DUMFRIES AND GALLOWAY
Health and Social Care

Minute of the Dumfries and Galloway Integration Joint Board (IJB) meeting held on Tuesday 29th October 2024 at 10am in Seminar Room 5, Education Centre, DGRI

Voting Members Present:

Andy McFarlane	**(AMcF)**	Local Authority Voting Member ***(Chair)***
Kim Dams	**(KDa)**	NHS Voting Member ***(Vice Chair)***
Greg Black	**(GB)**	NHS Voting Member
Ian Carruthers	**(IC)**	Local Authority Voting Member
Andy Ferguson	**(AF)**	**Substitute -** Local Authority Voting Member
Gwilym Gibbons	**(GG)**	NHS Voting Member
Chrissie Hill	**(CH)**	Local Authority Voting Member
Emma Jordan	**(EJ)**	**Substitute -** Local Authority Voting Member
Bill Irving	**(BI)**	**Substitute -** NHS Voting Member
Vicky Keir	**(VK)**	NHS Voting Member

Advisory Members Present:

Grecy Bell	**(GBe)**	Registered Medical Practitioner (Primary Medical Services)
Ken Donaldson	**(KD)**	Medical Director
Rod Edgar	**(RE)**	Communication & Engagement Manager
Pam Jamieson	**(PJ)**	Workforce Director
Nicole Hamlet	**(NH)**	Chief Officer
Fiona Kane	**(FK)**	**Substitute -** Scottish Care Representative
Mark Kelly	**(MK)**	Nurse Director
Katy Kerr	**(KK)**	Chief Finance Officer
Callum Macoll	**(CM)**	Staff Side Representative
Stephen Morgan	**(SMo)**	Chief Social Work Officer
David Rowland	**(DR)**	Director of Strategic Planning and Transformation
Alan Webb	**(AWe)**	Third Sector Representative - ***Virtual***
Valerie White	**(VW)**	Director of Public Health

In Attendance:

Kirsty Bell	**(KB)**	Programme Manager
Claire Brown	**(CB)**	Head of Partnerships & Communities – Third Sector D&G
Viv Gration	**(VG)**	Deputy Head of Strategic Planning and Commissioning
Stephanie Mottram	**(SM)**	General Manager – Community Health & Social Care Directorate
Amber Murray	**(AM)**	EA to Chief Officer
Gary Sheehan	**(GS)**	Divisional Manager - Community Beds and Supported Living – Community Health & Social Care Directorate

Apologies:

Debbie Cochrane	**(DC)**	Scottish Care Representative
Linda Dorward	**(LD)**	Local Authority Voting Member
Ann Farrell	**(AFa)**	Local Authority Staff Representative

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IJB PRE MEET WITH ACTION GROUPS

1. GALLOWAY COMMUNITY ACTION GROUP

Angela Armstrong and Janet Butterworth attended virtually at 10am to meet with the IJB Voting Members.

2. KIRKCUDBRIGHT ACTION GROUP

At 10.15am Geoff Dean and Mary Mier attended in person to meet with the IJB Voting Members.

3. THORNHILL COMMUNITY COUNCIL

At 10.30am Jim Renick attended in person to meet with the IJB Voting Members.

4. MOFFAT COMMUNITY COUNCIL

At 10.45am Liam O Neill and David Booth attended in person to meet with the IJB Voting Members.

AMcF confirmed with the attendees from each of the Action Groups / Community Councils that they are welcome to stay for the full meeting but that it is a meeting in public rather than a public meeting and that they will not be permitted to participate after their presentation.

5. WELCOME, APOLOGIES AND NOTIFICATION OF SUBSTITUTE MEMBERS

AMcF covered the etiquette of the meeting, and also highlighted the key outputs required at this meeting today.

Formal apologies were noted and formally documented as part of the minute of the meeting.

NH highlighted a number of actions we have taken in terms of the management of our Delayed Discharges, as our baseline was 90. The Scottish Government and COSLA set a challenge to reduce our delays to circa 50, as of today we are sitting at 70 delays. The three areas of focus are outlined below:

- Across the Hospital estate we have re-focused on the principles of 'Getting the Basics Right' for Teams to be planning discharge on admission as appropriate – this is called Discharge without Delay (DwD).
- Care Home Pathways, we have standing operating procedures in place where Multi-disciplinary Teams have been refining the process, to ensure interim placement are monitored and managed within the criteria.
- In October 2024, we seen a soft launch of Discharge to Assess (D2A), where patients are assessed in a homely environment as opposed to being assessed in a hospital.

