

Dumfries and Galloway
Integration Joint Board

23rd March 2023

This Report relates to
Item 12 on the Agenda

Right Care, Right Place: Intermediate Care

Paper presented by Viv Gration

For Approval

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List of Background Papers:	<ol style="list-style-type: none"> 1. Integration Joint Board Strategic Commissioning Plan 2. Dumfries and Galloway Housing with Care and Support Strategy 3. Dumfries and Galloway Plan for Palliative Care 4. IJB January 2022 – Community Bed Review paper 5. IJB Transformation and Innovation/Futures Committee, 9 February 2023 – Right Care Right Place; Intermediate Care Update 6. Right Care Right Place: Intermediate Care

	Communications and Engagement Plan 7. Local place planning in Dumfries and Galloway
Appendices:	Appendix 1 - Key themes from 'Time to Talk' relating to Intermediate Care (Included in this Report) Appendix 2 - Right Care, Right Place Information Pack Appendix 3 - Right Care, Right Place Draft Modelling Demand Report Appendix 4 - Right Care, Right Place Draft Public Engagement Online Survey Key Findings Appendix 5 - Links to other models of intermediate care (Included in this Report) Appendix 6 - Draft Consultation Document – still in development Appendix 7 - Draft Right Care, Right Place Executive Summary Appendix 8 - List of Engagement Events (Included in this Report) Appendix 9 - Draft Equality Impact Assessment

Direction Required to Council, Health Board or Both			
	Title		Reference Number
	Direction to:		
	1. No Direction Required		
	2. Dumfries and Galloway Council		
	3. NHS Dumfries and Galloway		
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway		X

1. Introduction

1.1 Right Care, Right Place is a programme of community transformation that spans, Home Teams, care and support at home and bed based intermediate care in Dumfries and Galloway.

1.2 This paper focuses on bed based intermediate care and sets out:

- An overview of work undertaken in relation to bed based intermediate care since January 2022
- How our local population is likely to change over the next 30 years
- How this is likely to impact on demand for bed based intermediate care
- What people are telling us
- Flexible bed based intermediate care model
- Options for meeting the increased demand in the short, medium and long term
- Plans for consultation with communities 10 April 2023 – 3 July 2023
- Next steps

2. Recommendations

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

- **Note the work to date in the Right Care, Right Place Programme and confirm that it is in line with expectations when this work was requested in January 2022.**
- **Reflect on the projected changes in the local population, the associated changes in level of need over time and the outputs from the resulting modelling.**
- **Consider whether the engagement and participation to date has been sufficiently comprehensive, robust and proportionate to underpin the future planning of bed based intermediate care.**
- **Review and consider the feedback from the engagement period.**
- **Discuss the extent to which the options presented in section 3.57 for each Home Team area reflect and respond to the feedback from the engagement and participation period, as well meet the projected future need for bed based intermediate care.**
- **Approve the proposed flexible bed based intermediate care model.**
- **Approve the formal consultation of proposed flexible bed based intermediate care options with communities.**
- **Confirm ongoing support for the process and issue a direction be issued to Dumfries and Galloway Council and NHS Dumfries and Galloway to carry out the formal consultation**

3. Background and Main Report

- 3.1 The health and social care system is experiencing unprecedented pressures across all areas of Dumfries and Galloway and Scotland. In response, the Integration Joint Board Strategic Commissioning Plan sets out a model of care and support along with commissioning intentions to support transformation to address these pressures and other well documented issues of increased demand, financial and workforce challenges (see background papers).
- 3.2 The Integration Joint Board (IJB) considered a report in January 2022 in relation to developing a new community bed model by March 2023 (see background papers). At that time the IJB decided to extend the scope to include younger adults and asked that the project be progressed in a way that allowed for an initial engagement with communities to identify the issues regarding the model of health and social care and the challenges they would like to see addressed by the review. The IJB acknowledged that this may result in a need to extend the timeline for delivery.
- 3.3 'Time to Talk' was a public engagement programme between June and October 2022. This set the scene and provided 'pre-engagement' for the Right Care, Right Place engagement work. An overview of the relevant themes is attached at **Appendix 1**. The key points are:
- 534 responses were collected and were representative from all parts of the region, with at least one response for every 500 people who live in Dumfries and Galloway
 - 77 respondents identified concerns about the availability of local care, for example people not able to be in hospital near family and people passing away outwith their local community
 - Staffing is widely recognised as an issue affecting health and social care in the region
 - The standard of care and support at home was praised however some people raised concern about the lack of care and support available to support people home from hospital
- 3.4 In October 2022 the Strategic Planning and Transformation Directorate were asked to take the lead on the Community Bed Review given the operational pressures being experienced within the system. Early discussions within the Partnership and learning from 'Time to Talk' resulted in the establishment of the Right Care, Right Place Programme and use of the term bed based intermediate care. Thereby recognising the importance of the connections with other aspects of community health and social care, namely Home Teams and care and support at home.
- 3.5 Intermediate Care is when a person can no longer live safely in their home but does not need to be in a General Hospital. In Dumfries and Galloway it is often delivered in cottage hospitals, in care homes, or supported housing (such as sheltered housing or extra care housing).
- 3.6 Intermediate care can include supporting people to move from hospital and return home, supporting people to change from receiving care at home to moving into a residential care home, or supporting people to recover from an illness or manage a long term condition.

3.7 Right Care, Right Place is intended to reflect the importance of the person centred, human rights based approaches to health and social care described within the IJB Model of Care and Support as well as connection with Local Place Plans. Local Place Plans (LPPs) offer communities the opportunity to produce a plan for their area expressing their aspirations and ambitions for future change (for background information [click here](#)).

3.8 In preparation of an initial engagement period (20 January to 3 March 2023) the Right Care Right Place Project Team, comprising members of the Strategic Planning and Transformation Directorate, the Divisional Manager – Community Beds and Support Living, and the Communications and Engagement Team

- Produced an information pack (appendix 2) that includes data in relation to:
 - Geography and the influence of rurality
 - Population and demographic changes
 - Health and wellbeing
 - Existing care and support delivery
 - People waiting for the right care in the right place
- Developed a communications, consultation and engagement plan (see background papers) that sets out:
 - Aims and objectives of the engagement
 - Who would be engaged with (stakeholders) and why
 - Key messages
 - Methods of communication, engagement and consultation
 - Details of a phased approach
 - Detailed schedule of engagement activities and events
 - Recording and analysis of engagement feedback
 - Evaluation
 - Feedback to stakeholders
- Engaged an independent partner, Sleeping Giants, to support the design, delivery and analysis of the public engagement. A survey questionnaire, interactive sessions and resources were developed. In addition qualitative analyst resource was identified to support independent analysis of what people are telling us about current services and how intermediate care looks and feels in the future.

3.9 The Project Team has also committed to delivery of a final report to IJB by March 2023 and further, by September 2023.

What the data is telling us

3.10 Appendices 2 and 3 includes a copy of the Right Care, Right Place Information Pack and draft Modelling Demand Report that gives full information about population change and the predicted increased demand for bed based intermediate care.

3.11 Although the overall size of the population in Dumfries and Galloway is unlikely to change substantially over the next 25 years, the population will have many more older people (Figure 1). This shift in the balance between the generations will impact on the demand for health and social care services, the local economy, and

the available workforce.

