



**19 July 2019**

Lewis Macdonald  
Health and Sport Committee Convenor

Via Email  
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Ref:  
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Dear Lewis Macdonald

**Health and Sport Committee – 4 June 2019 – Follow up information**

Please find enclosed our response, as per your request on 24 June 2019 for further information on the matters discussed at the recent Health and Sport Committee.

I hope this response answers the queries raised at Committee, if you require any more information, please get in touch.

Yours sincerely

**Sandra Ross**  
Chief Officer



## Health and Sport Committee 4 June 2019 – Follow up information

### Budget setting process

*“An issue that the Committee has pursued vigorously over the past few years is access to financial information on integration and IJBs. At the Committee meeting, you agreed that it would be possible for you to provide timely financial information direct to parliament. (Official Report, Col,1). What would be the earliest date you could provide final budget figures for 2020-21?”*

From an Aberdeen City perspective, we have approved our budget by the 31 March each year. Therefore, we would expect the budget to be finalised by the 31 March 2020. It would be very difficult to bring this deadline forward, as we are reliant on our partners in the Council and NHS finalising their allocations to the IJBs. The late amendments to either partner’s grant settlement or the conditions attached to these settlements can hinder the IJBs finalising their budgets.

*“Another matter we have addressed in previous years is outcome-based budgeting. What support is being provided by the Scottish Government in helping integration authorities develop reporting of budgets against outcomes?”*

Aberdeen City have not received any support from the Scottish Government in this regard.

### Set aside budget

*“In the evidence session, we discussed the set aside budget and if it is being used effectively across each IJB. (Official Report, Col, 30). Do you consider that the set aside budget is operating as intended in your IJB? Please can you provide further details of how a “whole-system approach”, as referred to in the evidence session, can help ensure that the set aside budget works as intended?”*

We don’t feel that the set aside budget is operating as intended, however, we are moving in the right direction.

We have established a whole-system service planning and governance process with the other Grampians IJBs, Councils and NHS Grampian. This process is supported by colleagues from NHS Grampian’s modernisation team and has a number of workshops which will seek to develop services collaboratively (flowchart attached). The approach will help to ensure that everyone is aware of the position of each partner.



## Intermediate Care

*“At the meeting, information was provided on intermediate care (Official Report, Col,10). Please can you elaborate further on this topic. Please can you provide details of how intermediate care operates in your IJB? When is it used instead of care at home? In order to compare the costs between intermediate care and secondary care, please can you also provide information on the following –*

- a) The cost to keep patients in hospital per day;*
- b) The cost to keep patients in intermediate care per day and*
- c) The cost to keep patients in social care per day.*

*Please differentiate between care home places and the average cost of care at home package.*

*What measures do you use to assess the quality of intermediate care?*

*What statistics are collected on the length of stay in intermediate care and delays in discharge and how does this compare with hospital delayed discharge statistics?”*

Intermediate Care operates in Aberdeen City (as it does in many other areas) as a bridge between locations (hospital>home and vice versa) and states (illness>recovery). The Aberdeen City Health and Social Care Partnership has configured its social care based intermediate care in two models:

- Flat/Accommodation based Intermediate Care at our Clashieknowe complex [19 adapted flats]
- Care Home based Intermediate Care at our Rosewell Service [20 beds]

Both services deliver rehabilitation/enablement on both a ‘step up’ and ‘step down’ basis accepting admission from both hospital wards and from the community. The services, as well as delivering enablement focussed social care, have access to in-house Occupational Therapy and Physiotherapy.

We use intermediate care instead of care at home where we feel the individual requires further assessment and rehabilitation prior to a return to home or where a package of homecare is not immediately available, and we wish to avoid the risks of a prolonged hospital admission and ensure the patient does not decondition.

In regard to costs for a hospital bed per day as opposed to enablement or social care, this can be difficult to offer as a direct comparison. This is primarily due to the different complexities and types of patients who access these varying resources. It also must be recognised that some ‘unit costs’ incorporate more services than others (for example,



hospital bed day costs tend to include nursing/medical cover within them, whereas care home unit costs do not – even if the individual still accesses GP/Nursing care whilst in the care home).

