

## POSTER ABSTRACT

# **Development of an integrated Intermediate Care facility at Rosewell House, Aberdeen, jointly operated by NHS, Local Authority and Aberdeen City Health and Social Care Partnership**

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Since late 2020, Aberdeen City Health and Social Care Partnership (ACHSCP) has been collaborating with colleagues in NHS Grampian, Health Improvement Scotland, Aberdeen City Council, the Care Inspectorate, and Aberdeenshire Health and Social Care Partnership, as well as a commissioned provider, to deliver improvements to services, and therefore outcomes, for people living with frailty. The Frailty Pathway has focused on a series of enablers to ensure the whole system operates more efficiently with an improved patient experience. One of these enablers is the integrated, intermediate care facility at Rosewell House.

Rosewell House is operated by Bon Accord Care (BAC), an Arm's Length External Organisation wholly owned by Aberdeen City Council (ACC) and the delivery model for older people's social care services. It was originally a 60 bedded residential social care facility, but a reduced acute bed base due to social distancing, and demand from patient demographics, placed continually increasing pressure on the whole health and social care system. Combined with this was the knowledge that resources - including buildings, finances, and workforce - were limited. An innovative solution was therefore required to ensure a sustainable service delivery.

The solution has seen 40 of the beds in Rosewell House now being managed by the NHS, providing a significant step-down resource for patients with higher acuity from the Frailty ward in Aberdeen Royal Infirmary (ARI), available on a 7-day basis. Admission and discharge are criteria led. Rosewell House remains an ACC building and BAC staff support both the 40 NHS beds and the 20 remaining social care beds. It provides a more homely setting for patients who no longer require the acute setting of a hospital but are not ready to go into residential social care or home.

There is an integrated staffing model, where social care staff and NHS staff provide care with an enablement focus. The service redesign was undertaken in collaboration with staff and service users. Improved joint working and use of resources not only meets immediate need but also allows the flexibility to adapt the emphasis between social and nursing care as required.

Getting Rosewell House operational involved significant collaboration between the key stakeholders. This included negotiating new leasing and contractual agreements and compliance with two sets of registration requirements and agreeing systems and processes that would satisfy both staffing groups' working practices. Data sharing, IT systems and the HR processes around organisational change, were the most challenging aspects, but the solution was implemented at pace mainly due to a strong ethos of system leadership.

Over winter 2020/21, when only half of the beds were open, it was estimated 1900 hospital bed-days were saved by the Rosewell House model. In addition, there have been very positive experiences reported by patients, their families, and staff.

We are now planning to convert all 60 beds to an NHS led model, with a focus on rehabilitation for 20 of these, and, when system pressures allow, to fulfil the original vision to also provide a step-up facility for admission alternative.