MK highlighted that being in a hospital when medically fit, is not a safe place as people become de-conditioned.

NH thanked the Teams involved in these improvement plans.

6. DECLARATIONS OF INTEREST

The Chair asked for Declarations of Interests and nothing was noted prior to the formal meeting starting.

7. PRESENTATION OF FINDINGS FROM THE RIGHT CARE, RIGHT PLACE PROGRAMME

Newton Stewart Cottage Hospital

All Members have received a pack for this site, containing detailed analysis of the six options consulted on for this site, plus the Hybrid Model suggested by people from the local area and the additional option proposed by Dumfries and Galloway Council following consultation.

VG stated that within the pack it highlights that Option 3 is the preferred option for all of the Cottage Hospitals, all EQIAs are included in each pack.

AMcF set out the considerations that NHS Health Improvement Scotland have suggested the IJB should make in reviewing the analysis:

1. Analyse and consider the feedback from people and communities, recognising that although the options for each cottage hospital were considered as part of one public consultation exercise, there are different nuances and contexts for each individual cottage hospital location and therefore the decision the IJB makes for each may be different. A respondent to our phone interview stated: "There are four hospitals involved in the consultation but they're not all the same. Not one size fits all".
2. Explain how the hybrid model (a combination of options 3 and 4) put forward during the option appraisal will be considered alongside the consultation feedback.
3. Consider how it can address concerns raised around the capacity for people to receive inpatient care at Dumfries and Galloway Royal Infirmary (DGRI) and the remaining cottage hospitals. An attendee at the Kirkcudbright in-person event observed "There's people in the DGRI who don't need to be there [DGRI] but there's no-where else for them to go". Similar concerns were also raised at other in-person events.
4. Ensure that additional impacts for each locality, identified through the option appraisal and consultation process, are included in the updated impact assessments and are fully considered throughout the decision-making and implementation processes.
5. Demonstrate how the board has taken into account (through the Fairer Scotland Duty), the concerns people have raised about challenges to accessing services due to limited public transport, travel, distance and costs.
6. Recognise the concerns expressed by some people during the consultation around the perceived 'erosion' of local services and consider how these concerns may be addressed.
7. Acknowledge that during the consultation people have consistently expressed the importance and high value attached to inpatient beds in their local communities.
8. Feedback to communities on each of the decisions reached, how the IJB conscientiously considered people's views, and financial considerations have impacted on the decision-making process and how the issues identified, for example travel and access, may be addressed moving forward.
9. Continue to co-design solutions, with agreed timescales, with people, communities and partners to help mitigate adverse impacts identified through the consultation responses, impact assessments and Fairer Scotland Duty, for example, transport and access.

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10. Recognise that the commissioning process ran in parallel with the public consultation. This may have resulted in some changes to how the intermediate care model will be implemented. If the changes are substantially different, there may be a need to consider further communication and engagement with affected stakeholders.
11. All stakeholders are offered the opportunity to be meaningfully involved in the implementation of the IJB's decision.

SM provided an overview of a small presentation to Members, confirming September 2023 IJB issued direction to NHS D&G
'Giving appropriate consideration to the level of engagement and consultation required work with communities to develop a way forward for the use of cottage hospital sites.'

VG confirmed Six options developed with communities and approved by IJB in March 2024 for Consultation

1. **Status Quo -** No in-patient services; some community out-patient services.
2. **Status Quo Plus -** No in-patient services; increase a blend of virtual and in person community out-patient service.
3. **Community Health and Social Care Hub -** No in-patient services; increase community out-patient care and day treatment; expand Home Team accommodation.
4. **Re-establish in-patient services -** Re-opening of 12 in-patient beds on this site.
5. **Community Ownership -** Transfer of ownership of the site to the local community or a third party.
6. **Close the site -** Relocation of all services and dispose of building.

VG took members through the RAG Status, and this describes the 6 elements of the analysis.

Through all the six elements of assessment, it's clear that options 1, 2, 5 and 6 are not favoured, SM confirmed the assessment of the 6 options, hybrid model and Dumfries and Galloway Council Proposal has identified that Option 3 – Community Health and Social Care Hub is the recommended option.

This recommendation is based on the following.

