



Dumfries and Galloway
Integration Joint Board

5th March 2024

This Report relates to
Item 8 on the Agenda

Right Care, Right Place: Cottage Hospitals

Paper presented by Stephanie Mottram and Viv Gration

For Approval

Author:	Viv Gration, Deputy Head of Strategic Planning and Commissioning, NHS Dumfries and Galloway viv.gration@nhs.scot
Paper Approved for Submission By:	David Rowland – Director of Strategic Planning and Transformation, NHS Dumfries and Galloway, david.rowland2@nhs.scot
List of Background Papers: <i>(available on request from dg.hslog@nhs.scot)</i>	<ul style="list-style-type: none"> • Community Bed Base Review Update – Health and Social Care Leadership Group 15 December 2022 • Right Care, Right Place Project Group Update – Health and Social Care Leadership Group 19 January 2023 • Right Care, Right Place Project Group Update – Health and Social Care Leadership Group 16 February 2023 • Right Care, Right Place: Intermediate Care – Integration Joint Board, 23 March 2023 • Right Care, Right Place Steering Group Highlight Report – Health and Social Care Leadership Group 19 April 2023

	<ul style="list-style-type: none"> • Right Care, Right Place Project Group Update – Health and Social Care Leadership Group 18 May 2023 • Right Care, Right Place Project Update – Health and Social Care Leadership Group 20 July 2023 • Integration Joint Board Strategic Commissioning Plan 2022-2025 • Integration Joint Board Participation and Engagement Strategy 2022 - 2025 • Right Care Right Place Information Pack • Right Care Right Place Bed Modelling • Right Care, Right Place: Intermediate Care – Integration Joint Board, September 2023 • Right Care, Right Place: Feedback from Engagement (16 January to 3 March 2023) Report • Right Care, Right Place: Feedback from Consultation (14 April to 7 July 2023) Report
Appendices:	<p>Appendix 1 - RCRP Timeline</p> <p>Appendix 2 - RCRP - Communication, Engagement and Consultation Plan – Developing Options</p> <p>Appendix 3 - What people told us during the workshop sessions (full report for each home team area)</p> <p>Appendix 4 - Details of engagement sessions</p> <p>Appendix 5 - What people told us during the stakeholder sessions</p> <p>Appendix 6 - Home Team area chapters</p> <p>Chapter 1 - Mid and Upper Annandale and Eskdale</p> <p>Chapter 2 - Mid and Upper Nithsdale</p> <p>Chapter 3 - Stewartry</p> <p>Chapter 4 - Machars</p> <p>Chapter 5 - Rhins</p> <p>Chapter 6 - Dumfries North and Dumfries South</p> <p>Chapter 7 - Lower Annandale and Eskdale</p> <p>Appendix 7 - Options Appraisal Guidance</p>

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. The Integration Joint Board (IJB) issued a Direction in September 2023, as part of the Right Care, Right Place: Bed Based Intermediate Care Programme, to work with communities on the future of suspended in-patient services in cottage hospitals.

1.2. This paper presents

- an overview of the approach to engagement with communities and stakeholders
- results from the engagement activities between December 2023 and February 2024 which looked at all aspects of intermediate care within our communities including the role of all cottage hospitals
- proposed options for each of the four cottage hospitals with suspended in-patient services
- an outline of options appraisal process and timeline
- a proposal to build on the good conversations with communities to further enhance community resilience and sustainable delivery of community health and social care by considering the suggestions and ideas that have resulted from this engagement

2. Recommendations

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

- **Note the feedback from engagement activities within each Home Team area between December 2023 and February 2024**
- **Note the need to reach a more diverse cross section of community during the next stage of consultation**
- **Approve the proposed options for options appraisal for each of the four cottage hospitals with currently suspended in-patient services (Moffat, Thornhill, Kirkcudbright and Newton Stewart)**
- **Approve the outline options appraisal process and timeline**
- **Approve that the Community Health and Social Care Directorate continue to work closely with Home Team area communities to build on the good conversations that have taken place to explore possible areas for development and implementation**

3. Background and Main Report

3.1. The Right Care Right Place Programme has been underway since October 2022 and has included intensive community engagement and consultation. The outputs from these activities have been included within reports to the IJB and these have informed their decision making, see background papers. Appendix 1 provides an overview of the process and timeline.

