 3.9.** The rationale for the extension is to allow the opportunity for learning to be embedded, to allow further research and analysis to be conducted on the options identified below for the longer-term delivery of the model, and to undertake additional work to rebalance the care between step-down and step-up care.

Options Appraisal

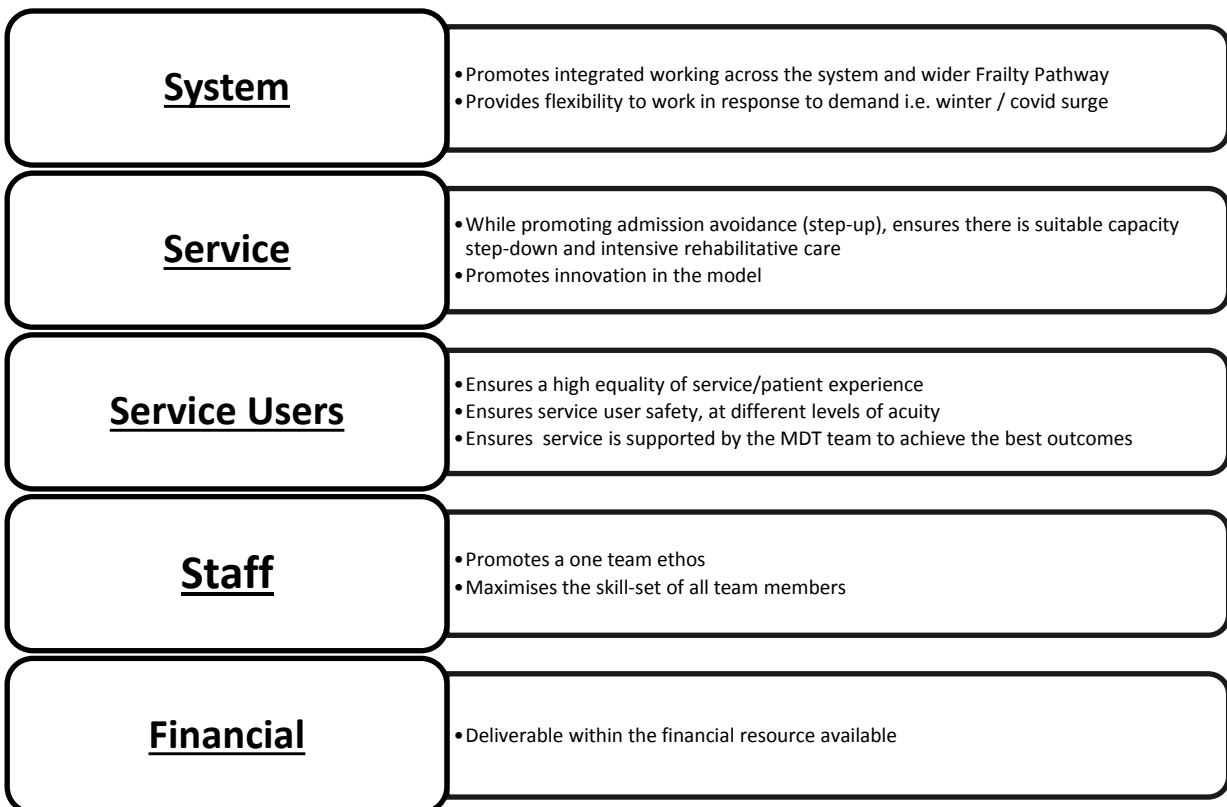
- 3.10.** During the evaluation process, a facilitated conversation with key stakeholders assessed the perceived advantages and disadvantages of potential Rosewell House registration options.
- 3.11.** From this, the ACHSCP Leadership Team and Rosewell Project Board have endorsed undertaking an options appraisal considering the options identified during the conversation for delivering the service model at Rosewell House:

	Option	Description	Assessment	In Scope (Y/N)
1.	Do Nothing	Rosewell House returns to its original status at the end of 16-weeks and the previously scoped model is not progressed.	Not feasible or desirable	N
2.	Do Minimal	Rosewell House continues to operate as it is currently, with a split of NHS-led and Care Inspectorate registered beds to deliver the integrated model	Possible	Y



		<ul style="list-style-type: none"> possibility for reviewing the proportion of beds allocated to either bed-type. Possibility for flexible approach to allocation over year / in line with demand 		
3.	Care Inspectorate Model	Rosewell House operates fully as a Care Inspectorate registered facility to deliver the integrated model (as previously agreed by IJB in October)	Possible	Y
4.	NHS Model	Rosewell House operates fully as an NHS-led facility to deliver the integrated model in partnership with Bon Accord Care.	Possible	Y

