



Dumfries and Galloway  
Integration Joint Board

16th December 2025

This Report relates to  
Item 6b on the Agenda

## Right Care, Right Place: Development of Community Hubs and Flexible Beds

*Paper presented by Stephanie Mottram and Peter Bryden*

*For Discussion / Noting*

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<b>Approved for Submission by:</b>	Gareth Marr, Chief Officer
<b>List of Background Papers:</b>	RCRP - Decision by IJB 29 <sup>th</sup> October 2024
<b>Appendices:</b>	N/A

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

## 1. Introduction

- 1.1 On 29th October 2024, the Integrated Joint Board (IJB) agreed that the former Cottage Hospitals at Kirkcudbright, Moffat, Newton Stewart, and Thornhill will be repurposed as Community Health & Social Care Hubs.
- 1.2 This decision supports the delivery of “Right Care in the Right Place”, enabling improved access to integrated health and social care services within local communities.
- 1.3 Following this agreement, four Directions were issued to the NHS Board to progress this delivery. This update provides the current position on implementing these Directions.
- 1.4 As part of the development of Right Care, Right Place we are exploring how similar hub models can be applied at our facilities in other areas, e.g. Health Centres.
- 1.5 This report provides a current position on the progress of Right Care, Right Place to date and an update in respect of planned developments which will see community hubs evolve throughout 2026.
- 1.1 The Flexible Bed model was included in the above agreed Right Care, Right Place proposals which utilises a proportion of our available care home capacity to deliver step down care in homely environment, closer to home to facilitate either discharge or prevent admission.

## 2. Recommendations

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

#### **Right Care, Right Place – Community Hubs**

- **Note ongoing development and seek feedback/direction from IJB members on progress and priorities for 2026.**

#### **Flexible Beds**

Flexible beds are a natural escalation route from hospital to home, offering continuity of input from community teams within local areas with the added benefit of 24/7 support.

The Community Waiting Times Team are now better placed to identify people who would benefit from a Palliative Care Placement, Hospital at Home and Discharge to Assess pathway in a flexible bed, so the continuation would enable us to further test and develop that model while better meeting the needs of those who are waiting.

- **Approve continued use until March 2026 to enable a fuller evaluation of impact and outcomes and discuss with the section 95 officer funding options.**

## 3. Background and Main Report

### **Flexible Beds**

- 3.1 Right Care, Right Place established a post-pandemic standard for co-production in

Dumfries & Galloway, achieving strong community engagement in designing bed-based intermediate care.

Communities prioritised:

- Palliative & End-of-Life Care close to home.
- Step-up and Step-down Care to reduce acute hospital stays.
- Respite Care for unpaid carers.

3.2 The model aligns with the IJB Strategic Commissioning Plan, Scottish Government's Service Renewal Framework, and supports the new Carers Strategy.

Implementation & Impact:

- Service launched Oct 2024; 21 beds consistently available since July 2025 (original target: 31).
- 165 people benefited in year one; occupancy averaged 71% (expected for first year).
- Weekly placements: 3–8 step-down and 8 step-up cases.

Cost comparison:

- The annual cost of supporting these people in a community hospital would have been between circa £1.513m and £2.2m. This would have been significantly higher if the people had been supported in an acute bed for all or part of that time, and compares with the total spend on flexible beds being £1.172m while the additional spend above budget for residential care was only £160k.

**Challenges:**

3.3 Beds not yet used for palliative/end-of-life care despite community priority.

3.4 Need to understand clinical barriers, especially given pressure on Alex Unit and potential loss of Endowment-funded beds.

**Community Hub Updates**

3.5 Throughout 2025, utilisation of Community Hubs has grown significantly. Services from the Mental Health Directorate, Families & Support Services, Community Health & Social Care, and Acute have increasingly used these facilities. Additionally, Third Sector and Independent Sector partners have expanded their presence, strengthening integrated working and community-based support.

3.6 To date we have been successful in delivering the following at these sites:

- Bases from our home teams staff to operate from
- Vaccinations
- A range of out-patient services for CHSC, Mental Health and Family & Support Services
- Classes and inputs by third and independent sector colleagues

3.7 Whilst well used it has taken time to plan the next phase of hub development which includes changes to infrastructure and evaluating what changes are required to make these suitable for the requirements of our services and service users.

3.8 All 4 premises have had very limited, if any, work completed to progress this element of transformation. A budget of approximately £800k has been identified from within

capital expenditure to allow the conversion from the hospital layout and fixtures to premises suited to Community Health & Social Care Hub delivery.