3.2. Following IJB approval of the Right Care Right Place – bed based intermediate care report in September 23, 10 directions were issued to NHS Dumfries and Galloway and Dumfries and Galloway Council. The IJB has approved the proposed flexible bed based intermediate care model which will see Home Teams providing wraparound care to people placed in care homes or within sheltered housing. Bed

based intermediate care is generally expected to be short term and can include supporting people to move from hospital to 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. It can also support the management of a long term condition, palliative and end of life care or provide short breaks for Carers respite.

3.3. Work is underway to commission 31 flexible intermediate care beds across the region and an update on progress will be presented by Community Health and Social Care Directorate to the IJB Strategic Plan Delivery and Commissioning Committee in April 2024. This will include service specification and outcome of procurement activities.

3.4. Part (c) of Direction 2302 states

‘Giving appropriate consideration to the level of engagement and consultation required, work with communities to develop a way forward for the use of suspended cottage hospitals. This could include a potential role as health and social care hubs. This could include a range of out-patient and day treatment services such as intravenous therapies, blood transfusions, pre-operative assessments, primary care services, AHP services and supported virtual consultations to reduce the need for unnecessary patient travel.’

3.5. There are nine cottage hospitals in Dumfries and Galloway. In-patient services have been suspended in four of them since 2020 as part of the response to the Pandemic and have remained closed pending the outcome of this work. Section 5 of the Right Care Right Place Information Pack (see background papers) demonstrates that high numbers of people in the cottage hospitals could be better supported in other settings. The latest data indicates that in January 2023 76% of people did not meet the criteria for a cottage hospital bed.

3.6. The consequences of this number of people being cared for in the wrong setting are far reaching. For example, people experience increased dependence, reduced mobility and reduced muscle mass. It has also resulted in the cancellation of planned operations, deploying emergency measures to manage hospital occupancy such as doubling up people in single rooms, preventing the Partnership from stepping down its Covid-19 response and delaying people in the Emergency Department.

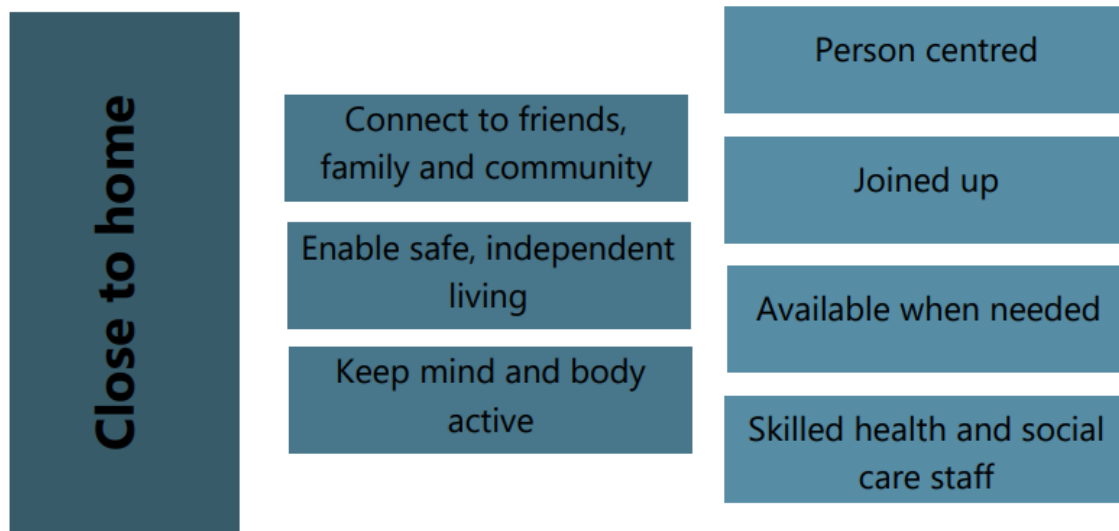
3.7. The IJB decision to change the bed based intermediate care model provides the opportunity to consider the role that cottage hospitals and other local health facilities should have in meeting the wider health needs within local communities. Thereby working towards providing care in the right place at the right time and addressing potentially negative consequences.