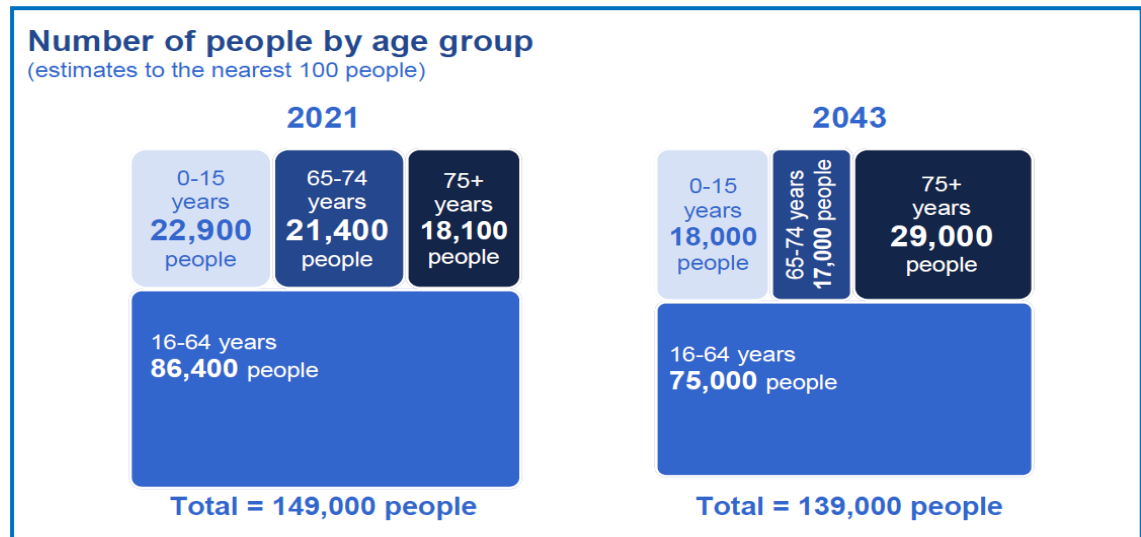


Figure 1: Number of people by age group

- 3.12 More people are living for longer in ill health. This too is likely to lead to an increase in demand for care and support. Overall, it is likely that demand for health and social care services will increase by over 20% over the next 20 years. The largest increase in ill health will occur amongst people aged 65 to 84 years (Figure 2). The resource needed to manage long term conditions for this age group is forecast to increase by 35% by 2043.

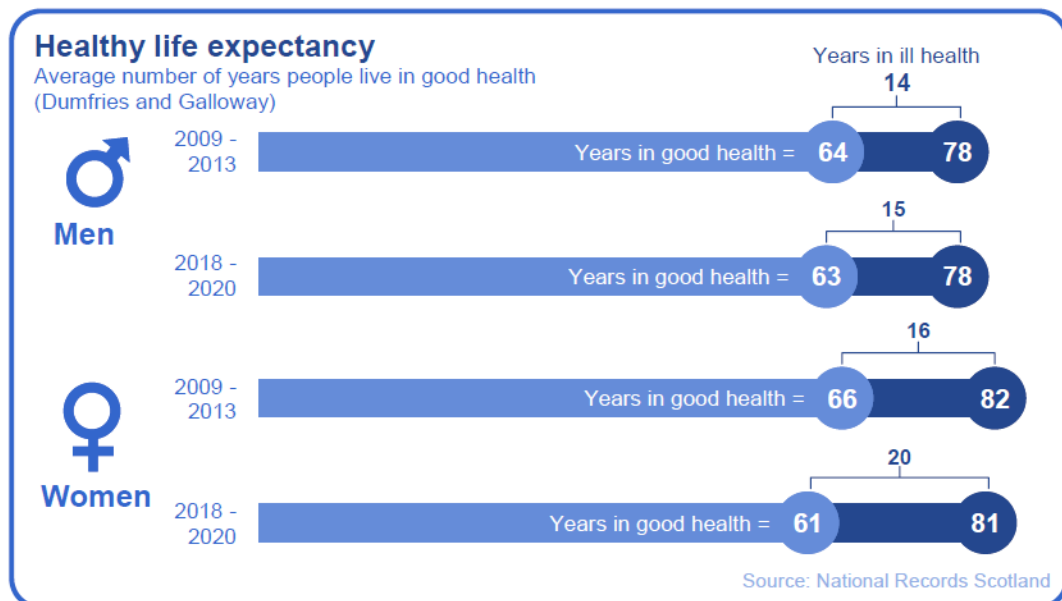


Figure 2: Health life expectancy

Demand for bed based intermediate care

- 3.13 To support discussion about bed based intermediate care the bed modelling analysis calculates projected total demand for beds in 2 ways.
- Scenario 1 – the projected total demand if existing care and support services were to remain separate from each other.
 - Scenario 2 – the projected total demand if all beds were entirely flexible so that care and support changed around the bed rather than the person

needing to move from one bed to another, or from one site to another.

- 3.14 The figure below illustrates how existing care and support is added together for the two scenarios to calculate the total demand in occupied bed days (Figure 3).

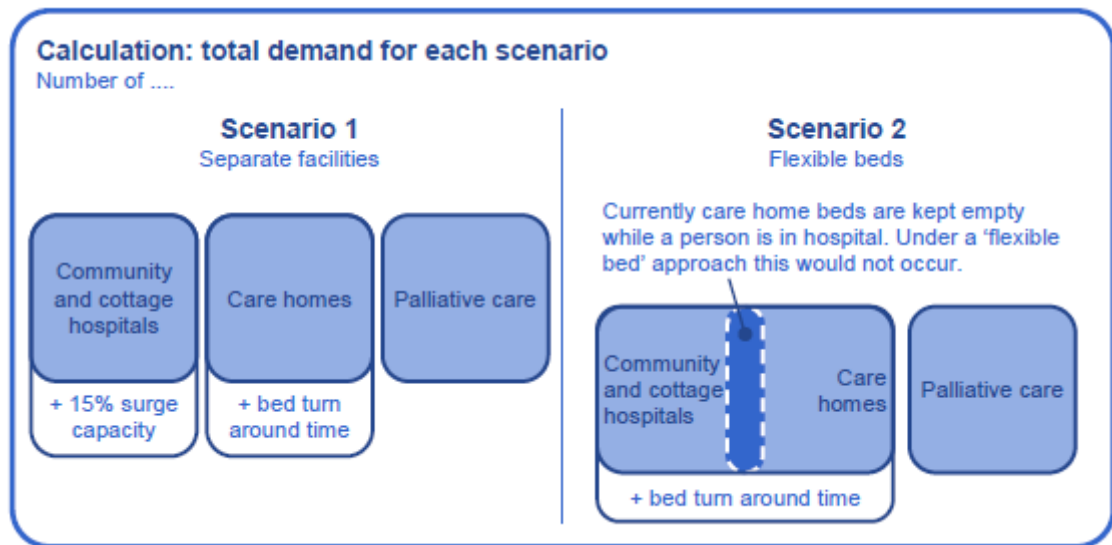


Figure 3: Total demand by scenario

- 3.15 The figures below estimates the number of cottage hospital beds, care home beds and palliative care beds required for scenario 1 – separate facilities (Figures 4 – 6).