- offers greatest benefit overall. It aligns with the IJB Model of Care and Strategic Commissioning Intentions and supports the ongoing transformation of community services.
- significant recurring savings (£951k per annum) to contribute to the Financial Recovery Plan
- Best value - £50k per annum for flexible beds compared with £138k for hospital in-patient bed or £271k for hybrid model/DGC proposal bed
- Can be delivered and is sustainable from workforce and operational perspectives
- While the public view is that Option 3 does not meet their needs for bed based care, however there are flexible intermediate care beds and hospital beds within the locality area at Galloway Community Hospital. Shifting the balance of care from beds to home based services is the direction of travel and fundamental to the community transformation work ongoing since 2021.
- Professional advisors to the IJB have expressed their belief that Option 3 offers safe, effective care in line with local need while having potential to improve public health and tackle inequalities
- Option 3 delivers the recommendations from the 2020 Transforming Wigtownshire Programme – Community Health and Social Care Hub, maximise community beds out with an NHS setting
- A Community Health and Social Care Hub has the potential to grow and develop in line with the needs of the community, digital capability and future innovations as they arise. There will be opportunities to expand the range of day treatments, out-

patient appointments, early intervention and preventative approaches, integrated care and support (extending the home teams to combine statutory, independent and third sector), mental health supports, as well as new practices such as holistic, person centred styles of care such as 'day hospice.'
- Subject to IJB agreement, plans for further development of services within the Community Health and Social Care Hub will be explored with teams and local people before bringing forward fully costed proposals for consideration and a strategic commissioning decision.

AMcF opened it up to Members for Questions and comments.

SMo thanked all involved in the appraisal process, where he supports Option 3 but highlighted the ambition of Right Care Right Place, does require more involvement in terms of a review of Social Care models.

KD confirmed the engagement / involvement in the appraisal process has provided him with the assurance on the overall process. Furthermore, option 6 is not a viable option as we need to make the best use of our Estate.

There was a discussion on end of life care and bed availability as it is vital we get this right, in terms of people choice whether at home or in a care home.

GBe agreed with SMo around review of social care models, with a focus on the future of Adult Social Care for our Communities. GBe noted the support from General Practice of Option 3.

CH asked in terms of the Vaccination Team can they take place at Newton Stewart Site and the Professionals View outlined in the paper is slightly different to KDs point raised today. CH stated that the proposal from Dumfries and Galloway Council was to provide 2 Social Care Beds and 2 Palliative Care Beds. CH asked do we need to review the model further with more input from LA and NHS Services, and do we have enough evidence to progress on a decision.

In terms of the hybrid model that came from DGC, SM confirmed we would need estates / infection control involvement, and highlighted that this is the outcome of the engagement with our Communities in terms of the paper content and options included as the DGC option was not part of the appraisal process.

KD responded to CH in terms of his feedback was actually around reality, we are not in a position financially for this to be a viable option.

DR gave further clarity to CH in terms of the RAG ratings.

GB echoed the earlier comments in terms of the nature of what was being presented today, do we have significant info for decision making today, and also the concerns re workforce / vaccinations do we have enough assurance to support these or would this be captured within another EQIA.

VG stated that they have given everyone as much information they can to provide assurance.

SM highlighted the workforce / vacancies in the area. VK stated in terms of staffing, they must be safe and well to do the job they are required to do.

CH asked in regards to the Flexible Beds, where are they available? GS confirmed it is important that communication is clear to the Community that we are currently commissioning 3 beds in the Machars area.

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Within the Direction, it will set out the Impacts and reflections. The impact scores are clear on the preferred option. The lowest to the highest score were taken as a range then split into 3 parts.

IC asked to discuss the Direction further as this would allow him to make his decision, DR highlighted that there is a detailed Direction already part of the pack which is very detailed.

CB attended as Chair of the Strategic Planning Group welcomed the discussion, previous contributions from the group and confirmed it was an extremely robust process and Option 3 was also the preferred option.

NH highlighted to members herself and SMo are working on creating a vision for Adult Social Care, where a Direction will be developed and circulated virtually for approval to take this work forward.

Voting Members Voted:
VK – Option 3
EJ – Option 3
GG – Option 3
KD – Option 3
AF – Option 3
IC – Option 3
CH – Option 7
GB – Option 3
BI – Option 3
AMcF – Option 3

Decision,

The Integration Joint Board:

- **Confirmed that the process to date and associated outputs are consistent with requirements of Direction 2302 (c) to develop a way forward for the use of cottage hospital sites.**

- **Confirmed it is assured that the process of engagement and participation and the consultation process itself have been conducted appropriately and in a way that is proportionate to the subject matter and in line with 'Planning with People' guidance.**

- **Approved the recommendation to progress Option 3 - Community Health and Social Care Hub.**

- **Issue the attached Direction for Option 3 to establish a Community Health and Social Care Hub in Newton Stewart Cottage Hospital, including allocated budget to deliver.**

8. PRESENTATION OF FINDINGS FROM THE RIGHT CARE, RIGHT PLACE PROGRAMME

Kirkcudbright Cottage Hospital

Again, AMcF set out the considerations that NHS Health Improvement Scotland have suggested the IJB should make in reviewing the analysis.

