



INTEGRATION JOINT BOARD

Date of Meeting	24 August 2021
Report Title	Rosewell House – Options Appraisal
Report Number	HSCP.21.088
Lead Officer	Sandra Macleod, Chief Officer
Report Author Details	Fiona Mitchelhill, Lead Nurse Sarah Gibbon, Programme Manager
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	A - Business Case and Options Appraisal B - Engagement & Consultation Checklist C - ACHSCP Health Inequalities Impact Assessment D – Direction to Aberdeen City Council & NHS Grampian

1. Purpose of the Report

1.1. This report presents the Integration Joint Board (IJB) with the outcomes and recommendations of an options appraisal commissioned to identify the most appropriate delivery mechanism for an integrated, intermediate facility at Rosewell House, Kings Gate, Aberdeen.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Approves Option 4 within the Business Case and options appraisal at Appendix A;
- b) Agrees that all 60 beds at Rosewell House will be the responsibility of NHS Grampian (NHSG), with Health Improvement Scotland (HIS) functioning as regulator, for a period of two years running from the end of



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the interim arrangements until 23 October 2023, subject to agreement with Bon Accord Care Ltd (BAC),

- c) Agrees that the interim arrangements currently in place at Rosewell House will continue until the 23 October 2021.
- d) Agrees that the direction made to Aberdeen City Council (ACC) dated 02 October 2021 shall be revoked on 24 August 2021.
- e) Instructs the Chief Officer to extend the current interim arrangements to 23 December 2021 if in their opinion (following consultation with the Chair and Vice Chair of the IJB), such an extension is necessary or expedient in order for the arrangements in h) below to be finalised, with any such extension to be the subject of an update by the Chief Officer to the IJB at its meeting of 2 December 2021.
- f) Makes the Direction at Appendix D to NHS Grampian and Aberdeen City Council.
- g) Instructs the Chief Officer of Aberdeen City Health & Social Care Partnership (ACHSCP) to issue the Direction at Appendix D to NHS Grampian and Aberdeen City Council.
- h) Instructs the Chief Officer ACHSCP to make and implement any reasonable and necessary arrangements in furtherance of b) above with:
 - i. BAC and NHSG to secure the provision of the services described in appendix A;
 - ii. ACC, BAC and NHSG regarding occupation and use of the Rosewell House building;
 - iii. HIS to ensure scrutiny and assurance on the quality of care to be provided at Rosewell;
 - iv. BAC and ACHSCP to establish the identified clinical and care governance processes, including amending the remit of the existing Rosewell House project board to provide oversight and assurance for the implementation of the recommendation.



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- i) Instructs the Chief Officer ACHSCP to bring a report to the March 2022 IJB meeting which outlines the progress against developing the step-up elements of care at Rosewell House.
- j) Instructs the Chief Officer ACHSCP, to bring a joint evaluation report to the IJB/BAC board in summer 2022, summarising ongoing progress delivering the intended outcomes (identified in the benefits in the business case) and actions for continuous improvement.
- k) Instructs the Chief Officer, to bring a full evaluation of the service being delivered at Rosewell House to the IJB in March 2023.
- l) Notes that the Clinical & Care Governance Group (CCGG) shall report to the Clinical & Care Governance Committee (CCGC), who shall have oversight of the operational arrangements in place at Rosewell House.

3. Summary of Key Information

Context

- 3.1. It is well-documented that our population is ageing and developing more complex co-morbidities and an increased prevalence of frailty. Traditional models of 'health' and 'social' care need to adapt to the changing landscape. National and local reviews and policies (such as Operation Home First) concentrate on the provision of care in the community, reducing the need for acute-based admissions and helping people retain their independence at home for as long as possible, preventing avoidable permanent admissions to care homes.
- 3.2. Furthermore, the number of people living with frailty in Aberdeen is set to increase (see business case for detail), and it is likely that the complexity of service users being looked after in a setting such as Rosewell House would be higher than previously. In our re-designed Frailty Pathway, there is capacity for people to be looked after in their own homes with support from the Hospital at Home teams, supported by wider community teams and services.



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3.3. Intermediate care facilities have well evidenced benefits for people, with an audit into intermediate care finding that¹:

- **93%** of people who used bed-based services maintained or improved their dependency score.
- **70%** of people who received intermediate care following a hospital stay, were able to return to their own home.
- **72%** of people did not move to a more dependent care setting.
- **88%** of people using health based intermediate care services meet their goals (wholly or partially).