3.8. What people have told us

3.9. Throughout 2023 Right Care Right Place engagement and consultation activities resulted in over 1800 people telling us what is important to them relating to intermediate bed based care. The following key themes were highlighted and have remained relevant throughout the latest engagement regarding how cottage hospitals and other local facilities could offer focal points for the delivery of

ambulatory health and wider community service provision.

Figure One: Summary of Key Themes



3.10. Approach to engagement December 2023 – February 2024

3.11. Appendix 2 is the Communications and Engagement Plan that relates to these activities.

3.12. During the engagement and consultation activities of 2023 115 people voiced enthusiasm to play a continuing role in the development of health and social care and support within their communities.

3.13. These people were invited to attend focussed workshop sessions in their Home Team areas. Community Councils were also notified of these events. There were three aims for the sessions:

- Enable members of the community to participate in good and productive conversation on the future of health and social care and support in their home team area
- Provide the opportunity to clarify any information they are unaware of
- Inform future consultation and, where appropriate, options appraisals

3.14. The sessions were limited to 12 members at each one in order to support in depth and collaborative discussions. However not all sessions attracted the full 12 participants and invitations were extended to community councils. Some of the fresh ideas generated through this route were particularly helpful. While some of the sessions had low numbers of participants they proved to be some of the most successful in terms of the quality and detail around the facilitated discussions.

3.15. The session facilitator and scribe were responsible for making sure everyone had the opportunity to share their views and record the conversation. To ensure the accuracy of the resulting reports (Appendix 3) the sessions were also recorded. These reports have been shared with the participants for them to raise any concerns about what has been noted.

- 3.16. Senior operational, including professional leads at many events, and planning officers were also part of the discussion and communication team members also attended to manage the engagement process.
- 3.17. Separate sessions were held for staff groups, community action groups, GPs, elected members and Care Home partners. Appendix 4 provides more information, including the number of participants at each session. This, along with the feedback from participants on the process will contribute to a formal Statement of Consultation that is in development.
- 3.18. Participants at the sessions were invited to complete equality and diversity forms. It is noted that the majority of people involved were over 60 years old and white; therefore it will be important that every effort is made to engage more diverse groups of the community during the next consultation phase.
- 3.19. Every effort was made to encourage past RCRP participants into focused workshop sessions.
- 3.20. Results of the engagement activities December 2023 – February 2024
- 3.21. The focussed workshop sessions in each Home Team area featured questions/discussion points specific to the area. Up to 4 questions were developed for each workshop based on the results of the engagement and consultation in each Home Team area during 2023. Appendix 6 provides a ‘chapter’ for each Home Team area, these set out:
- Current cottage hospital estate
 - Flexible Intermediate Care Beds being commissioned for 2024/25
 - What people told us during 2023 engagement and consultation
 - Who we engaged with between December 2023 and February 2023
 - The themes and questions for discussion at the focussed workshop session
 - The points of discussion relating to cottage hospitals
 - Recommendations
 - Proposed options for cottage hospital options appraisal (where appropriate)
- 3.22. At each of the sessions people told us that they valued the opportunity to discuss in depth in small groups and in some areas, Upper Annandale in particular, are keen to be fully involved in any future developments. The staff who have been involved in the delivery of the sessions have also reflected that the discussion has been of a high quality, informative and worthwhile.
- 3.23. Similarly, the feedback from engagement sessions with elected members, community action groups, community and hospital staff in each home team area and GP practices has been collated. Appendix 5 provides more detail.
- 3.24. The outputs of all of these discussions that relate to cottage hospitals have been used to develop options for each of four cottage hospitals with suspended in-patient services.
- 3.25. The engagement sessions, across all stakeholder groups, highlighted a range of other topics, suggestions and creative ideas to support community health and social

care and community resilience. These are not reported in-depth here and should be considered separately to inform closer working between the Community Health and Social Care Directorate and communities.