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NHS Health Improvement Scotland have suggested the IJB should make in reviewing the analysis:

1. Analyse and consider the feedback from people and communities, recognising that although the options for each cottage hospital were considered as part of one public consultation exercise, there are different nuances and contexts for each individual cottage hospital location and therefore the decision the IJB makes for each may be different. A respondent to our phone interview stated: "There are four hospitals involved in the consultation but they're not all the same. Not one size fits all".
2. Explain how the hybrid model (a combination of options 3 and 4) put forward during the option appraisal will be considered alongside the consultation feedback.
3. Consider how it can address concerns raised around the capacity for people to receive inpatient care at Dumfries and Galloway Royal Infirmary (DGRI) and the remaining cottage hospitals. An attendee at the Kirkcudbright in-person event observed "There's people in the DGRI who don't need to be there [DGRI] but there's no-where else for them to go". Similar concerns were also raised at other in-person events.
4. Ensure that additional impacts for each locality, identified through the option appraisal and consultation process, are included in the updated impact assessments and are fully considered throughout the decision-making and implementation processes.
5. Demonstrate how the board has taken into account (through the Fairer Scotland Duty), the concerns people have raised about challenges to accessing services due to limited public transport, travel, distance and costs.
6. Recognise the concerns expressed by some people during the consultation around the perceived 'erosion' of local services and consider how these concerns may be addressed.
7. Acknowledge that during the consultation people have consistently expressed the importance and high value attached to inpatient beds in their local communities.
8. Feedback to communities on each of the decisions reached, how the IJB conscientiously considered people's views, and financial considerations have impacted on the decision-making process and how the issues identified, for example travel and access, may be addressed moving forward.
9. Continue to co-design solutions, with agreed timescales, with people, communities and partners to help mitigate adverse impacts identified through the consultation responses, impact assessments and Fairer Scotland Duty, for example, transport and access.
10. Recognise that the commissioning process ran in parallel with the public consultation. This may have resulted in some changes to how the intermediate care model will be implemented. If the changes are substantially different, there may be a need to consider further communication and engagement with affected stakeholders.
11. All stakeholders are offered the opportunity to be meaningfully involved in the implementation of the IJB's decision.

NH highlighted in terms of the Delayed Discharges, and also Professional Lead views were offered into the meeting. The evidence is extremely clear of the preferred options.

VG apologised for a couple of errors were not picked up in proof reading of the papers, please accept our apologies.

Page	Section	Error	Correction
38	Last line	Newton Stewart	Kirkcudbright
39	Para 2	Newton Stewart	Kirkcudbright
43	After table	Newton Stewart	Kirkcudbright
53	9. desired outcome	Machars	Stewartry

The Exec Summary – page 6 Finance Section: should read - costs of £200k and £514k

Both VG / SM provided another overview similar to the one previously highlighting:

Six options developed with communities and approved by IJB in March 2024 for Consultation

1. **Status Quo -** No in-patient services; some community out-patient services.
2. **Status Quo Plus -** No in-patient services; increase a blend of virtual and in person community out-patient service.
3. **Community Health and Social Care Hub -** No in-patient services; increase community out-patient care and day treatment; expand Home Team accommodation.
4. **Re-establish in-patient services -** Re-opening of in-patient beds on this site (8 beds)
5. **Community Ownership -** Transfer of ownership of the site to the local community or a third party.
6. **Close the site -** Relocation of all services and dispose of building.

Option 4 - favoured well with stakeholders and in options appraisal, however this is an unaffordable, unsustainable model and is not deliverable. It also does not reflect the ambition of the RCRP transformation programme, local and national strategic direction.

Hybrid Model also rates well with stakeholders and is deliverable with some risk, the risk likely to increase due to workforce challenges in short and medium term therefore it will become unsustainable very quickly. The high costs for the hospital beds and elsewhere means that this model is not delivering best value and presents significant risks. There is high likelihood that this model would have detrimental impacts on other areas of the system, particularly our ability to provide care and support for people at home through the home teams model, flexible beds and acute services. It is not favoured by the professional advisors in terms of quality and safety

VG confirmed 290 surveys were completed, 16 being staff, and also highlighted the RAG ratings / criteria's which is included in the report. All assessments are reported by the options.

SM confirmed the recommendation is based on the following.

