



Integration Joint Board

27<sup>th</sup> September

This Report relates to  
Item 5 on the Agenda

# Potential Development of a Maggie's Centre in Dumfries

*(Paper presented by Alex Little)*

*For Approval*

<b>Approved for Submission by</b>	Julie White, Chief Officer
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<b>List of Background Papers Appendices</b>	Appendix 1 – NHS Board Paper 20 <sup>th</sup> May 2018 Appendix 2 – Potential Maggie's Centre Development at Dumfries and Galloway Health Board April 2018 Appendix 3 – Response from Area Clinical Forum Appendix 4 – Cancer Service Users Views Appendix 5 – Population Density in Dumfries

## **SECTION 1: REPORT CONTENT**

**Title/Subject:** Potential Development of a Maggie's Centre in Dumfries

**Meeting:** Integration Joint Board

**Date:** 27<sup>th</sup> September 2018

**Submitted By:** Jeff Ace, Chief Executive, NHS Dumfries and Galloway

**Action:** For Approval

### **1. Introduction**

- 1.1 This paper outlines the proposal by the charity "Maggie's" to develop a centre on the Dumfries and Galloway Royal Infirmary site and provides the views of Clinical Advisory Committees and service users. In addition, the paper will describe the priorities within the Health and Social Care Strategic Plan in conjunction with the key elements of the proposal to support consideration by the IJB on whether the proposal is consistent with the strategic ambitions of the plan. Additionally, the paper notes the requested financial contributions, capital and revenue required within the proposal.

### **2. Recommendations**

#### **2.1 The Integration Joint Board is asked to consider:**

- **Whether the proposed creation of a Maggie's Centre located in Dumfries is consistent with the priorities and focus of the Strategic Plan**
- **How this proposal might serve the whole of Dumfries and Galloway in supporting people with cancer and palliative care needs**
- **Whether broader dialogue with a range of partners including, but not limited to Maggie's, would better facilitate the development of services more suited to meet the needs of a dispersed, rural population such as that in Dumfries and Galloway and the development of a model of supportive care that meets the needs of people with all potentially life limiting conditions**

#### **2.2 The Integration Joint Board is asked to note:**

- **Note work being undertaken to understand cancer and palliative needs and provision across Dumfries and Galloway as part of developing a palliative care strategy for the region**

- **Note the views of Clinical Advisory Committees and people who use cancer service**

### 2.3 **The Integration Joint Board is asked to approve:**

- **The revenue resources required to support this proposal**

## **3. Background**

3.1 Attached at Appendix 1 and 2 are the papers considered by the NHS Board at its meeting in June 2018. At this meeting, Board members requested further formal advice from established cancer service user groups, from its Area Clinical Forum and from the Integration Joint Board as the body with the delegated functions in relation to the planning and commissioning of non-tertiary cancer care.

## **4. Main Body of the Report**

4.1 The proposed model for Dumfries and Galloway has been developed and used by Maggie's since its inception in 1995, i.e. an iconic building located near, but separate from, an NHS hospital.

4.2 Maggie's Centre's are focused on the provision of non-acute support to adult cancer patients and operate 9-5 weekdays. The proposed model of a Maggie's Centre located in Dumfries next to the DGRI, would not provide any additional therapeutic services that would reduce or prevent, for example, referrals to tertiary centre's in Edinburgh and Glasgow. Nor would any palliative care inpatient services/beds be provided. For further detail please refer to Appendix 2.

4.3 Patient and Carer feedback from people who use Maggie's Centre's elsewhere is largely positive, and the proposal could provide additional support to services already available via the Macmillan Cancer Support Centre's located in Dumfries and Stranraer.

4.4 Consideration of the proposal was undertaken by the Medical Staff Committee (MSC) and the Nursing, Midwifery and Allied Health Professionals Committee (ANMAP). Both bodies unanimously rejected the proposal in its current form. The Area Clinical Forum received a presentation from representatives of Maggie's on 22<sup>nd</sup> August 2018 and considered the information provided as well as the views from MSC and ANMAP. The recommendation from ACF is at Appendix 3.

