



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

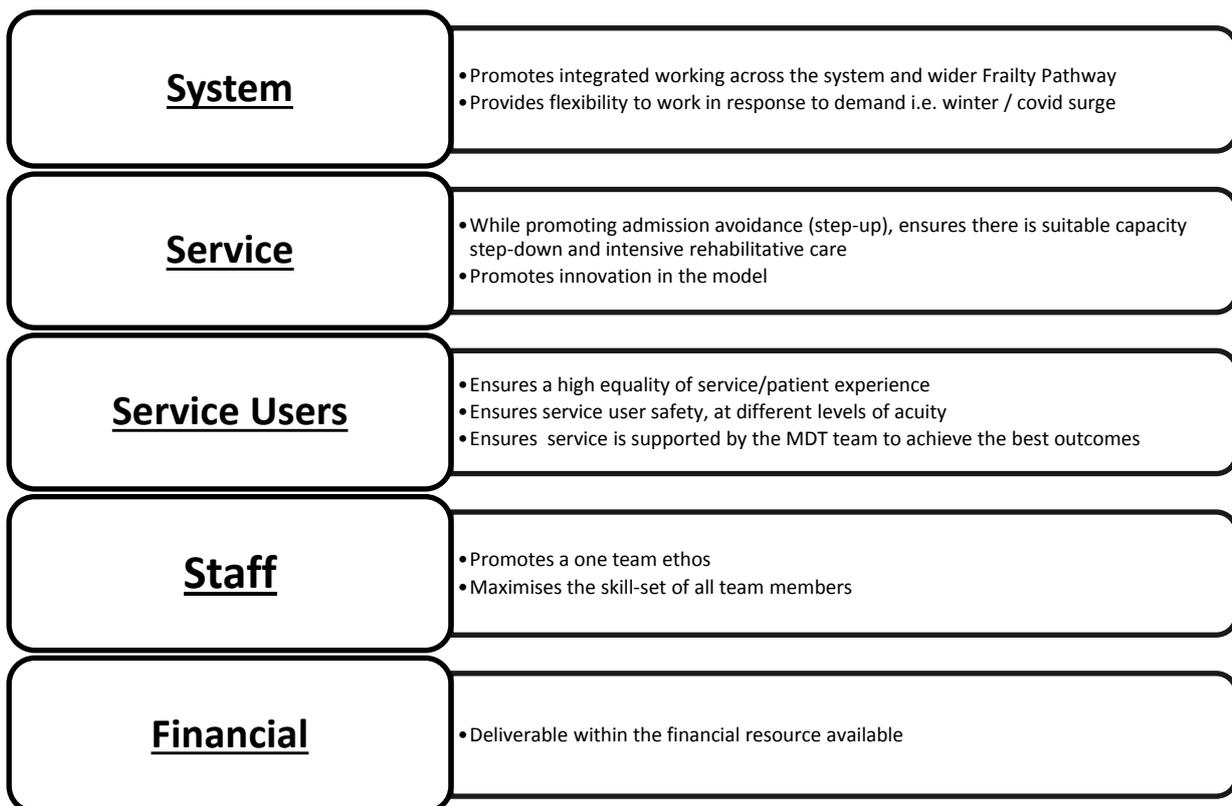
- 3.10.** During the evaluation process, a facilitated conversation with key stakeholders assessed the perceived advantages and disadvantages of potential Rosewell House registration options.
- 3.11.** From this, the ACHSCP Leadership Team and Rosewell Project Board have endorsed undertaking an options 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.