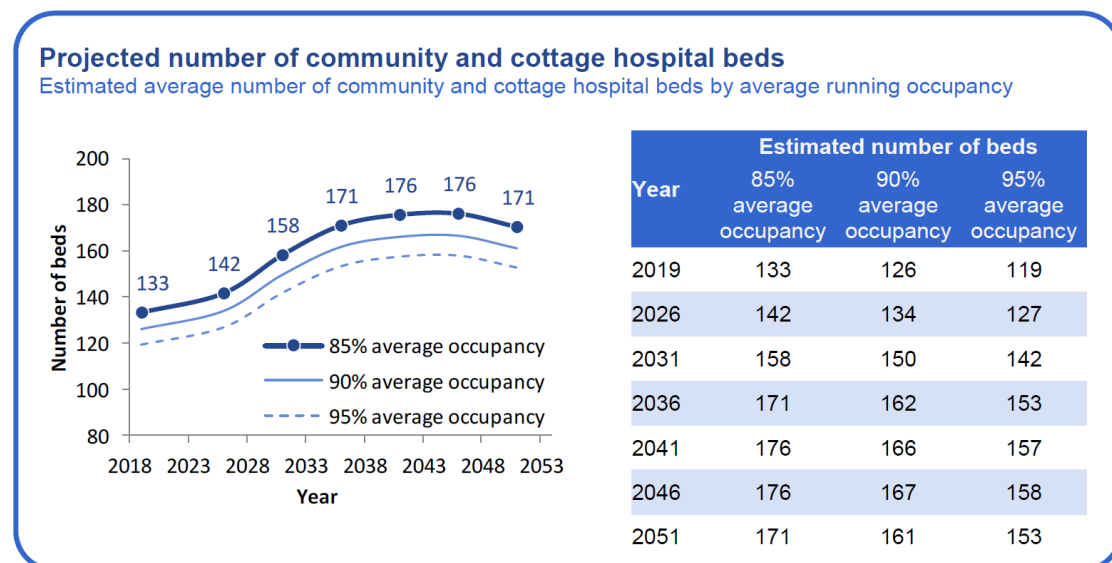


Figure 4: Projected number of community and cottage hospital beds

Projected number of care home beds

Estimated average number of care home beds by bed turn around times

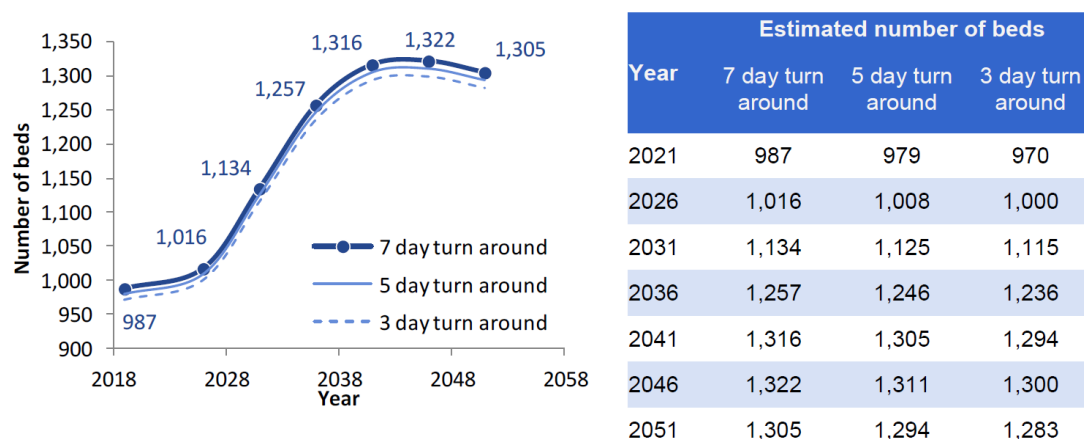


Figure 5: Projected number of care home beds

Projected number of additional beds to support palliative care

Estimated average number of palliative care beds

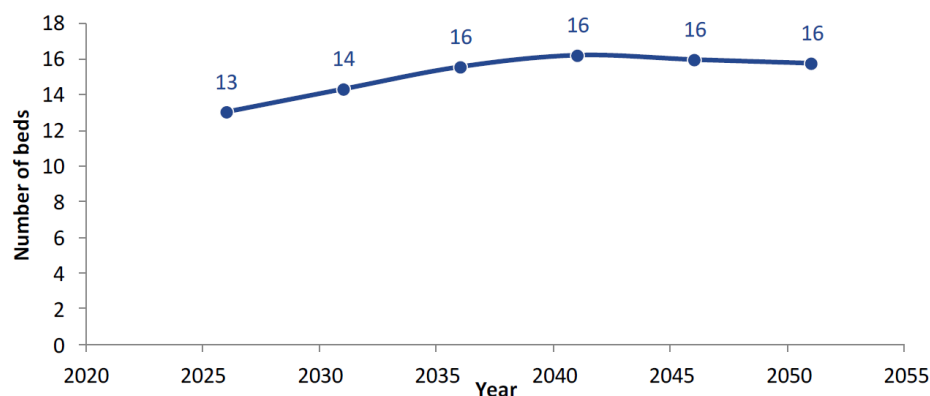


Figure 6: Projected number of additional beds to support palliative care

3.16 This modelling based on current activity indicates that for scenario 1 – separate facilities:

- There will be a peak demand for cottage hospital beds between 2041 and 2046. The number of beds required across Dumfries and Galloway (based on an average occupancy of 85%) will increase from 133 beds in 2021 to 176 beds by 2041, a 32% increase
- For care home placements the peak is likely to occur in 2046. The number of care home beds required will increase from 987 beds in 2021 to 1,322 beds in 2046, a 34% increase
- The number of additional beds to enable all people who wish to die in a hospice setting is estimated to be 13 beds in 2026, increasing marginally to 16 beds by 2036.

- 3.17 Table 1 estimates the number of intermediate care beds required for scenario 2 – flexible facilities.

Table 1: Average daily beds

	Average daily beds (bed days per year- nearest 100)						
	Now	2026	2031	2036	2041	2046	2051
Community and cottage hospital beds	133 (48,700)	142 (51,800)	158 (57,800)	171 (62,500)	176 (64,200)	176 (64,400)	171 (62,300)
Care home beds including...	987 (360,200)	1,016 (371,000)	1,134 (414,000)	1,257 (458,700)	1,316 (480,400)	1,322 (482,400)	1,305 (476,200)
older adults	907 (331,100)	933 (340,700)	1,047 (382,200)	1,167 (425,800)	1,226 (447,600)	1,234 (450,500)	1,220 (445,300)
specialist residential care	30 (11,100)	32 (11,500)	31 (11,400)	30 (11,000)	28 (10,300)	26 (9,500)	25 (9,100)
out of region placements	13 (4,600)	13 (4,900)	14 (5,000)	14 (5,100)	14 (5,000)	13 (4,800)	12 (4,400)
interim placements	8 (2,900)	8 (3,000)	9 (3,300)	10 (3,500)	10 (3,500)	9 (3,500)	9 (3,300)
beds held while people are in community and cottage hospitals	19 (6,800)	20 (7,300)	22 (8,200)	25 (9,000)	25 (9,300)	25 (9,300)	24 (8,900)
Palliative care beds	13 (4,800)	14 (5,200)	16 (5,700)	16 (5,900)	16 (5,800)	16 (5,800)	16 (5,800)
Scenario 1 (separate facilities)							
Total projected beds	1,133 (413,700)	1,172 (428,000)	1,308 (477,500)	1,444 (527,100)	1,508 (550,400)	1,514 (552,600)	1,492 (544,300)
Percentage change		+3%	+15%	+27%	+33%	+34%	+32%
Scenario 2 (flexible beds)							
Total project beds	1,114 (406,900)	1,152 (35,500)	1,286 (469,300)	1,419 (518,100)	1,483 (541,100)	1,489 (543,300)	1,468 (535,400)
Percentage change		+3%	+15%	+27%	+33%	+34%	+32%

- 3.18 The modelling for scenario 2 – flexible beds also shows a peak at 2046 with an increase from 1,114 beds in 2023 to 1,489 beds in 2046, an increase of 34%. This is compared to a total of 1,514 beds in separate facilities in 2046.
- 3.19 Further work is underway to model the demand for bed based intermediate care at home team area level, this will be shared with the IJB as part of the presentation on 23 March 2023 and will be at the heart of consultation materials.

What people are telling us

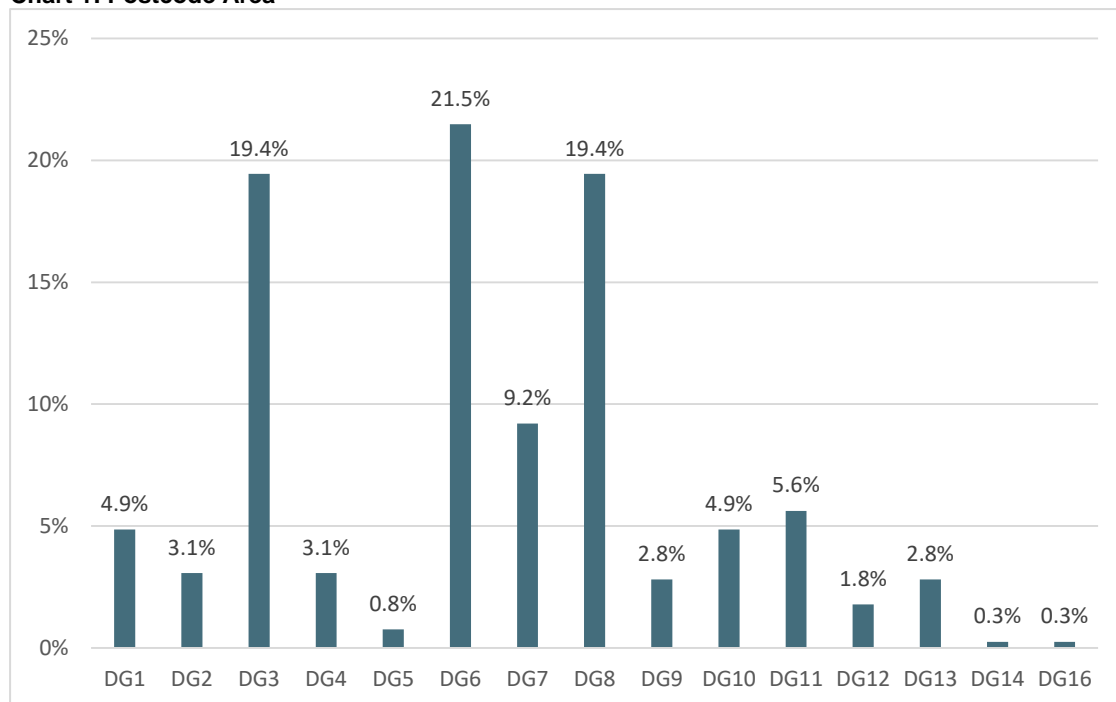
- 3.20 Appendix 4 is the report from Sleeping Giants analysis of the online survey and key themes from other engagement activities.
- 3.21 People engaged with us throughout the engagement period in several ways. This section gives an overview of the themes from the online survey, public engagement sessions, cottage hospital visits and with general practice clusters as well as workshop sessions with care home owners and third sector partners. This is also being analysed by home team areas to support consultation at a local level.