However, as a very basic comparison, the following figures can be offered:

- Hospital bed per day: £279 per day  
[NHS Grampian has, when doing bed planning, offered this figure as a “lowest bed day cost”]
- Intermediate Care: £136-176 per day  
[Range depends on whether located in care home model or ‘flat type’ accommodation]
- Care Home: £87.72-102.13 per day  
[Older Adult homes only. Range depends on whether a residential or a nursing home. Costs have not been adjusted to reflect patient/client contributions etc.]
- Care at Home: £60.89 per day  
[Very simple average based on spend on older adults homecare with number of clients as denominator. Does not adjust or “match up” levels of complexity in homecare to those within hospital/intermediate care]

Quality measures for intermediate care are primarily via the Care Inspectorate’s inspection system as our intermediate care services require to be registered with the Inspectorate. There are also contractual quality measures we have in place with the services in question.

As with the bed cost figures outlined above, caution must be exercised when comparing length of stay figures between hospital and intermediate care. There are different types of patients within both ‘systems’, who will, by the nature of their conditions/presentations have significantly different average lengths of stay.

However, we can give general median length of stay figures for our social care enablement services and, for sake of comparison, our older adult hospital rehabilitation ward:

- Intermediate Care [Care Home Based]: 11.6 median length of stay
- Intermediate Care [Flat Based]: 61 days median length of stay
- Older Adults Rehabilitation Hospital Service: 47 days median length of stay

[Figures are based on 2018’s patient cohort]

Again, it must be stressed, that caution must be exercised in drawing any direct comparisons from these services and their figures as they do not deal with either the



same volume or complexities of presentation. For example, our flat based intermediate care service often accommodates individuals who 'step down' with mental health problems or brain injury who will require longer periods of slower stream rehabilitation and subsequent complex discharge planning.

At present the NHS system that records delayed discharges within the hospital system does not extend to social care based intermediate services. Whilst we operationally manage any delays in intermediate care, we cannot yet provide comparable statistical data. A project is currently underway in Aberdeen to extend formal delayed discharge recording to the intermediate services.

### **Leadership and culture of the IJB**

*"The Committee's 2019-20 pre-budget report highlighted the importance of relationships and leadership in determining progress towards integration. The report noted that "...a number of integration authorities do not appear to be exerting a challenge function and ultimately their authority and control over the budget is being dictated by individual partners." Audit Scotland also found that a "lack of collaboration leadership and cultural differences are affecting the pace of change".*

*The Committee has also heard evidence to suggest that partners tend to view their budget contributions as money that should be allocated to "their" services. Can you provide examples where money has lost its 'social care' or 'health' identity in your IJB?"*

This is not the case in Aberdeen City, the IJB has full control over their budget and there is no or little reference to where the budget ultimately came from in the budget monitoring or budget setting processes. It's difficult to provide a specific example, as there is no ownership over funding and the budget is managed and operated as one.

*Is the lack of progress in this area due to leadership and/or cultural issues and if so what steps are being taken to resolve this issue?*

I don't believe that there has been a lack of progress in Aberdeen City and certainly there is not a collaborative leadership issue. Within Aberdeen City Health & Social Care Partnership we have embraced cross-system working and the relationships in Aberdeen and Grampian are good.

Any cultural issues between the Council and NHS which make moving at pace difficult have been resolved at an IJB level. There are still some cultural issues in terms of staffing and processes which can cause delay and lead to a loss of pace, but generally we are making good progress in addressing these when and as they arise.



*How does your IJB share good practice and is enough being done to learn from other IJBs?*

We share good practice in a number of ways:

- We have a partnership website which includes information about many of our innovations and areas of good practice
- We have presented and shared areas of good practice at a number of events and conferences – including but not limited to:
  - Health and Social Care Scotland Conference
  - NHS Scotland Conference
  - Faculty of Public Health Conference
- We have successfully published our evaluation of integration work:  
<http://www.aimspress.com/article/10.3934/publichealth.2019.2.143>
- We share and discuss good practice nationally and regionally through formal and informal networks such as the Health and Social Care Scotland Strategic Commissioning and Improvement Network and joint informal Aberdeen City, Aberdeenshire and Moray catch ups.

We learn from and hear about good practice from other IJBs using the same formal and informal channels.

## High Level Process for Development of Strategic Plans in Grampian