- offers greatest benefit overall. It aligns with the IJB Model of Care and Strategic Commissioning Intentions and supports the ongoing transformation of community services.
- significant recurring savings (£644k per annum) to contribute to the Financial Recovery Plan
- Best value - £50k per annum for flexible beds compared with £200k for hospital in-patient bed or £514k for hybrid model/DGC proposal bed
- Can be delivered and is sustainable from workforce and operational perspectives
- While the public view is that Option 3 does not meet their needs for bed based care, however there are flexible intermediate care beds and hospital beds within the locality area at Castle Douglas Hospital. Shifting the balance of care from beds to home based services is the direction of travel and fundamental to the community transformation work ongoing since 2021.
- Professional advisors to the IJB have expressed their belief that Option 3 offers safe, effective care in line with local need while having potential to improve public health and tackle inequalities
- A Community Health and Social Care Hub has the potential to grow and develop in line with the needs of the community, digital capability and future innovations as they arise. There will be opportunities to expand the range of day treatments, out-patient appointments, early intervention and preventative approaches, integrated

care and support (extending the home teams to combine statutory, independent and third sector), mental health supports, as well as new practices such as holistic, person centred styles of care such as 'day hospice.' There is also renal services on site providing day treatment and opportunities to maximise specific use of this accommodation when renal off site.

- Having the local GP Practice adjoining the HUB setting also lends itself to joint working opportunities with the Practice MDT and enhanced intractions and joint working with a range of community services.
- Subject to IJB agreement, plans for further development of services within the Community Health and Social Care Hub will be explored with teams and local people before bringing forward fully costed proposals for consideration and a strategic commissioning decision.

SMo he would support the Hybrid model discussed.

GBe provided her professional view on the current system where we require to reform and align to national direction.

VW stated that having the Community Hub Model, supports a lot in terms of Population Health and makes the best use of resources.

KD asked in regards to the Survey responses, were most responses from DG6, KW confirmed DG6 / DG7 were the majority of the responses.

GS confirmed moving forward we have confirmation of 2 flexible beds within the Care Homes.

GS confirmed that Housing with care and support block Contracts forms part of the wider housing discussions.

CH stated that the Community are extremely passionate in terms of the Palliative Care Beds, what weight we are giving the GPs view. SM confirmed all input has been evidenced as part of the update.

VK raised her concerns around staffing again, staff communication must be clear.

AMcF confirmed with members, RE Communication and Engagement Officer is in attendance today and all communication will be appropriately shared following this meeting.

IC asked for assurance / governance within the Care Home sector, MK confirmed this as part of the Collaborative Care Home Support Team, involving a number of other partners.

Strategic Planning Group, noted the update and confirmed the preferred option would be Option 3.

Voting Members Voted:
VK – Option 3 – review the communication going forward as per discussion
EJ – Option 3
GG – Option 3
KD – Option 3
AF – Option 3
IC – Option 3
CH – Option 3
GB – Option 3
BI – Option 3
AMcF – Option 3

Decision,

The Integration Joint Board:

- **Confirmed that the process to date and associated outputs are consistent with requirements of Direction 2302 (c) to develop a way forward for the use of cottage hospital sites.**

- **Confirmed it is assured that the process of engagement and participation and the consultation process itself have been conducted appropriately and in a way that is proportionate to the subject matter and in line with 'Planning with People' guidance.**

- **Approved the recommendation to progress Option 3 - Community Health and Social Care Hub.**

- **Issued the attached the Direction Option 3 to establish a Community Health and Social Care Hub in Kirkcudbright, including allocated budget to deliver.**

9. PRESENTATION OF FINDINGS FROM THE RIGHT CARE, RIGHT PLACE PROGRAMME

Thornhill Cottage Hospital

AMcF confirmed to members that members have all information in there packs in relation to the six options, and members are being asked to confirm the outputs are consistent and to agree a way forward.

HIS agreed we should analyse the feedback from the Community.

NH highlighted the position is the same for all the sites, these beds would not have a benefit on the Delay Discharges.

MK confirmed the disadvantages with stepping patients down into a Cottage Hospital, evidence confirms this in regards to patient independency.

VG apologised for a couple of errors were not picked up in proof reading of the papers, please accept our apologies.

Amendments / errors to the paper highlighted below:

Page	Section	Error	Correction
37		Newton Stewart	Thornhill
51	9. Desired outcomes	Machars	Mid & Upper Nithsdale

Six options developed with communities and approved by IJB in March 2024 for Consultation:

1. **Status Quo -** No in-patient services; some community out-patient services.
2. **Status Quo Plus -** No in-patient services; increase a blend of virtual and in person community out-patient service.
3. **Community Health and Social Care Hub -** No in-patient services; increase community out-patient care and day treatment; expand Home Team accommodation.