Online Survey

- 3.22 **Geography** – All 15 DG postcode areas were represented in the survey sample

(see Chart 1); however, only one (0.3%) respondent from both DG14, near Canonbie and DG16 Gretna and three (0.8%) from DG5, Dalbeattie completed the survey. In contrast, respondents from the DG3 Thornhill (19.4%, 76), DG6 Kirkcudbright (21.5%, 84) and DG8 Newton Stewart (19.4%, 76) areas represent 60.4% of the total survey sample.

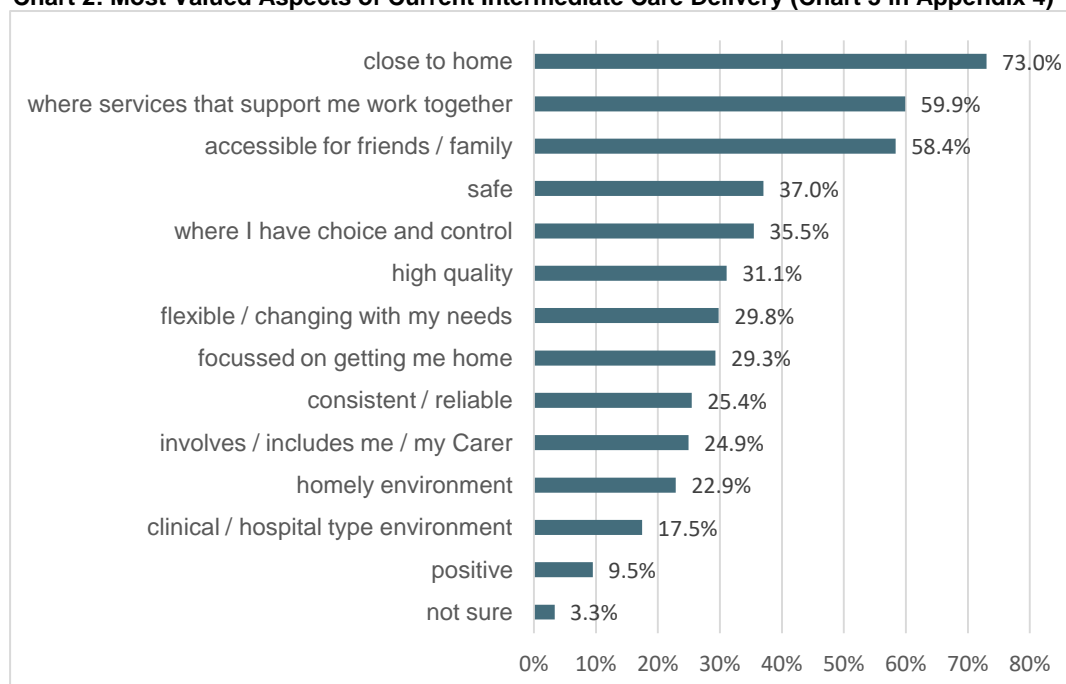
Chart 1: Postcode Area



Base: All respondents (n=391)

3.23 What is valued about current services? – Survey respondents were asked to select from a given list up to five things that they most valued about how and where intermediate care is currently delivered; Chart 2 summarises the responses given and shows that 'close to home' was selected by almost three quarters of respondents (73.0%, 284). Joined up care, where all the services work together (59.9%, 233), and care that is accessible for friends and family (58.4%, 227) were also commonly selected.

Chart 2: Most Valued Aspects of Current Intermediate Care Delivery (Chart 3 in Appendix 4)



Base: All respondents answering the question (n=389)

- 3.24 151 respondents chose to answer an open ended follow up question and provide more information about what they value about current intermediate care provision. A wide range of themes emerged from the responses received and, again, 'close to home' emerged as the most common. For some, this was about reopening or retaining a cottage hospital but, more broadly, these responses reflected an eagerness to stay local to avoid long journeys and maintain connections with friends, family and their community. Examples of these types of responses include:

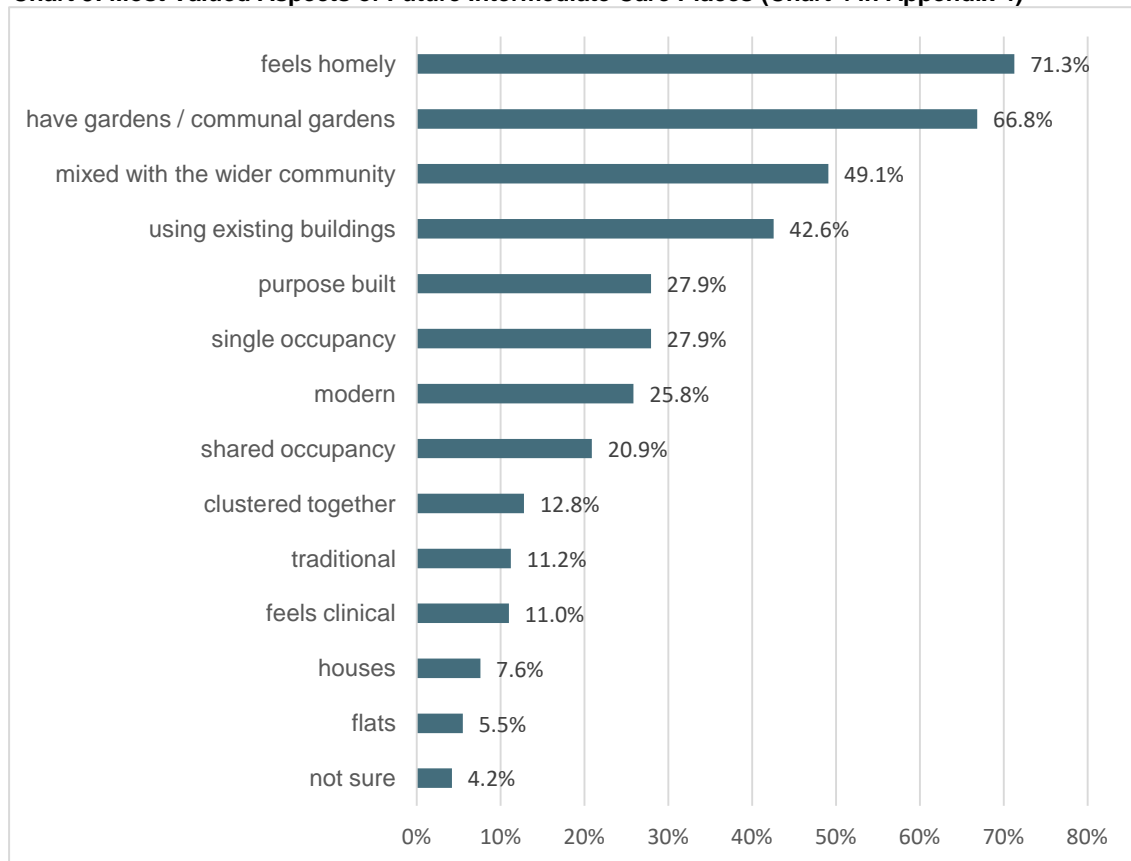
"Important to be local - within easy travelling distance - not an hour or so away."

"Living in Newton Stewart I have used the community hospital several times for emergency GP treatment and hospital care for my elderly mother for lengthy periods. I was able to visit every day but couldn't have done that to Dumfries!"

"Care close to home is more likely to be done by those who know you or know your family and friends. This reassuring environment is more conducive to a better and quicker recovery."