3.4. Compared with admissions to an acute sector bed, Rosewell House provides a more homely setting with greater opportunity for enablement, reducing the risk that people become deconditioned in hospital. Independence and mobility can be promoted through use of the shared facilities, and service users are afforded greater privacy within their own rooms, whilst benefitting from communal living spaces. Service users also access the enablement expertise from highly skilled Bon Accord Care colleagues. The model has the potential to reduce avoidable admissions to hospital; to support early discharge and to avoid unnecessary admissions to care homes.

Background

October 2020

3.5. On 02 October 2020, the Integration Joint Board considered a report titled “HSCP20.052 Frailty Pathway Redesign – Re-Registration”. It provided an update on the Frailty Pathway redesign and described the model that the redesign was aiming to achieve at Rosewell House: *“The new model would see an integrated service providing intermediate care for both step down from hospital and step up from community. The model will increase capacity in*

¹

<https://static1.squarespace.com/static/58d8d0ffe4fcb5ad94cde63e/t/58f08efae3df28353c5563f3/1492160300426/naic-report-2015.pdf>



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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.” It focused on developing a suitably skilled workforce representative of an integrated health and care model, adopting an enabling approach and working with people to implement shared goal setting. Furthermore, at this meeting the IJB resolved to “approves the proposal to register the new integrated service to be delivered at Rosewell House with the Care Inspectorate with Aberdeen City Council (ACC) as the registered service”

- 3.6. After the IJB decision of 02 October 2021, officers worked with the Care Inspectorate to try to progress the registration and implement the model described above. However, this was difficult to achieve due to the constraints of the legislation governing the Care Inspectorate, the uniqueness of the model in Scotland, and the number of partners involved.

January 2021

- 3.7. As a result of these difficulties and increasing demands during the Covid19 surge in early 2021, a paper was presented to the IJB which sought retrospective endorsement of actions taken by the system-wide team under civil contingencies powers to implement interim arrangements in Rosewell House for an initial period of 16 weeks.

- 3.8. The interim arrangements were as follows:

- 3.8.1. **Frailty Pathway beds:** arrangements were made so that scrutiny and assurance of 40 ‘Frailty Pathway’ beds at Rosewell House are provided by Health Improvement Scotland.
- 3.8.2. **Rehabilitation beds:** The remaining 20 rehabilitation beds remained registered with the Care Inspectorate under Aberdeen City Council’s responsibility and contracted to Bon Accord Care.

April 2021



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- 3.9.** At a meeting of the IJB on 27 April 2021, the IJB considered the report 'Rosewell House – Extension to Interim Arrangements – HSCP.21.046' which sought to extend the interim arrangements in place at Rosewell House. The IJB agreed to approve the extension of the interim arrangements in place at Rosewell House for a further period of 24 weeks (ending 23 October 2021) subject to agreement with Bon Accord Care.
- 3.10.** During this time, colleagues have been working to develop an options appraisal looking at the options for Rosewell House. It is important to note that the ambitions for the fundamental service model have not changed over this time.
- 3.11.** Rosewell House has been operating under the interim arrangements since 18 January 2021, receiving 343 admissions to the Frailty Pathway beds and 99 admissions to the rehabilitation beds over this period.
- 3.12.** The interim arrangements were agreed until 23 October 2021 and will remain as transitional arrangements to allow time to implement the recommendations of this report, if approved.

Development

- 3.13.** The options appraisal was developed in collaboration with colleagues from Aberdeen City Health and Social Care Partnership (ACHSCP), NHS Grampian (NHSG) and Bon Accord Care (BAC) over a series of focused workshops.
- 3.14.** A programme of engagement and consultation was undertaken (see Appendix B and references within the business case) and the learnings from this engagement influenced the development of the options appraisal.
- 3.15.** A health inequalities impact assessment was completed, in line with the new template approved by the IJB for use in the ACHSCP and is included as an appendix to this report.
- 3.16.** The business case was reviewed by the Rosewell House Project Board on 06 August 2021. The board's membership is comprised of a multi-disciplinary group across all organisations.



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Recommendation

3.17. The results of this options appraisal are presented at Appendix A, which also provides further narrative and details of how the model will look. It is envisaged that the assurance and scrutiny for the quality of care of all 60 beds at Rosewell House would be provided by Health Improvement Scotland.