4.5 Cancer Service User Groups; including "Cancer Voices" and "Can Survive" representatives from the east and west of Dumfries and Galloway considered the proposal at their meeting on 5<sup>th</sup> September 2018. They unanimously rejected the proposal in its current form. Their views are at Appendix 4.

4.6 The build cost is estimated by Maggie's at between £3.5 and £5 million; with anticipated running costs of approximately £300k per year. To date, the identified financial contribution from the NHS Board would be up to £250k capital funding and

recurring revenue of £80k for 20 years. This is 25% of the estimated annual running costs of approximately £320k per year.

4.7 Below are the 10 priorities articulated within Dumfries and Galloway's Health and Social Care Strategic Plan and consideration of whether the proposal for a Maggie's Centre located in Dumfries is consistent with these priorities.

<b>The Dumfries and Galloway Health and Social Care Plan Priorities</b>	<b>The Maggie's Centre Proposal</b>
<p><b>Enabling people to have more choice and control</b>  <i>"New approaches must be much more person-centred, with the person being in control of their own care and support and being an equal partner in making decisions about their care".</i></p>	<p>The current proposal duplicates existing services delivered via the Macmillan Cancer Information and Support Centres (CISC) in Dumfries and Stranraer. Whilst the approach is person-centred; it applies to adult cancer patients and their families only, accessible in the Centre in Dumfries.</p>
<p><b>Supporting Carers</b>  <i>"Carers should be better supported on a consistent basis so they can continue to care (if this is what they want)"</i></p>	<p>The current proposal would support Carers of adult patients with cancer, if able to access the Centre in Dumfries.</p>
<p><b>Developing and strengthening communities</b>  <i>"This way of working encourages real partnerships which mean listening to what people say they need and what would make a difference. It also means involving people in decision-making, so that they can be in control rather than passively receiving services".</i></p>	<p>The current proposal has been rejected by cancer service user groups on the grounds of inaccessibility, duplication of existing services and too narrow a focus on cancer only rather than all long term conditions.</p>
<p><b>Making the most of well-being</b>  <i>"Where possible the aim is to prevent ill health or, where health or social care needs are identified, to make sure there are appropriate levels of planning and support to prevent further deterioration".</i></p>	<p>The current proposal would provide post diagnostic support for health and social care needs of patients and Carers. However, support services currently exist Via the CISCs in Dumfries and Stranraer. Nevertheless, the current proposal may increase psychological support for people affected by cancer.</p>
<p><b>Maintaining safe, high quality care and protecting vulnerable adults</b></p>	<p>As an established independent charity, Maggie's should have appropriate safeguards in place. Assurances would be required if the proposal were to be accepted and an agreement with the Board entered into.</p>
<p><b>Shifting the focus from institutional care to home and community based care</b>  <i>"New models of care and support should reflect and promote the shift towards greater choice and control for people and make a positive difference to their outcomes. As a result, it is crucial that people, who use services, and their Carers and families, are</i></p>	<p>The current proposal is based on the Maggie's model of a building on the grounds of DGRI.  The services provided are not "acute" in nature, and there is an existing similar service on site.   Whilst "outreach" may be developed within</p>