- 3.25 **What would be most valued in the future of intermediate care?** – Respondents were asked to select up to five features from a given list that they would most value about Intermediate Care places, 383 people answered this question. A homely feel (71.3%, 273) and gardens/ communal gardens (66.8%, 256) were the two most common selections, 'feels clinical' (11.0%, 42) was one of the least common selected options. Almost half of people who responded (49.1%, 188) said they would value Intermediate Care places being 'mixed with the wider community' (Chart 3).

Chart 3: Most Valued Aspects of Future Intermediate Care Places (Chart 4 in Appendix 4)

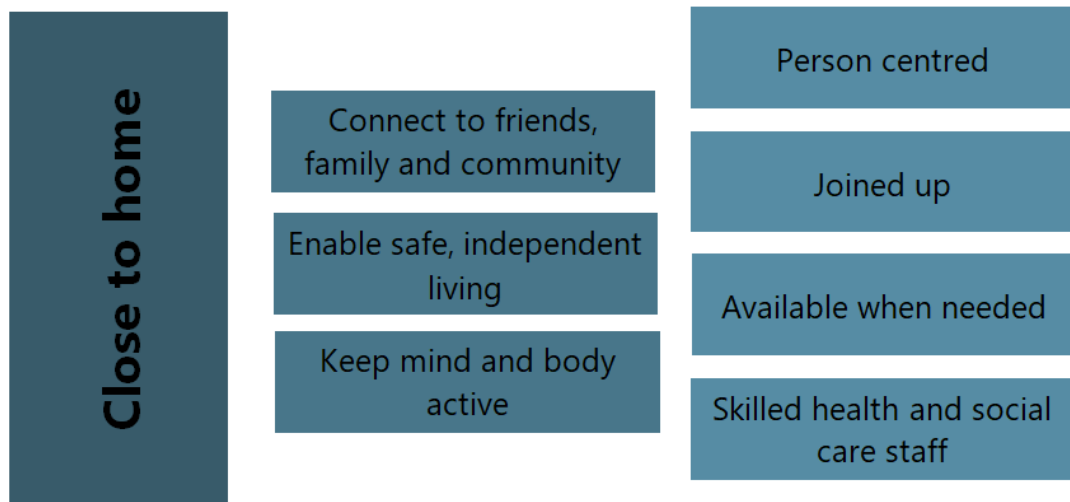


Base: All respondents answering the question (n=383)

3.26 331 people provided a response to the question ‘what do you think needs to change or improve about how and where intermediate care is delivered?’ The themes emerging from these responses have been grouped into the following four broad areas:

Where people want to access intermediate care	What people want to be available
<ul style="list-style-type: none"> Providing intermediate care in the local area was the strongest theme to emerge. For approximately a third of respondents, this was about cottage hospitals being reopened or retained. Local provision more generally was also important: respondents wanted to stay close to home. 	<ul style="list-style-type: none"> Survey respondents referred to different types of care provision in these responses. With the exception of cottage hospitals, the number of respondents citing a specific type of care were small. Rehabilitation and reablement, palliative care, care at home were some of the more commonly referred to forms of Intermediate Care. It should be noted though, some respondents (3.9%, 13) called for ‘more care’ or ‘more places’ without being explicit in how or where this should be provided.
How they want care to be delivered	The enablers and barriers to improving/changing intermediate care
<ul style="list-style-type: none"> Some of the responses referred to improvements in how Intermediate Care is delivered. Joined up, person centred care and timely provision emerged as themes here. The importance of connections with family, friends and community was also highlighted in these responses. 	<ul style="list-style-type: none"> Other responses related to enablers or barriers to better Intermediate Care. Health and social care workers (numbers and skills) and the region’s transport infrastructure were key themes emerging from these responses.

3.27 Key and recurring themes have emerged from the findings of the online survey so far:



3.28 Although key themes have emerged, it is equally important to acknowledge the variation in the survey responses. The word cloud below shows the most commonly used words/phrases in response to the question ‘What do you think needs to change or improve about how and where Intermediate Care is currently delivered’ and highlights this variation.



3.29 Discussions around the types of care provision wanted were particularly wide ranging and included calls for rehabilitation and reablement, palliative care, respite, care at home, sheltered housing and care homes. These responses are likely to

reflect the different perspectives from which people completed the survey as well as individual needs.

- 3.30 What people want will be explored further in the next stage of data analysis where the survey and engagement data are compared to advance understanding and identify any differences by area and respondent group.

Public Engagement Sessions

- 3.31 A series of 13 public engagement sessions were also facilitated. These were attended by approximately 1100 people. The events held in locations where cottage hospital services are currently suspended were best attended this included Kirkcudbright, Thornhill and Newton Stewart.
- 3.32 People were invited to participate in discussions framed around the same questions as the online survey, namely what they value about current intermediate care, what is important for the future of intermediate care.
- 3.33 Further work is required to fully understand the results of these events. However, initial analysis of the feedback from the events seems to echo themes from the online survey.
- 3.34 The Sleeping Giants report at **Appendix 4** includes initial findings from the analysis of these engagement events. The top five themes are:

Top five themes – Now	Top five themes – future
Local provision/close to home - 16%	Local provision/close to home – 11%
Cottage hospital – retain/reopen – 14%	Appropriate accommodation – 6%
Joined up care – 5%	Activities and events – 6%
Community based – 4%	Community based – 6%
Appropriate accommodation – 3%	Technology – 6%

Cottage Hospital Visits

- 3.35 Senior officers and professional leads visited each of the cottage hospital sites across Dumfries and Galloway.
- 3.36 Staff who work in these locations shared their views. They said they:
- are keen to maintain their connection with local people and their communities
 - are proud of the health and social care that they deliver
 - are seeking clarity on the future
 - feel there is a need for palliative and end of life care in local communities
 - feel better use could be made of cottage hospitals for a range of community based services, with some in-patient beds

General Practice Clusters

- 3.37 Meetings with General Practice (GP) clusters on the topic of intermediate care resulted in them sharing that:
- they are keen to care for their patients close to home in clinical in-patient settings

- they are concerned that social care needs will overshadow the need for clinical beds in local areas
- they feel palliative and end of life care needs to be delivered locally
- they feel it is important to have 'step-up' facilities where people can be offered medical care short term without having to travel to DGRI
- 'Step down' care is necessary, but for rehabilitation rather than for people waiting for a care package to get home
- there is potential for minor injury clinics within some GP Practices
- close working with Home Teams is essential, potential for co-location of GP practices, Home Teams and day treatment and bed based intermediate care

Workshop Sessions

- 3.38 Several sessions with the following groups of people who deliver health and social care were also facilitated, allied health professionals, Care Home owners/directors, and third sector organisations. Here the participants highlighted, early and intensive rehabilitation, 'joined up care' and 'improved communications' as the most important aspect of current and future delivery of intermediate care.

Workforce

- 3.39 Demographic change within the workforce is one of the most significant drivers for change, the Health and Social Care Partnership will need to develop new roles, new ways of working and new recruitment and retention strategies in order to avoid a significant loss of staff in the next 5 to 10 years. The estimated proportion of the workforce aged 55 and over is expected to increase from around 25.8% in 2023 to a forecasted 27.1% in 2032.
- 3.40 Disparity in terms and conditions for "like for like" jobs across the Health and Social Care Partnership brings a level of uneven competition between sectors for a limited pool of staff.
- 3.41 Vacancy levels for all sectors in the partnership were a challenge prior to Covid-19. Partners have identified that this has been made worse by the pandemic and the impact of Brexit.
- 3.42 Recruitment and retention to caring roles is challenging across the partnership.

Finance

- 3.43 An increasing budget deficit will impact the health and social care sector over the next few years. This can be mainly attributed to increasing demand and complexity of needs alongside increasing prices due to factors such as the cost of living crisis resulting in rising wages, travel, energy, equipment, insurance and business costs.
- 3.44 There is unlikely to be any additional funding for health and social care over the next few years therefore any future models will have to be delivered within the resources available.
- 3.45 Table 3 (in section 3.48) provides an overview of the current total number of beds currently used for intermediate care in cottage hospital, care homes and sheltered housing, alongside the bed modelling estimates for flexible beds over the next

twenty years.