3.12. The Rosewell Project Board has considered a timeline for undertaking an options appraisal into the long-term service model, which outlines a programme of workshops and stakeholder engagement during May and June 2021 to present a final recommendation to the IJB and Bon Accord Care Board in July 2021. The evaluation criteria for the options appraisal will include:





Additional Activity

3.13. During the 16-week extension, the following key actions recommended by the evaluation will be progressed to help to embed the model at Rosewell House further:

1. The organisational development plan for Rosewell House will be reviewed to embed numerous strategies to promote a ' <i>one-team</i> ' ethos throughout the whole facility.
2. The existing communication and engagement plan is reviewed to place specific focus on awareness raising within community services who are eligible to refer into Rosewell House
3. The proportion of Step-Down vs. Step-Up admissions is continually monitored to ensure both pathways are being used equitably.
4. Work to elicit a more accurate version of events from a service user perspective, it is likely that engaging with unpaid / informal carers for this cohort (particularly given the high incidence of delirium) may be more fruitful.
5. Develop clearer criteria of the care that can and cannot be provided in Rosewell House will enable to facility to operate more closely to that of a community-facing, short stay, high turnover intermediate care setting.
6. Undertake a review of the infrastructure and internal configuration at Rosewell House considering points raised in the evaluation report.

3.14. An extension of 16-weeks (to the end of August) will allow the necessary work to implement the IJB's decision on the options appraisal, ahead of the interim arrangements coming to an end.

4. Implications for IJB

4.1. Equalities: An Equalities Impact Assessment on the options appraisal will be undertaken by trained assessors and made available for the final decision.

4.2. Fairer Scotland Duty: As Rosewell House will be a city-wide resource for the Frailty Pathway, delivered in line with the principles of universal healthcare, 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 and any additional costs will be funded by the ACHSCP. Financial modelling for the workforce required to deliver the services from Rosewell House has been undertaken and fuller financial information will be presented alongside the options appraisal.



- 4.4. Workforce:** There are significant workforce implications arising from this report, which has seen a new way of working for many staff members. NHS Grampian employees will be undergoing an organisational change process, in line with employment policy which state that NHS employees should not suffer any financial detriment as a result of the organisational change (this is known as “no detriment protection”), and that there will be no redundancies resulting from the change. Trade unions and staff have been consulted throughout. A comprehensive communications plan, including weekly written briefings and both in-person and online drop-in sessions are planned to support colleagues through the process.
- 4.5. Legal:** Provisions to implement an extension to the interim arrangements (in multiples of four week periods) were included at the point of drafting the initial legal documents in January 2021 and can be easily amended after IJB approval.
- 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)

Overall, the Rosewell House project and the frailty pathway programme have been working to mitigate system wide risk in relation to maintaining capacity and availability of beds.

Specifically, undertaking the options appraisal carries the following risks:

	Risk	Mitigation
<i>Timescales</i>	Developing an options appraisal at the conclusion of the review would impact on the timescales for delivering the long-term model and could result in missing the deadline set by the previous 16-week interim agreement (09.05.21)	Seek extension to interim arrangements with all key partners in line with existing legal documentation.



	There is a risk that the timescales below slip due to delays in the organisational change process (due to the currently unknown complexity)	Extension requested covers this scenario, with sufficient time between IJB decision and implementation.
<i>Staff</i>	There is a risk that undertaking the review provides an extended period of uncertainty for staff working within Rosewell House and the wider Frailty Pathway.	Ongoing dedicated organisational development support in place at Rosewell House. Develop further sessions to help support this interim period on a weekly drop-in basis. Written communication in terms of briefings and individual letters in line with the organisational change policy. Ensure rationale for delay is clearly communicated and benefits demonstrated to staff.
<i>Governance</i>	There is a risk that the outcomes of a review could alter the previously agreed direction of travel, as approved by the IJB in October 2020. There is also a risk that this original direction of travel is retained without embedding the lessons learned in the interim period in the final model.	Current report to IJB (27.04.21) Options appraisal to be agreed by IJB in July, with a superseding direction to be issued if required.

However, these risks and mitigations need to be balanced with the risks of not undertaking the options appraisal:

- *Patients:* There is a risk that the current patient profile is not suitable for the originally intended model. There is a risk that if we do not undertake the review, we miss an opportunity to ensure we have the best possible model, for example ensuring we are fully able to develop the step-up elements.
- *Model:* There is a risk that the Care Inspectorate will not agree a registration for the facility if the patient acuity levels are higher than accepted range. There is a risk the model does not realise it's full capacity for step-up care. There is a risk that the model does not provide sufficient support for step-down care needed in the system.
- *System:* There is a risk that the initially planned model cannot provide any flexibility in provision for potentially different levels/volumes of acuity over the course of a year (i.e. winter pressures/ future Covid19 surges)



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.