3.26. The following table gives examples of the topics discussed in each Home Team Area, Appendices E and F includes full details.

Mid and Upper Annandale and Eskdale	Make best use of the active community groups and other community assets Better co-ordination and scheduling of appointments for people travelling from outlying areas to DGRI in order to minimise multiple journeys
Mid and Upper Nithsdale	Better use of vacant rooms at GP Practice Visiting advice surgeries from Carers support organisations
Stewartry	Supporting Unpaid Carers essential Care village and housing opportunities
Machars	Opportunities for training centre at Newton Stewart Hospital Better co-ordination and scheduling of appointments for people travelling from outlying areas to DGRI in order to minimise multiple journeys
Rhins	Increase use of digital technology including virtual appointments and home monitoring Better co-ordination and scheduling of appointments for people travelling from outlying areas to DGRI in order to minimise multiple journeys
Dumfries North and Dumfries South	Overnight sitter service to support unpaid Carers Better collaboration between agencies
Lower Annandale and Eskdale	Better co-ordination and scheduling of appointments for people travelling from outlying areas to DGRI in order to minimise multiple journeys Reducing travel by increasing digital options and increasing outpatient appointments in Thomas Hope Clarity needed about housing developments

3.27. It should be noted that part (h) of the Direction 2302 (resulting from the Right Care Right Place paper presented to IJB in September 2023) requires DGC and NHS D&G to *‘design and establish an approach to community participation in the design and delivery of services delegated to the IJB.’* The feedback from the recent engagement discussions provides a good basis to take this forward.

3.28. Options for Appraisal and Consultation

3.29. Within the chapters in Appendix 6 proposed options for appraisal and consultation are listed for the Moffat, Thornhill, Kirkcudbright and Newton Stewart Cottage Hospitals.

3.30. The long list of options described in the table below have been developed from the discussions as can be demonstrated by:

- In-depth and robust engagement with communities and stakeholders highlighting
 - The majority of people confirmed the priority for them is ensuring access to the care and support they and their families need.
 - In Thornhill, Newton Stewart, Kirkcudbright and in Moffat we heard that people wanted to see the buildings used for community good and reduce unnecessary travel for healthcare if they were not to re-open as in-patient facilities.
 - General satisfaction that flexible intermediate care beds will meet local needs, namely the palliative care and Carer respite care that have been the main focus of discussion
 - Comments regarding the re-opening of the bed based services in the suspended cottage hospitals have been mostly from hospital action groups, staff and elected members rather than members of the general public

Chapter	Cottage Hospital	Options for Appraisal and Consultation There are slightly different options described for each Home Team area. This reflects the different conversations with communities in these areas.
1 Mid and Upper Annandale and Eskdale	Moffat	<ol style="list-style-type: none"> 1. Status quo – no bed based services; some out-patient services 2. Status quo plus – no bed based services; increase a blend of virtual and in person out-patient services (excluding primary care); increase ambulatory care and day treatments 3. Community Health and Social Care Hub – no bed-based services, relocate GP Practice and Primary Care Services, increase out-patient services, ambulatory care and day treatment, and Home Team base 4. Re-establish - open in-patient services; increase a blend of virtual and in person out-patient services (excluding primary care); increase ambulatory care and day treatments 5. Community Ownership - Transfer ownership of the site to the local community to develop as a community hub and potentially let rooms to GP Practice and Health Board 6. Close the site – remove all services and sell the building
2 Mid and Upper Nithsdale	Thornhill	<ol style="list-style-type: none"> 1. Status quo – no bed based services; some out-patient services 2. Community Health and Social Care Hub – no bed-based services, relocate GP Practice and Primary Care Services, increase out-patient services, ambulatory care and day treatment, and Home Team base 3. Re-establish - open in-patient services; increase a blend of virtual and in person out-patient services (excluding primary care); increase ambulatory care and day treatments 4. Community Ownership - Transfer ownership of the site to the local community to develop as a community hub and