- 3.46 The average cost of a
- Cottage hospital bed is £73,000 per annum or £1,400 per week
 - Care home bed is £35,764 per annum or £687 per week
 - Palliative care bed is £119,600 per annum or £2,300 per week (estimated based on acute bed rate of £2,300 per week)
 - Care and support for someone in sheltered accommodation is £9,100 per annum or £175 per week (based on 2 half hour CASH visits per day, 7 days a week at a rate of £25 per hour)

- 3.47 Table 2 gives an indication of the potential costs of meeting increased demand and reprovisioning cottage hospital beds as care home and extra care. Examples are given for like for like and 50:50 split between care home and extra care housing.

Table 2: Cost/demand

		Population /Total beds	2023	2026	2031	2036
		152,000	1,114	1,152	1,286	1,419
			£m	£m	£m	£m
Like for Like	Ave cost per week	707.1	40.9	42.3	47.2	52.1
Care Home / Extra Care: 50:50	Ave cost per week	680.2	38.1	39.3	43.5	47.5

Planning

- 3.48 Table 3 gives a very rough estimate of the number of flexible beds required for each home team area over the same time period. This is based on a simple percentage calculation of the number of beds per population. Work is underway to have more accurate figures to include in the consultation document.

Table 3: Number of flexible beds required

			Number of beds by year based on percentage of population						
Home Team	Population	% age of beds by population	2023	2026	2031	2036	2041	2046	2051
Rhins	17,000	11.18%	125	129	144	159	166	167	164
Machars	12,000	7.89%	88	91	101	112	117	117	116
Stewartry	23,000	15.13%	168	174	194	215	224	225	222
Upper Nithsdale	10,000	6.58%	73	76	86	93	98	98	96
Dumfries North and South	49,000	32.24%	359	371	414	458	478	480	474
Anndale and Eskdale Combined	41,000	26.97%	301	311	347	382	400	402	396
Total	152,000	100.00%	1,114	1,152	1,286	1,419	1,483	1,489	1,468

- 3.49 It is clear from bed modelling, what people have told us and population changes that the types of care that require bed based intermediate care are:

- Palliative Care/End of Life
- Step up
- Step down/rehab/reablement
- Residential Short Breaks for Carers respite

- 3.50 In other areas of Scotland, the rest of the UK and overseas there are examples of facilities with 24 hour, 7 day a week health and social care and support that is supplemented by in-reach from community health and social care teams as well as GPs. Please see links to some examples within Appendix 5.
- 3.51 Locally we are planning on the assumption that Home Teams and GPs, who are contracted to deliver the medical component of intermediate care, will provide specialist in-reach to the potential options for delivery. Therefore the proposals described are based on using bed based intermediate care placements flexibly, as described in Scenario 2 in sections 3.17 and 3.18 above. This means that any bed can be used to deliver the four types of care described in 3.50.
- 3.52 This planning also assumes that the ongoing modernisation of care and support at home, which is a move towards a blended model of care and support and reviewing current practice to release sufficient capacity to support people home from hospital and bed based intermediate care facilities without delay.
- 3.53 In addition, the following planning principles based on the IJB Model of Care and from what people have told us should be the basis of all future planning work in relation to bed based intermediate care.

From what people have told us	From IJB Model of Care
<ul style="list-style-type: none"> • Local care for local people • Care delivered locally by local people • Connection to communities • Better use of local resources/facilities • Homely setting • Flexibility 	<ul style="list-style-type: none"> • Human rights based • Holistic approach that considers all five dimensions of wellbeing (Social, Spiritual, Physical, Emotional and Mental) • Focus of resources on prevention and early intervention • Individual and community resilience by taking an asset based approach • Flexible health and social care and support that is responsive to people's changing needs • More equitable and easier access to health and social care and support across the whole system • Working as partners to address other social, economic, cultural and environmental factors that influence health and wellbeing

Options for consultation

- 3.54 A Right Care, Right Place Consultation Document at Appendix 6 (in development) will be used during the formal consultation period. In addition to what the data tells us and what people have told us, it sets out:
- Where are we now
 - Where we want to be
 - How we will get there
 - Options for discussion with communities, by each home team area
- 3.55 Given the strong message from communities that a real local focus is needed, it is proposed that consultation will be targeted on home team areas. An appreciative, asset based approach will be used to explore with local communities how to make best use of existing resources to deliver bed based intermediate care.

3.56 This section sets out some initial options to stimulate discussion with local communities. During discussions consideration should be given to all health and social care resources within the region.

3.57 It should be noted that these suggested options do not in any way indicate a commitment from the IJB to any particular way forward. These are initial options to stimulate discussion with local communities. Additional options may emerge through consultation with communities and further work will be required to support future decision-making and establish preferred options for each home team area.

The Rhins, population 17,000

Current Services

Intermediate care:

- Galloway Community Hospital (Dalrymple Ward) - 26 beds
- Care Homes 88 beds (Thorneycroft and Belmont)

Extra Care Housing:

- Sheltered Housing 123 places (107 Stranraer and 16 Glenluce)

			Number of beds by year based on percentage of population						
Home Team	Population	% of beds by population	2023 (actual)	2026	2031	2036	2041	2046	2051
Rhins	17,000	11.18%	125 (114)	129	144	159	166	167	164

Proposals for discussion with communities (support from GPs and Home Teams is crucial)

- Options assume that beds can be used flexibly to deliver all four types of bed based intermediate care as described in Section 3.17, 3.18 and 3.44 above
- Further work will be required to establish preferred options and determine deliverability

	Short Term (within 1 year)	Medium Term (Within 5 years)	Long Term (Within 10 – 15 years)
Need based on bed modelling (see section 3.17)	Number of additional beds required (11)	Number of additional beds required (4)	Number of additional beds required (30)
Proposed options for consultation with communities. Inclusion does not indicate any formal plans are in place. Others may emerge through consultation.	Use of Care Home placements	Additional 15 care home placements	Additional Care Home placements
	Use of sheltered housing placements	Re-model or expansion of current sheltered housing Glenluce and Stranraer	Care Village development, Stranraer
		Extra Care Housing – Garrick Site	Additional Extra Care Housing

The Machars, population 12,000

Current Services

Intermediate care:

- Newton Stewart Hospital – 22 beds (suspended) (currently delivers Podiatry Clinics; Machars Home Team Base; Physio Base; Occupational Therapy Base)
- Care Homes – 84 beds (Cornwall Park, Cumloden Manor, Westview)

Extra Care Housing:

- Sheltered Housing 38 places (13 Newton Stewart, 13 Wigtown, 12 Whithorn)

			Number of beds by year based on percentage of population						
Home Team	Population	% of beds by population	2023 (actual)	2026	2031	2036	2041	2046	2051
Machars	12,000	7.89%	88 (84)	91	101	112	117	117	116

Proposals for discussion with communities (support from GPs and Home Teams is crucial)

- Options assume that beds can be used flexibly to deliver all four types of bed based intermediate care as described in Section 3.17, 3.18 and 3.44 above
- Further work will be required to establish preferred options and determine deliverability

	Short Term (within 1 year)	Medium Term (Within 5 years)	Long Term (Within 10 – 15 years)
Need based on bed modelling (section 3.17)	Number of additional beds required (4)	Number of additional beds required (3)	Number of additional beds required (21)
<p>Proposed options for consultation with communities.</p> <p>Inclusion does not indicate any formal plans are in place.</p> <p>Others may emerge through consultation.</p>	Newton Stewart Hospital	Newton Stewart Hospital	
	Newton Stewart Hospital for; Podiatry Clinics, Machars Home Team base, Physiotherapy base, Occupational Therapy base	Newton Stewart Hospital for; Podiatry Clinics, Machars Home Team base, Physiotherapy base, Occupational Therapy base	
	Care Homes	Commission additional Care Home beds for intermediate care	Commission additional Care Home beds for intermediate care
		Develop extra care housing and re-provision of health centre as Community Health and Social Care Hub. GPs, Home Teams, Mental Health Teams located alongside a small number of intermediate care beds	Use Community Health and Social Care Hub for step up/step down care, Podiatry Clinics, Machars Home Team base, Physiotherapy base, Occupational Therapy base
	Sheltered Housing Placements		Develop more extra care housing

The Stewartry, population 23,000

Current Services

Intermediate care:

- Castle Douglas Hospital – 19 beds (currently delivers Rehabilitation, Reablement, Palliative Care, Physio Clinics, Bladder and Bowel Clinics, Immunisations Clinic, Minor Injury unit closed)
- Kirkcudbright Hospital – 12 beds (suspended) (Currently delivers Renal Services)
- Care Homes – 223 beds (Alma McFadyen, Barlochan House, Carlingwark House, Fleet Valley, Merse House, Munches Park, Senwick House)