3.18. Key benefits of this recommendation include:

- **Increased levels of care:** ability to provide quality care to a higher threshold of people due to a more supportive medical/pharmacy model. Greater flexibility to allow for care to be delivered to a wider range of people, supporting the thresholds for both step-up and step-down care. This means that it is less likely that a person will deteriorate in terms of their functional independence during a hospital stay as they can be discharged to a more homely setting earlier. It also increases the range of people who can be admitted on a step-up basis.
- **Greater flexibility:** the HIS-registration would allow greater flexibility to adapt over the coming years to future demand, and for the changes implemented by the Frailty pathway to embed. This will also provide opportunities across the system to develop the workforce for our future needs, across all partners and including colleagues across the broader partnership.
- **Increased consistency the model:** Increased consistency in standards and expectations across the building. Consistency in expectations for service users and families between ARI and Rosewell House, particularly relating to visiting rules. Smoother transitions for people moving through the Frailty Pathway, for example from frailty beds into rehabilitation beds.
- **Reduced risk of closure:** Less risk of closure in the event of Covid19 outbreak (or a future pandemic) resulting in disruption to the Frailty Pathway across the system, including acute-based services and care at home providers. Current health protection guidance means that care home services can be closed to admissions in the event of a positive Covid19



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case, however services aligned with HIS have different mitigations in place which allow them to remain open. For example, between October 2020 and January 2021, under a Care Inspectorate registration, Rosewell House was closed to admission for a total of 107 days due to Covid19 outbreaks, a total of 6,420 bed days².

- **Reduced need to isolate:** Less need to isolate after a transfer from Aberdeen Royal Infirmary (Ward 102), resulting in a smoother and less traumatic service user journey. People did not expect to have to isolate on arrival to the rehabilitation beds in the interim arrangements, which was required under current policy for care home settings, and this was upsetting and negatively impacted on their experience.

3.19. It is recommended that the option 4 is approved for a period of two years to allow sufficient time for the model to embed and deliver on benefits. A full evaluation of the service will be undertaken in March 2023, to allow planning into financial year 2023/2024 on any changes to be delivered in 2024. This will allow for long-term strategic planning between all partners in a cross-system manner, strengthening integration between services and delivering better outcomes for the people of Aberdeen.

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

The ACHSCP Health Inequalities Impact Assessment has been completed and is at Appendix C. The assessment identified several recommendations to ensure that potential impacts are mitigated. These actions will be embedded into the implementation plan for Rosewell House.

4.2. Financial: The costs to ACHSCP will be met through the financial envelope available through the Frailty Pathway redesign, which included a transfer of resource from secondary care to community settings across the HSCPs. The following principles apply to the integrated service at Rosewell House:

² TURAS Daily Safety Huddle Tool



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- 4.2.1. NHSG staff costs will be met by the resources released from the Frailty Pathway redesign.
- 4.2.2. BAC will continue to meet the staff costs of providing services at Rosewell House.
- 4.2.3. The costs associated with the rent and premises will be removed from the BAC contract.
- 4.2.4. Any additional non-staffing costs will be funded by the ACHSCP from the intermediate care non-staffing budget. These are not thought to be material but will be reported back to the IJB if they cannot be contained within the current budget.

	<u>£</u>	<u>Notes</u>
NHSG Staffing Model	£2,215,000.00	<i>Frailty pathway redesign budget</i>
BAC Staffing Model	£2,878,800.00	<i>BAC existing budget</i>
Rent	£375,000.00	<i>Transfer to ACHSCP</i>
Premises Cost	£129,500.00	<i>Transfer to ACHSCP</i>
Total³	£5,598,300.00	

4.3. Workforce: There are the following implications to the workforce model:

- 4.3.1. **Organisational Change:** The NHS Grampian workforce has been undergoing an organisational change process, which is complete. All NHS staff have been realigned into the new Frailty Pathway.
- 4.3.2. **Organisational Development:** Intensive organisational development will be required for the finalised staffing cohorts from both NHSG and BAC to ensure integrated, seamless teamwork. An organisational development plan has been created by an ACHSCP Organisational Development Facilitator, who has been working close with our colleagues at Rosewell House during the change process.