4. **Re-establish in-patient services -** Re-opening of in-patient beds on this site. (8 beds)
5. **Community Ownership -** Transfer of ownership of the site to the local community or a third party.
6. **Close the site -** Relocation of all services and dispose of building.

Through all the six elements of assessment, it's clear that options 1, 2, 5 and 6 are not favoured.

Option 4 - favoured well with stakeholders and in options appraisal, however this is an unaffordable, unsustainable model and is not deliverable. It also does not reflect the ambition of the RCRP transformation programme, local and national strategic direction.

Hybrid Model also rates well with stakeholders and is deliverable with some risk, the risk likely to increase due to workforce challenges in short and medium term therefore it will become unsustainable very quickly. The high costs for the hospital beds and elsewhere means that this model is not delivering best value and presents significant risks. There is high likelihood that this model would have detrimental impacts on other areas of the system, particularly our ability to provide care and support for people at home through the home teams model, flexible beds and acute services. It is not favoured by the professional advisors in terms of quality and safety

SM confirmed the assessment of the 6 options, hybrid model and DGC Proposal has identified that Option 3 – Community Health and Social Care Hub is the recommended option.

This recommendation is based on the following:

- offers greatest benefit overall. It aligns with the IJB Model of Care and Strategic Commissioning Intentions and supports the ongoing transformation of community services.
- significant recurring savings (£684k per annum) to contribute to the Financial Recovery Plan
- Best value - £50k per annum for flexible beds compared with £182k for hospital in-patient bed or £269k for hybrid model/DGC proposal bed
- Can be delivered and is sustainable from workforce and operational perspectives
- While the public view is that Option 3 does not meet their needs for bed based care, however there are flexible intermediate care beds within the locality area at Hospital which has served the population well to date. Shifting the balance of care from beds to home based services is the direction of travel and fundamental to the community transformation work ongoing since 2021.
- Professional advisors to the IJB have expressed their belief that Option 3 offers safe, effective care in line with local need while having potential to improve public health and tackle inequalities
- A Community Health and Social Care Hub has the potential to grow and develop in line with the needs of the community, digital capability and future innovations as they arise. There will be opportunities to expand the range of day treatments, out-patient appointments, early intervention and preventative approaches, integrated care and support (extending the home teams to combine statutory, independent and third sector), mental health supports, as well as new practices such as holistic, person centred styles of care such as 'day hospice.'
- Having GP Practice on the campus site alongside the HUB setting also lends itself to joint working opportunities with the Practice MDT and enhanced contacts and joint working with a range of community services.
- Subject to IJB agreement, plans for further development of services within the Community Health and Social Care Hub will be explored with teams and local people before bringing forward fully costed proposals for consideration and a strategic commissioning decision.

VW stated that following the update, the Community felt the Hybrid Model was the preferred option, however, the Community Hub Option 3 is the best use of resources.

We must reform aligned to national Direction confirmed by GBe, where we must commission Services that meets the needs of the communities but recognise the challenges. Supports Option 3 for the way forward.

SMo supports option 3 at this stage from an Adult Social Care perspective.

GB asked for clarity in the reports regarding pending contracts, what is the difference between draft and pending. GS stated that the beds are commissioned for 12 months at the moment.

CH stated that the beds have been procured, and what are the timescales in terms of distance of travel for the available Care Home Beds, GS confirmed approx 30mins, and DR confirmed this is on a main bus route.

There was a discussion on where Directions are monitored where KB confirmed all Directions go through the IJB Finance, Performance and Quality Committee.

Can all impacts / risks be reviewed down the line and be brought back, VG confirmed this will be completed via a range of the assessment tools, which would happen within any service change.

AW stated that the proposals do present significant opportunities for the Third Sector working, and supports all comments that have been highlighted throughout the day.

CH asked after 12months what if the private providers request additional funding, and palliative care for young people. Care Home Operators who have expressed interest have offered 3 year contracts, but GS confirmed they will be evaluated within 12months, and is confident they will provide the 3 year contracts.

National conversations are in progress in terms of Care Homes, and we are fortunate with our relationship with Care Homes and Scottish Care.

VG confirmed in regards to the Palliative Care space for the younger generation, where models are being discussed.

CB received re-assurance at Strategic Planning Group within the updates and approved Option 3.