		potentially let rooms to GP Practice and Health Board 5. Close the site – remove all services and sell the building
3 Stewartry	Kirkcudbright	1. Status quo – no bed based services; some out-patient services 2. Community Health and Social Care Hub – no bed-based services, relocate GP Practice and Primary Care Services, increase out-patient services, ambulatory care and day treatment, and Home Team base 3. Re-establish - open in-patient services; increase a blend of virtual and in person out-patient services (excluding primary care); increase ambulatory care and day treatments 4. Community Ownership - Transfer ownership of the site to the local community to develop as a community hub and potentially let rooms to GP Practice and Health Board 5. Close the site – remove all services and sell the building
4 Machars	Newton Stewart Hospital:	1. Status quo – no bed based services; some out-patient services 2. Community Health and Social Care Hub – no bed-based services, relocate GP Practice and Primary Care Services, increase out-patient services, ambulatory care and day treatment, and Home Team base 3. Re-establish - open in-patient services; increase a blend of virtual and in person out-patient services (excluding primary care); increase ambulatory care and day treatments 4. Community Ownership - Transfer ownership of the site to the local community to develop as a community hub and potentially let rooms to GP Practice and Health Board 5. Close the site – remove all services and sell the building

3.31. Outline of Options Appraisal Process

3.32. Good practice in options appraisal calls for the consideration and consultation of viable options. That is to say, options that meet the five critical success factors set out by Scottish Government:

- **Economic Efficiency:** the cost-effectiveness of options.
- **Effectiveness:** how well options achieve objectives.
- **Risk and Uncertainty:** potential risks and uncertainties.
- **Distributional Impacts:** the impact on different groups.
- **Social and Environmental Impact:** broader societal effects.

3.33. These critical success factors will be used to shortlist options, with involvement of key stakeholders including the focused workshop participants, a range of professionals, such as GPs, nurses, physiotherapists and occupational therapists who are involved in the delivery of care in local areas.

3.34. This exercise is particularly important in the context of the deteriorating financial position of NHS Dumfries and Galloway and the IJB Model of Care which aims to enable people to live well for longer in their own home.

3.35. The Scottish Government and Healthcare Improvement Scotland provide guidance on undertaking options appraisal. Appendix 7 is a high level flowchart of that guidance.

3.36. **Next Steps for Suspended Cottage Hospitals**

3.37. The Right Care Right Place timeline at Appendix 1 sets out a schedule that includes the following next steps:

- Develop options appraisal process including detailed descriptions of viable options, appraisal criteria and participants – March 2024
- Options appraisal – March/April 2024
- Formal Consultation – April/May/June/July 2024
- Governance discussions – August 2024
- IJB Final Decision – September 2024

4. Conclusions

4.1. Building on the earlier engagement and consultation activities the focussed discussions with communities and other stakeholders have resulted in

- People valuing their involvement in the process and recognition that different communities have different needs and welcoming the opportunity to discuss service provision in their local areas
- People valuing the services within their areas and have concern for the current and future population accessing the care they need
- more than one potential option being identified for the future of the currently suspended cottage hospitals
- an understanding of the merits of people being cared for at home where possible
- an understanding of the financial and workforce challenges that requires the redesign of health and social care
- a strong desire to reduce the need for travel to appointments
- a recognition of the value and need to use technology
- opportunities to work closer with communities to build on the good conversations to further enhance community resilience and sustainable delivery of community health and social care

5. Resource Implications

5.1. A financial template is in development. This will be completed as part of the Options appraisals as part of the presentation to the IJB in September.