Extra Care Housing:

- Sheltered Housing 120 places (58 Kirkcudbright; 55 Castle Douglas; 7 Gatehouse of Fleet)

Home Team	Population	% of beds by population	Number of beds by year based on percentage of population						
			2023 (actual)	2026	2031	2036	2041	2046	2051
Stewartry	23,000	15.13%	168 (242)	174	194	215	224	225	222

Proposals for discussion with communities (support from GPs and Home Teams is crucial)

- Options assume that beds can be used flexibly to deliver all four types of bed based intermediate care as described in Section 3.17, 3.18 and 3.44 above
- Further work will be required to establish preferred options and determine deliverability

	Short Term (Within 1 year)	Medium Term (Within 5 years)	Long Term (Within 10 – 15 years)
Need based on bed modelling (section 3.17)	Number of additional beds required (0)	Number of additional beds required (0)	Number of additional beds required (0)
Proposed options for consultation with communities. Inclusion does not indicate any formal plans are in place. Others may emerge through consultation.	Care Home in Kirkcudbright		
	Kirkcudbright hospital	Retain and repurpose Kirkcudbright Hospital with expanded GP practice, renal unit, home team base and small number of intermediate care beds.	
	Additional 9 beds within Care Home in Castle Douglas	Commission additional Care home capacity to serve Stewartry and Dumfries North and South	
	Commission short break/Carer respite within current beds	Develop additional Extra Care housing to serve Stewartry and Dumfries North and South	

Upper Nithsdale, population 10,000

Current Services

Intermediate care:

- Thornhill Hospital – 13 beds (suspended) (Day Hospital next door currently delivers Mental Health clinics; AHP Clinics; Vaccinations)
- Care Homes –73 beds (Briery Park, Queensberry)

Extra Care Housing:

- Sheltered Housing 52 places (24 Thornhill and 28 Sanquhar)

			Number of beds by year based on percentage of population						
Home Team	Population	% of beds by population	2023 (actual)	2026	2031	2036	2041	2046	2051
Upper Nithsdale	10,000	6.58%	73 (73)	76	86	93	98	98	96

Proposals for discussion with communities (support from GPs and Home Teams is crucial)

- Options assume that beds can be used flexibly to deliver all four types of bed based intermediate care as described in Section 3.17, 3.18 and 3.44 above
- Further work will be required to establish preferred options and determine deliverability

	Short Term (within 1 year)	Medium Term (Within 5 years)	Long Term (Within 10 – 15 years)
Need based on bed modelling (section 3.17)	Number of additional beds required (0)	Number of additional beds required (3)	Number of additional beds required (17)
Proposed options for consultation with communities.		Repurpose Thornhill Hospital, including day hospital to Health and Social Care Hub with Home Team	
Inclusion does not indicate any formal plans are in place.		Repurpose Thornhill Hospital, including day hospital to Health and Social Care Hub with home team and small number of intermediate care beds.	
Others may emerge through consultation.	Intermediate/interim placements already in place in Thornhill and Sanquhar care homes	Expand intermediate care/interim care placements in Care Homes	Commission additional care home placements
		Develop Extra Care Housing placements	Develop Extra Care Housing placements

Dumfries North and South (combined for planning purposes), Population 49,000

Current Services

Intermediate care:

- Mountainhall Ward 1 – 18 beds
- Alex Unit, DGRI – 8 beds
- Care Homes – 319 placements (Allanbank, Abbey Gardens, Charnwood Lodge, Claremont, Goldielea, Lochduhar, Mannering Avenue)

Extra Care Housing:

- Sheltered Housing 186 places

			Number of beds by year based on percentage of population						
Home Team	Population	% of beds by population	2023 (actual)	2026	2031	2036	2041	2046	2051
Dumfries North and South	49,000	32.24%	359 (345)	371	414	458	478	480	474

Proposals for discussion with communities (support from GPs and Home Teams is crucial)

- Options assume that beds can be used flexibly to deliver all four types of bed based intermediate care as described in Section 3.17, 3.18 and 3.44 above
- Further work will be required to establish preferred options and determine deliverability

	Short Term (within 1 year)	Medium Term (Within 5 years)	Long Term (Within 10 – 15 years)
Need based on bed modelling (section 3.17)	Number of additional beds required (14)	Number of additional beds required (12)	Number of additional beds required (87)
Proposed options for consultation with communities. Inclusion does not indicate any formal plans are in place. Others may emerge through consultation.	Maintain Mountainhall Ward 1		
		Additional 28 Care Home beds by 2025	Care Village Development, Dumfries
	Additional 9 beds within Care Home in Castle Douglas for step up/step down care, palliative care and end of life care to serve Stewartry and Dumfries North and South	Commission additional Care home capacity to serve Stewartry and Dumfries North and South	Develop additional Care Home
	Sheltered Housing Placements	Develop additional Extra Care housing to serve Stewartry and Dumfries North and South	Develop Extra Care housing

Annandale and Eskdale (combined for planning purposes) population 41,000

Current Services

Intermediate care:

- Moffat Hospital – 12 beds (suspended) Currently delivering CTAC, Physio clinics, Diabetic screening, Eye screening, Mental Health Clinic, Drug and Alcohol Clinic, Minor injury/suspended
- Lochmaben Hospital - 14 beds currently delivering Intense Stroke, Rehabilitation, Intense Stroke Reablement, Reablement, Palliative Care, Drug & Alcohol Clinic, Diabetic screening, SALT Clinics, Mental Health Clinic, OPAT
- Thomas Hope 12 beds currently delivering Rehabilitation, Reablement, Palliative care, AHP Service, Podiatry clinics, Physio clinics, Dementia Day Care (not since covid)
- Annan 18 beds currently delivering Rehabilitation, Reablement, Palliative Care, Diabetic Education, Parkinson's clinic, SALT clinics, Cardiac rehabilitation, Physiotherapy, Stroke Clinics
- Care Homes – 272 beds (Bankfoot House, Burnfoot, Dryfemount, Lydiafield, Trinity House, Notwen House, Annan Court)

Extra Care Housing:

- Sheltered Housing – 33 places (21 Lockerbie, 12 Moffat)

Home Team	Population	% of beds by population	Number of beds by year based on percentage of population						
			2023 (actual)	2026	2031	2036	2041	2046	2051
Annandale and Eskdale Combined	41,000	26.97%	301 (342)	311	347	382	400	402	396

Proposals for discussion with communities (support from GPs and Home Teams is crucial)

- Options assume that beds can be used flexibly to deliver all four types of bed based intermediate care as described in Section 3.17, 3.18 and 3.44 above
- Further work will be required to establish preferred options and determine deliverability

	Short Term (within 1 year)	Medium Term (Within 5 years)	Long Term (Within 10 – 15 years)
Need based on bed modelling (section 3.17)	Number of additional beds required (0)	Number of additional beds required (0)	Number of additional beds required (40)
Proposed options for consultation with communities.	Repurpose Moffat Hospital to Community Health and Social Care Hub Including GP with a small number of intermediate care beds	Redevelop Thomas Hope Hospital to homely setting for intermediate care. Potential for health and social care hub with small number of intermediate care beds	Gretna Care Village development? Similar to Carlisle (borderland funding potential)
Inclusion does not indicate any formal plans are in place.		Moffat extra care housing	
Others may emerge through consultation.		Langholm extra care housing	
	Commission short		Commission additional

	break/Carer respite within current beds		Care Home beds
	Repurpose Moffat Hospital to Community Health and Social Care Hub including GP		
	Protect Lochmaben hospital capacity for rehabilitation serving Annandale and Eskdale and Dumfries north and South	Protect Annan Hospital capacity for rehabilitation serving Annandale and Eskdale and Dumfries north and South	

Formal consultation

3.58 A formal consultation period is planned for 10 April – 3 July 2023. During this period there will be:

- Several public consultation events
- Consultation with community councils
- Consultation workshops with key stakeholders
- Further online survey

3.59 The consultation will, in response to what people have told us have a clear focus on options for each home team area. A consultation document is in the process of being developed. A draft version will be available at the IJB meeting on 23 March 2023 along with a full programme of consultation events.