<p><i>involved in designing them.</i></p> <p><i>To achieve positive differences we need to develop clinical and care pathways that:</i></p> <ul style="list-style-type: none"> <li>• <i>shift the point where care is delivered from institutions to home and community based settings</i></li> <li>• <i>shift responsibility for managing and delivering care towards people and their communities</i></li> </ul>	<p>the current proposal, this may fall short of shifting the focus of care delivery and responsibility from institutions to communities.</p>
<p><b>Integrated ways of working</b></p> <p><i>“We will achieve new, effective integrated models of care by supporting and helping our collective workforce, and their representatives, to develop and work together in integrated ways. This will be supported further by improving social enterprise, volunteering and commissioning based on outcomes”.</i></p>	<p>The current proposal does offer opportunities to work with an established charity. However, the proposed model of care is unlikely to meet the needs of the Dumfries and Galloway population.</p>
<p><b>Reducing health inequalities</b></p> <p><i>“Health and social inequalities must be considered in the planning stages of services and programmes to make the most of their potential for contributing to reducing inequalities. It is important that services are designed and delivered in a way that enables those most in need to have easy access”.</i></p>	<p>The current proposal based in Dumfries does not promote ease of access and is limited to a specific (diagnostic) group.</p> <p><b><i>EQIA in process and to follow.</i></b></p>
<p><b>Working efficiently and effectively</b></p> <p><i>“We need to make more effective use of these (NHS and Council assets) and existing wider community assets.</i></p> <p><i>This will support the focus of delivering care closer to home by making careful decisions about where to invest and where to reduce or withdraw investment. These decisions will need to consider the use of space, environmental sustainability, reducing our carbon footprint and improving the experience of people who use services”.</i></p>	<p>The current proposal requires a site on the grounds of DGRI. This is likely to reduce the potential for any future expansion of DGRI to deliver acute clinical services over the next 50-70 years.</p> <p>Consideration needs to be given to the affordability of the costs to the NHS Board and IJB (as above) in a time of financial constraint.</p> <p>A buildings based service located in Dumfries does not support the focus of delivering care closer to home.</p>
<p><b>Making the best use of technology</b></p> <p><i>“In the future, the vast majority of care and support will be provided in community settings. Developing and delivering information and communication technologies and a programme of ‘Technology Enabled Care’ (TEC) is critical to achieving seamless and sustainable care and support across the entire health and social care spectrum”.</i></p>	<p>The current proposal does not specifically mention technology enabled care.</p>

## **5. Conclusions**

- 5.1 The Integration Joint Board's role as a planner and commissioner of delegated functions confers a crucial role in shaping the development of services. The NHS Board requests clear indication regarding the IJBs priorities in this area and its willingness to direct resources to support the Maggie's proposal.
- 5.2 However, It is likely that by encouraging and supporting dialogue with a range of partners, people who use services and staff; and utilising the findings of the current cancer and palliative care project; that service models could be designed to more ideally meet the needs of our dispersed population (see Appendix 5) within available and future resources.

## **SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS**

### **6. Resource Implications**

- 6.1 To date the identified financial contribution from the NHS Board would be up to £250 capital funding and recurring revenue of £80K for 20 years, representing 25% of the estimated annual running costs.

### **7. Impact on Integration Joint Board Outcomes, Priorities and Policy**

- 7.1 The proposed development of a Maggie's Centre in Dumfries links to:
- Outcome 4 – Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services

### **8. Legal & Risk Implications**

- 8.1 No formal risk assessment has been carried out.

### **9. Consultation**

- 9.1 The views of the Area Clinical Forum, cancer service users, the Lead Cancer Team and the Health and Social Care Senior Management Team have been taken into account in the preparation of this paper.
- 9.2 Formal consultation with staff, service users and partners on cancer and palliative care needs and services is a key component of the current Cancer Pathways and Palliative Care Improvement Project, an iterative piece of strategic planning work over 23 months which commenced on 1<sup>st</sup> August 2018.

### **10. Equality and Human Rights Impact Assessment**

- 10.1 EQIA was not undertaken before submission of this paper. It is hoped to undertake EQIA prior to the IJB meeting on 27<sup>th</sup> September, and findings presented to the IJB at that time.

### **11. Glossary**

ACF	Area Clinical Forum
ANMAP	Nursing, Midwifery and Allied Health Professionals Committee
CISC	Cancer Information and Support Centre
IJB	Integrated Joint Board
MSC	Medical Staff Committee
NHS	National Health Service