Voting Members Voted:
VK – Option 3
EJ – Option 3
GG – Option 3
KD – Option 3
AF – Option 3
IC – Option 3
CH – Option 3
GB – Option 3
BI – Option 3
AMcF – Option 3

Decision:

The Integration Joint Board:

- **Confirmed that the process to date and associated outputs are consistent with requirements of Direction 2302 (c) to develop a way forward for the use of cottage hospital sites.**

- **Confirmed it is assured that the process of engagement and participation and the consultation process itself have been conducted appropriately and in a way that is proportionate to the subject matter and in line with 'Planning with People' guidance.**

- **Approved the recommendation to progress Option 3 - Community Health and Social Care Hub.**

- **Issue the attached Direction Option 3 to establish a Community Health and Social Care Hub in Thornhill Cottage Hospital, including allocated budget to deliver.**

10. PRESENTATION OF FINDINGS FROM THE RIGHT CARE, RIGHT PLACE PROGRAMME

Moffat Cottage Hospital

AMcF set out the considerations that NHS Health Improvement Scotland have suggested the IJB should make in reviewing the analysis:

1. Analyse and consider the feedback from people and communities, recognising that although the options for each cottage hospital were considered as part of one public consultation exercise, there are different nuances and contexts for each individual cottage hospital location and therefore the decision the IJB makes for each may be different. A respondent to our phone interview stated: "There are four hospitals involved in the consultation but they're not all the same. Not one size fits all".
2. Explain how the hybrid model (a combination of options 3 and 4) put forward during the option appraisal will be considered alongside the consultation feedback.
3. Consider how it can address concerns raised around the capacity for people to receive inpatient care at Dumfries and Galloway Royal Infirmary (DGRI) and the remaining cottage hospitals. An attendee at the Kirkcudbright in-person event observed "There's people in the DGRI who don't need to be there [DGRI] but there's no-where else for them to go". Similar concerns were also raised at other in-person events.
4. Ensure that additional impacts for each locality, identified through the option appraisal and consultation process, are included in the updated impact assessments and are fully considered throughout the decision-making and implementation processes.
5. Demonstrate how the board has taken into account (through the Fairer Scotland Duty), the concerns people have raised about challenges to accessing services due to limited public transport, travel, distance and costs.
6. Recognise the concerns expressed by some people during the consultation around the perceived 'erosion' of local services and consider how these concerns may be addressed.
7. Acknowledge that during the consultation people have consistently expressed the importance and high value attached to inpatient beds in their local communities.
8. Feedback to communities on each of the decisions reached, how the IJB conscientiously considered people's views, and financial considerations have impacted on the decision-making process and how the issues identified, for example travel and access, may be addressed moving forward.
9. Continue to co-design solutions, with agreed timescales, with people, communities and partners to help mitigate adverse impacts identified through the consultation

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responses, impact assessments and Fairer Scotland Duty, for example, transport and access.

10. Recognise that the commissioning process ran in parallel with the public consultation. This may have resulted in some changes to how the intermediate care model will be implemented. If the changes are substantially different, there may be a need to consider further communication and engagement with affected stakeholders.
11. All stakeholders are offered the opportunity to be meaningfully involved in the implementation of the IJB's decision.

16:43 – I Carruthers, Voting Member left the meeting.

VG confirmed Six options developed with communities and approved by IJB in March 2024 for Consultation:

1. **Status Quo -** No in-patient services; some community out-patient services.
2. **Status Quo Plus -** No in-patient services; increase a blend of virtual and in person community out-patient service.
3. **Community Health and Social Care Hub -** No in-patient services; increase community out-patient care and day treatment; expand Home Team accommodation. This option includes Moffat GP Premises.
4. **Re-establish in-patient services -** Re-opening of in-patient beds on this site.(10 beds)
5. **Community Ownership -** Transfer of ownership of the site to the local community or a third party.
6. **Close the site -** Relocation of all services and dispose of building.

When asked community and stakeholders did not wish to consider a hybrid model so neither the hybrid model of DGC proposal have been considered in Moffat.

SM stated that through all the six elements of assessment, it's clear that options 1, 2, 5 and 6 are not favoured.

Option 4 - favoured well with some stakeholders and in options appraisal, however this is an unaffordable, unsustainable model and is not deliverable. It also does not reflect the ambition of the RCRP transformation programme, local and national strategic direction.

Hybrid Model also rates well with some stakeholders and is deliverable with some risk, the risk likely to increase due to workforce challenges in short and medium term therefore it will become unsustainable very quickly. The high costs for the hospital beds and elsewhere means that this model is not delivering best value and presents significant risks. There is high likelihood that this model would have detrimental impacts on other areas of the system, particularly our ability to provide care and support for people at home through the home teams model, flexible beds and acute services. It is not favoured by the professional advisors in terms of quality and safety.

