

# Document B (short version)

Right Care, Right Place

## Modelling Future Demand for Health and Social Care in Dumfries and Galloway: Intermediate Care Beds

### Executive summary

#### Background

Right Care, Right Place is the name of the programme of Community Transformation in Dumfries and Galloway to support delivery of the Model of Care described in the Integration Joint Boards Strategic Commissioning Plan. The programme has three distinct but closely linked related areas of health and social care:

- Home Teams
- Care and Support at Home
- Bed based intermediate Care and Supported Living

Bed based intermediate care is when a person can, in the short term, no longer be supported safely to live in their home but does not need to be in a general hospital. In Dumfries and Galloway this has historically been delivered in community and cottage hospitals, but more and more is being delivered in care homes, or supported housing (such as sheltered housing or extra care housing).

#### The model

To support the planning of bed based intermediate care over the next 30 years, a statistical model that forecasts the level of demand has been developed for Dumfries and Galloway and 7 local areas.

The statistical model bases existing need for intermediate care beds on a period when all community and cottage hospitals were open and projects this forward based on how the age profile of the population in Dumfries and Galloway is expected to change.

This model does not consider the practical and logistical aspects, such as staffing arrangements, knowledge and skills needed to deliver services to meet the demand.

This model looks at 2 different scenarios, a separate facilities approach and a flexible approach, for how intermediate care beds may be used in the future. These 2 scenarios are considered to be extremes and that, in reality, the future demand for beds will fall somewhere in between them.

The results from this forecast are an estimate only. The further into the future these estimates are for, the more uncertainty there is about their accuracy. Also, there is more uncertainty the smaller the population the model is applied to.

This model assumes that:

- All health and social care services will function as planned and that there is no additional demand caused by disruption elsewhere in the Partnership. (For example, there is no additional space needed to accommodate people waiting to be discharged from hospital.)
- People who tell us that they wish to die in a hospice, mean that they wish to die in a community facility with suitable support close their own homes. People may receive specialist palliative care in the Alexandra Unit in Dumfries and Galloway Royal Infirmary, but then be transferred to a setting in their community.

## Key findings

- The population of Dumfries and Galloway is expected to get smaller and get older over the next 30 years. The working age population is likely to decrease by 8%.
- The peak demand for intermediate care beds is likely to occur around 2046 with approximately 1,500 beds required across the region. This is a 34% increase from the estimated demand for intermediate care beds in 2021 (approximately 1,120 beds).
- To enable people to die in a setting of their choosing, it is estimated that 18 beds for palliative and end of life care are needed in community settings in addition to those available in the Alexandra Unit.
- The different age profiles of each local area also means that different places will experience increases in demand for bed based intermediate care at different times.
- It is likely that the estimates for the number of intermediate care beds in each local area will be different from the number of existing beds in each area.

**Table 1: Estimated number of intermediate care in the community needed to meet demand by local area**

Range based on results for scenario 1 and scenario 2

|                                     | Estimated average daily beds (bed days per year- nearest 100) |           |           |           |           |           |           |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|
|                                     | Current Estimate  | 2026      | 2031      | 2036      | 2041      | 2046      | 2051      |
| Lower Annandale and Eskdale         | 98 - 100  | 99 - 100  | 101 - 114 | 115 - 128 | 127 - 136 | 134 - 140 | 133 - 141 |
| Mid and Upper Annandale and Eskdale | 183 - 186   | 185 - 189 | 189 - 212 | 210 - 230 | 226 - 241 | 237 - 239 | 232       |
| Dumfries                            | 356 - 362   | 358 - 373 | 371 - 410 | 408 - 447 | 442 - 468 | 462 - 481 | 466 - 490 |
| Mid and Upper Nithsdale             | 55 - 56   | 56 - 59   | 60 - 67   | 67 - 75   | 74 - 79   | 78 - 82   | 79 - 82   |
| Stewartry                           | 237 - 241   | 238 - 251 | 251 - 279 | 276 - 311 | 306 - 319 | 312 - 314 | 303 - 295 |
| Machars                             | 93 - 94   | 95 - 104  | 105 - 125 | 125 - 145 | 142 - 153 | 148 - 150 | 142 - 143 |
| Rhins                               | 99 - 101  | 101 - 108 | 109 - 124 | 124 - 138 | 136 - 143 | 141 - 144 | 138 - 140 |

It is recommended that for short term planning, results from 2026 are used, for medium term planning results for 2036 are used, and for long term planning results from 2041 or 2046 are used.

This model highlights that planning future delivery of bed based intermediate the following factors should be considered:

- the difference between the local area estimated need and the existing number of beds provided
- the timing and sequence of peaks in demand across different local areas
- the scale of growth required to meet that peak demand