6. Impact on Health and Social Care Partnership Outcomes, Priorities and Policy

6.1. Through the Partnership Delivery Plan the Right Care, Right Place review has been mapped to the Strategic Commissioning Plan 2022-25 as follows, this denotes the primary SCI and Tactical Priority:

- Strategic Commissioning Intention (SCI) 5 – People’s care and support is safe, effective and sustainable
- Tactical Priority 5.4 – The strategic commissioning cycle supports the sustainability of the model of care

In addition, this work will contribute to:

- SCI 4 - People have access to the care and support they need
- SCI 7 - People's chosen outcome are improved through available financial resources being allocated in line with the model of care and delivering best value

6.2. Further, in mapping to the 9 National Health and Wellbeing Outcomes, the following primary and secondary outcomes have been identified:

- Outcome 2 – 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.
- 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.

7. Legal and Risk Implications

7.1. This review has the potential for major service change that may have a significant impact on people who use services, people who deliver care and support, including Carers. There are legal requirements for carrying out such reviews, with a focus on effective and robust stakeholder engagement.

7.2. There is reputational risk to the organisation as elements of the review could be controversial. To mitigate this, the review is being undertaken in line with Healthcare Improvement Scotland service change guidance. This offers a robust process to ensure that all proposals for change and redesign are considered in a structured and consistent way.

8. Consultation

8.1. Details of engagement with community and stakeholders are included in the main body of the paper and appendices.

8.2. A Statement of Consultation will be completed in the following months to include the involvement of communities and stakeholders in the proposed options appraisals.

8.3. All the workshop sessions were generally positive, and feedback at the time appeared to indicate that most participants felt that a good degree of detailed conversation had taken place.

8.4. The organisers of the sessions are inclined to view this as demonstrating the value of this format – with managers and stakeholders working together to conceive practical approaches to intermediate care.

9. **Equality and Human Rights Impact Assessment**

9.1. Equality forms have been completed by most participants involved in the focussed workshop sessions and staff sessions. An Equality Impact Assessment has been started and as a live document, will continue to be updated as appropriate during this process.

9.2. An Environmental, Sustainability and Climate Change Impact Assessment are also being carried out in relation to the future of suspended cottage hospitals.

10. **Glossary**

EQIA	Equality Impact Assessment
GP	General Practitioner
IJB	Integration Joint Board
RCRP	Right Care, Right Place

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	<i>Reference Number will be added once the direction is formally logged</i>
2.	Date Direction Issued by Integration Joint Board	5 March 2024
3.	Date from which Direction takes effect	5 March 2024
4.	Direction to	NHS Dumfries and Galloway
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	Supersede Direction 2302 part (c)
6.	Functions covered by Direction	Cottage Hospitals Aspects of <ul style="list-style-type: none"> ○ Community Health and Social Care ○ Acute and Diagnostics ○ Mental Health
a)	Full text of Direction	a) Undertake options appraisals in regard to four cottage hospitals with suspended in-patient services, including full public consultation. b) Community Health and Social Care Directorate continue to work closely with Home Team area communities to build on the good conversations that have taken place to explore possible areas for development and implementation

8.	Budget allocated by Integration Joint Board to carry out Direction	The consultation activities, options appraisal processes and working with communities will be delivered within existing resources.
9.	Desired Outcomes	Strategic Commissioning Intention (SCI) 5 – People’s care and support is safe, effective and sustainable SCI 4 - People have access to the care and support they need SCI 7 - People's chosen outcome are improved through available financial resources being allocated in line with the model of care and delivering best value
10.	Is there a need for engagement with the third sector in delivery of this direction?	YES
		NO
		X
11.	Performance Monitoring Arrangements	Directions will be reported to the relevant IJB Committee on a 6 monthly basis. An annual report of all current Directions will be presented to the IJB
12.	Date Direction will be Reviewed	September 2024 when final report will be considered.