Option 3 – favoured well with stakeholders particularly in light of the opportunity for relocation of GP premises under this option. Sustaining GP services in Moffat is of paramount importance to both the community of Moffat and the HSCP. All other options do not lend themselves to this opportunity and therefore this does present as a significant risk to the HSCP if other options are favoured by the IJB.

The assessment of the 6 options, hybrid model and DGC Proposal has identified that Option 3 – Community Health and Social Care Hub is the recommended option.

This recommendation is based on the following.

- offers greatest benefit overall. It aligns with the IJB Model of Care and Strategic Commissioning Intentions and supports the ongoing transformation of community services.
- Supports sustainability of GP services within the local area.
- significant recurring savings (£699k per annum) to contribute to the Financial Recovery Plan
- Best value - £50k per annum for flexible beds compared with £168k for hospital in-patient bed.
- Can be delivered and is sustainable from workforce and operational perspectives
- While the public view is that Option 3 does not meet their needs for bed based care, however there are flexible intermediate care beds and hospital beds within the locality area at Annan Hospital and Lochmaben. Shifting the balance of care from beds to home based services is the direction of travel and fundamental to the community transformation work ongoing since 2021.
- Professional advisors to the IJB have expressed their belief that Option 3 offers safe, effective care in line with local need while having potential to improve public health and tackle inequalities
- A Community Health and Social Care Hub has the potential to grow and develop in line with the needs of the community, digital capability and future innovations as they arise. There will be opportunities to expand the range of day treatments, out-patient appointments, early intervention and preventative approaches, integrated care and support (extending the home teams to combine statutory, independent and third sector), mental health supports, as well as new practices such as holistic, person centred styles of care such as 'day hospice.'
- Having GP Practice within the HUB setting also lends itself to joint working opportunities with the Practice MDT and integrated working with a range of community services.
- Subject to IJB agreement, plans for further development of services within the Community Health and Social Care Hub will be explored with teams and local people before bringing forward fully costed proposals for consideration and a strategic commissioning decision.
- Plans will also be developed for GP premises under Primary Care programme.

For the last 5 years, GBe stated that the pressures within Moffat GP Practice, and the impact on our community - this has been a significant risk, where we now have a sustainable model at this time however, if we continue to practice within the current estate this poses a risk.

NH confirmed if Option 3 is the preferred she will give her full commitment to link with Primary Care Colleagues in terms of a timeline.

Action: NH

VW and SMo as Professional Leads support Option 3.

CH agreed with Option 3, and thanked the Community for the presentation this morning.

VK asked what are the risks if we did not support this move, KD confirmed Lochmaben could potentially withdraw their Services which would have a significant impact on our community.

Initial work has been completed to scope this out, KK confirmed options to deliver but proposals will come back as per NH update.

Strategic Planning Group fully supports Option 3.

Voting Members Voted:
VK – Option 3
EJ – Option 3

DRAFT

GG – Option 3
KD – Option 3
AF – Option 3
IC – No vote, as had left the meeting
CH – Option 3
GB – Option 3
BI – Option 3
AMcF – Option 3

Decision,

The Integration Joint Board:

- **Confirmed that the process to date and associated outputs are consistent with requirements of Direction 2302 (c) to develop a way forward for the use of cottage hospital sites.**

- **Confirmed it is assured that the process of engagement and participation and the consultation process itself have been conducted appropriately and in a way that is proportionate to the subject matter and in line with 'Planning with People' guidance.**

- **Approved the recommendation to progress Option 3 - Community Health and Social Care Hub with GP Premises on the site.**

- **Issue the attached Direction Option 3 to establish a Community Health and Social Care Hub in Moffat Cottage Hospital, including allocated budget to deliver.**

11. IMPLICATIONS OF THE INTELLIGENCE GATHERED THROUGH THE RIGHT CARE, RIGHT PLACE PROGRAMME

N Hamlet Interim Chief Officer / Chief Operating Officer briefly updated members in terms of the Pressures within Social Care, and the impact of this on people's outcomes as we are currently not meeting their needs.

IJB approved for a Direction to be issued and approved virtually on the 'Development of a Vision for Social Care and an associated plan to address the long-standing historic deficit in local capacity'.

12. ANY OTHER BUSINESS DEEMED URGENT BY THE CHAIR DUE TO THE NEED FOR A DECISION

The next meeting of the Formal IJB is on Tuesday 17th December 2024 at 10am at The Bridge Glasgow Road Dumfries DG2 9AW

DRAFT