3.60 In preparation for consultation, a draft executive summary has been prepared to provide an overview of this work (Appendix 7).

Next steps

3.61 The Right Care, Right Place Project Team will undertake the consultation during the next three months with a view to developing a final paper for presentation to IJB in September 2023.

4. Conclusions

4.1 Population and wellbeing changes over the next 20 years means there is a growing need to redesign bed based intermediate care.

4.2 This paper sets out the work so far in relation to this including bed modelling, results from engagement period and options for discussion with communities.

5. Resource Implications

5.1 The Integration Joint Board has commissioning responsibility through the delegated budget for all spend relating to community hospitals, care home placements (both residential and nursing) and provision of care and support for people within sheltered housing.

5.2 The budget process for the 2023/24 financial year has not been finalised and the full scope of resources which can support this review are to be determined.

	Financial and workforce modelling to support the transformation of services will need to be developed as future models of service delivery start to emerge through the consultation process. All proposals will be required to demonstrate best value and be affordable.
6.	Impact on Integration Joint Board Outcomes, Priorities and Policy
6.1	<p>The proposals in this paper will support delivery of the following National Health and Wellbeing Outcomes:</p> <ul style="list-style-type: none"> • People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. • People who use health and social care services have positive experiences of those services, and have their dignity respected. • Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
6.2	<p>In addition the proposals in this paper will support delivery of the following Strategic Commissioning Intention (SCI):</p> <ul style="list-style-type: none"> • SCI 3 - People and communities are enabled to self manage and supported to be more resilient • SCI4 - People have access to the care and support they need • SCI5 - People's care and support is safe, effective and sustainable
7.	Legal and Risk Implications
7.1	The Health and Social Care Partnership has responsibility for commissioning health and social care and support for the population of Dumfries and Galloway. Population changes mean that there is likely to be increased demand for bed based intermediate care.
7.2	If a new flexible model is not developed there is significant risk that people in the region will not receive the care they need.
7.3	The current system pressures mean that there are already people who are not receiving the right care in the right place.
7.4	Consultation with communities about the future of bed based intermediate care and support will meet the requirements of the consultation legislation.
8.	Consultation
8.1	Details of the engagement events are attached at Appendix 8. A full statement of consultation is in development to accompany the final report to IJB in September 2023.
9.	Equality Impact Assessment
9.1	A full EQIA is being developed alongside this programme of work and supports the shape of engagement and consultation. The current draft is attached at Appendix 9.

10. Glossary

10.1 All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets. The table below is an example only:

CASH	Care and Support at Home
DGRI	Dumfries and Galloway Royal Infirmary
EQIA	Equalities Impact Assessment
GP	General Practitioner
IJB	Integration Joint Board
LPP	Local Place Plans
SCI	Strategic Commissioning Intention

Dumfries and Galloway Integration Joint Board

DIRECTION

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)



1.	Title of Direction and Reference Number	Right Care, Right Place: Intermediate Care
2.	Date Direction Issued by Integration Joint Board	23 March 2023
3.	Date from which Direction takes effect	23 March 2023
4.	Direction to	NHS Dumfries and Galloway and Dumfries and Galloway Council
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	No
6.	Functions covered by Direction	Cottage Hospitals, Care Homes, supported housing (such as sheltered housing or extra care housing), community based services to include the role of Home Teams and associated professions, Care and Support at Home. Short Breaks for Carers for respite.
7.	Full text of Direction	<p>To undertake region-wide formal consultation of proposed flexible bed based intermediate care options with communities and key stakeholders in accordance with the stipulations of the Consultation and Engagement Strategy</p> <p><i>Some third sector partners already deliver this sort of care and support so are included as key stakeholders. Third Sector Dumfries and Galloway supported the engagement period and will also contribute to the consultation period.</i></p>
8.	Budget allocated by Integration Joint Board to carry out Direction	<p>The budget process for the 2023/24 financial year has not been finalised and the full scope of resources which can support this review are to be determined.</p> <p>The consultation will be carried out without the need for any additional resources as will be carried out from within existing budgets.</p>

9.	Desired Outcomes	<p>Aims to support delivery of the following National Health and Wellbeing Outcomes:</p> <ul style="list-style-type: none"> • People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. • People who use health and social care services have positive experiences of those services, and have their dignity respected. • Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. <p>In addition, aims to support delivery of the following Strategic Commissioning Intention (SCI):</p> <ul style="list-style-type: none"> • SCI 3 - People and communities are enabled to self manage and supported to be more resilient • SCI4 - People have access to the care and support they need • SCI5 - People's care and support is safe, effective and sustainable <p><i>Ensure this is linked to the Strategic Commissioning Plan, the National Health and Wellbeing Outcomes and any other relevant information.</i></p>	
10.	Is there a need for engagement with the third sector in delivery of this direction?	YES	NO
		X	Tick or Cross
		See above. Third Sector partners are a key stakeholder.	
11.	Performance Monitoring Arrangements	<p>Oversight by the Health and Social Care Leadership Group receiving monthly updates from the Right Care, Right Place Project Group</p> <p>Outcome of consultation will be reported to the Integration Joint board meeting in September 2023</p>	
12.	Date Direction will be Reviewed	21 September 2023	

Appendix 1 - Key themes from 'Time to Talk' relating to Intermediate Care

Between June and October 2022 work took place on the first phase of an in-person and online public engagement programme, 'Time to Talk.'

A total of 534 responses were collected, 360 through in-person engagements.

The following two themes have specific relevance to bed based intermediate care.

Quality and Availability of Social Care

195 respondents made some mention of social care, including both care homes and care and support at home. Concern over future care home capacity and availability within Dumfries and Galloway was one of them most common concerns expressed by respondents, 88 people raised this an issue. This was a particular theme among respondents in Stewartry. The cost of care home services to those paying privately was also raised as a concern.

Recruiting and Staffing

Respondents seemed generally well-informed of the reasons for recruiting and staffing challenges, and recognised it as a serious restriction on the provision of community health and social care. This was raised as a major concern by 73 respondents.

Cottage Hospitals and other local services

Across the region, 77 respondents mentioned the availability of various forms of local care as a concern. The role of cottage hospitals was raised by a number of respondents, with 53 expressing their desire to see them open and in use, or for more varied use to be made of them. People also expressed concern that people placed in hospital outwith their community would not receive the same number of visitors if they were closer to home. The prospect of people passing away outwith their local community was also raised.

Appendix 5 - Links to other models of intermediate care

Links to 4 examples of intermediate care from the United Kingdom and Europe have been included in the engagement resources and available to watch at events.

They include

[Hogeweyk Care Village in Amsterdam](#)

[Hospital at Home in South Lanarkshire](#)

[Humanitas Intergenerational Retirement Home](#)

[Pescueza Pensioner Village in Spain](#)

Details of other models will be added to the consultation document

Appendix 8 - List of engagement events

In-Person Engagement Events were held at the following locations:

- 02 February 2023 at 9.00am to 1.00pm – Dalbeattie Town Hall
- 03 February 2023 at 10.00am to 2.00pm – Richard Greenhow Centre, Gretna
- 07 February 2023 at 9.00am to 12.00pm – St Ninian's Hall, Isle of Whithorn
- 07 February 2023 at 2.00pm to 7.00pm – Stranraer Millenium Centre
- 08 February 2023 at 2.00pm to 7.00pm – Langholm Buccleuch Centre
- 09 February from 2.00pm to 7.00pm – Lockerbie Town Hall
- 10 February 2023 at 1.00pm to 6.00pm – Newton Stewart Initiative Centre
- 13 February 2023 at 1.00pm to 6.00pm – Council Offices, Daar Road, Kirkcudbright
- 14 February 2023 at 1.00pm to 6.00pm – Moffat Town Hall
- 16 February 2023 at 2.00pm to 6.00pm – Castle Douglas Town Hall
- 17 February 2023 at 2.00pm to 7.00pm – Corner House Hotel, Annan
- 20 February 2023 at 2.00pm to 7.00pm – The Bridge, Dumfries
- 21 February 2023 at 2.00pm to 7.00pm – Sanquhar Community Centre
- 02 March 2023 at 2.00pm to 7.00pm – Buccleuch and Queensberry Arms in Thornhill

Virtual Events hosted on Microsoft Teams:

- 15 February 2023 – 10.30am to 12.00pm
- 01 March 2023 – 9.00am to 10.30am