³ Indicative figures



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- 4.3.3. **Agreements:** The interim arrangements established an agreement “*Rosewell Contract for Services between BASS⁴ and NHSG*” which was developed in conjunction with HR colleagues and considered the implications from a workforce perspective. These agreements will be reviewed and extended as appropriate.
- 4.3.4. **Skills Development:** The recommended options provide opportunities for facilitating cross-system working between partners and provides the opportunity for upskilling staff in new areas, as facilitated by the model at Rosewell House.

4.4. Legal

4.4.1. Property

As Rosewell House is a council-owned facility, the current license to occupy in place with BASS and NHSG to operate from the building will need to be removed. NHS Grampian will need to enter a formal lease with Aberdeen City Council to occupy the building.

4.4.2. Commercial & Procurement

There are several implications in terms of the commercial and procurement arrangements for Rosewell House.

- **Current BAC contract:** The current BAC contract will need reviewed considering the recommendations of this report. A variation will need to be put in place to reflect the changes in service delivery, removing reference to respite and the number of rehabilitation beds, and instead focusing on the services to be delivered to take account of non-residential services being offered at Rosewell House by Bon Accord Care.
- **New arrangements:** The current arrangements in place with regard to the interim position would need to be terminated and new arrangements put in place or varied as required. NHS

⁴ Bon Accord Support Services



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Grampian would thereafter take occupation of Rosewell House and a support service would be delivered by Bon Accord Care in respect of those 60 beds. Those support services being delivered by Bon Accord Care would require a contract for services with ACC as commissioning body. NHSG, BAC and ACC will need to put in place appropriate arrangements to support the delivery of the integrated service.

4.4.3. Medical Cover

The current service level agreement with Garthdee Medical Practice will need to continue until a review of the medical cover for the rehabilitation beds in the Rosewell House model can be completed. The ambition is that the beds will be led by Advanced Nurse Practitioners or Allied Health Professionals in the long-term.

4.4.4. Regulatory

- The NHS will need to make appropriate arrangements to ensure that scrutiny on the quality of care and assurance of all 60 beds at Rosewell House is under Health Improvement Scotland (HIS).
- Bon Accord Care can request to voluntarily cancel the registration of Rosewell House and they can request that this happens in less than 3 months if necessary. The Care Inspectorate will generally grant this provided they are satisfied that appropriate alternative arrangements are in place for the people who use the service.
- Both the Care Inspectorate and HIS have been consulted and briefed on the recommendations contained within this report.

4.4.5. Data Sharing Agreements

Officers within NHSG, ACC, BAC and ACHSCP will need to work to ensure that the processes for access to shared records and seamless



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working within Rosewell is achieved. The Data Protection Impact Assessment will need to be reviewed and an information sharing protocol may need to be drafted between all three organisations (BAC, ACC & NHSG). A privacy notice shall be drafted to ensure service users are clear on who is delivering care and what information they have access to and why. Engagement with NHS Information Governance team has commenced, and the appropriate work will be undertaken prior to the interim arrangements ceasing.

- 4.5. Covid-19:** The recommended option provides the most resilient service in light of a further Covid-19 outbreak, or future pandemic. Self-isolation and the health debt caused by Covid19 may increase the demand for the services provided by Rosewell House
- 4.6. Unpaid Carers:** Provision of step-up care will be beneficial to carers. However, there is a change in the respite provision that was previously delivered at Rosewell House. The 'Staying Well Staying Connected' programme is an inter-connected programme of 3 work streams (planned residential respite; flexible day opportunities and prevention), working to meet people's outcomes, with a shift towards early intervention and prevention. As a part of this programme, ACHSCP are using alternative opportunities for respite which include options in the community to provide flexible day opportunities and working with commissioned providers to provide bookable overnight respite for those with complex need. BAC is also working with ACHSCP to continue to provide day care from Kingswood Court and are testing 1:1 support in the community.
- 4.7. Other:** NA

5. Links to ACHSCP Strategic Plan

- 5.1.** The proposals contained within the report align with ACHSCP's values of being person-centred, enabling and caring. There are strong links to delivering the commitments of both the strategic plan and 'Operation Home First', focusing on care in the community and closer to home.



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6. Management of Risk



6.1. Identified risks(s): Risks specific to the recommended option are laid out in appendix B.

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

Risk 1: 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:

As identified in the supporting papers appended to this report, the recommended option provides the most suitable capacity for the population and ensures (as far as possible) access to the capacity within Rosewell House.

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