- 3.9 Each of the Premises will see varying levels of work to augment, improve or create:
- Hybrid Working Space, including space for our Home Teams
  - Consulting space with virtual capacity
  - Clinical consulting rooms
  - Bookable Meeting Space (for NHS, Social Work and Third & Independent Sector to use)
  - Large Clinical Space for delivery of vaccines, patient classes, group activity
  - Retain facilities like Physiotherapy Gym space where applicable
- 3.10 Architect Plans have been finalised and agreed for each hub with work due to commence on Monday 16th February 2026 and be completed in May 2026.
- 3.11 This will mean some impact on services, which varies at each site, during the period works are being undertaken however, planning is ongoing with colleagues in various teams – including Vaccinations, Mental Health to deliver key priorities and implement short term alternatives to attendance at a hub however, with emphasis.
- 3.12 Once work has been completed we will be happy to arrange a visit for members of the IJB to their preferred local hub to see what we have achieved through the last year of this test of change and redesign.
- 3.13 In order to continue the delivery of the hub model region wide and in other areas which do not include the former cottage hospitals we are in the process of relocating the community treatment element of our Community Treatment & Vaccination Service from Annan Greencroft North GP Practice to Annan Health Centre on the Annan Hospital Campus. This allows greater flexibility and utilisation of the resources across this team and provides consistency with the model in other areas of the region.
- 3.14 Due to basic booking systems and variation in what we have been delivering data to confirm the impact of service delivery so far is limited however, based on feedback and very few adverse events we are satisfied these are well received and safe.
- 3.15 A key goal throughout 2026 will be gathering data in respect of our Community Hubs linked to our Directorate Key Performance Indicators.
- 3.16 There is significant stakeholder interest from across CHSC, Mental Health and Family & Support in respect of what further services we will deliver closer to home and within our communities including a wider range of out-patient options, Third & Independent Sector availability, virtual consultation capacity and other ways these premises can be utilised to benefit the Health & Social Care needs of our communities as a “Community Front Door”.
- 3.17 We will continue to explore how we can develop a diverse range of services across Community Hubs utilising the hub and spoke model to support efficiencies and our service delivery requirements in relation to the GMS contract.
- 3.18 Examples of developing and potential future services include:
- Mental Health:
    - Psychology
    - Occupational Therapy

- Scottish Drugs & Alcohol Service
- Families & Support Services
  - Contraception Advice
  - Asymptomatic Screening
  - Midwifery
- Community Health & Social Care
  - Waiting Well Clinics
  - Frailty Services
  - Out-Patient Antimicrobial Therapy (OPAT)
  - Care Support & Advice
- Third & Independent Sector
  - Unpaid Carer Workshops
  - Citizens Advice (Financial / Generic)

#### **4. Conclusions**

- 4.1 Following the IJB decision and Directions, the Community Health and Social Care Directorate has delivered on its commitment to establish Community Hubs. However, further physical development is required at each site to fully realise the intended model and functionality.
- 4.2 Continue use for a further financial year until March 2026 to enable a fuller evaluation of impact and outcomes and discuss with the section 95 officer funding options.

#### **5. Resource Implications**

- 5.1 Capital Investment: A dedicated budget has been allocated within existing capital funds to support the reconfiguration of hub facilities. This ensures that any necessary infrastructure changes can be implemented without impacting operational budgets.
- 5.2 Funding for Flexible Beds: Further discussion is required to establish a sustainable financial plan for the Flexible Bed model. This includes identifying ongoing revenue funding sources to support staffing, care delivery, and associated operational costs.

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

- 6.1 Improved Outcomes: The Flexible Bed model and enhanced Community Hubs support timely hospital discharge and admission avoidance, leading to better recovery environments and reduced hospital stays. This aligns with person-centred care and promotes independence.
- 6.2 Alignment with HSCP Priorities
  - Prevention and Early Intervention: By offering step-down care and community-based support, the model reduces reliance on acute services.
  - Integrated Care: Strengthens collaboration across health and social care sectors, ensuring seamless transitions and coordinated support.
  - Localised Services: Brings care closer to home, enhancing accessibility and community resilience.
- 6.3 Policy Implications:

- Supports national and local strategies such as “Right Care, Right Place” and the Scottish Government’s commitment to shifting the balance of care.
- Encourages investment in community infrastructure and flexible commissioning models.
- Requires clear governance and sustainable funding frameworks to ensure long-term viability.

**7. Legal and Risk Implications**

- 7.1 Statutory Duty:  
Under the Public Bodies (Joint Working) (Scotland) Act 2014, NHS Boards and local authorities are legally required to comply with directions issued by the IJB. These directions are binding and must be implemented.
- 7.2 Failure to Comply:  
Breach of Statutory Duty: Non-compliance may constitute a breach of statutory obligations, potentially exposing the NHS Board or council to legal challenge.
- 7.3 Escalation:  
The IJB can escalate the issue to the Scottish Government or relevant oversight bodies, such as the Accounts Commission or the Auditor General.
- 7.4 Impact on Service Delivery:  
Failure to implement directions can disrupt integrated service delivery, negatively affecting outcomes for service users and undermining the principles of integration.

**8. Consultation**

- 8.1 Consultation on this report has been via the Community Health and Social Care Management Team.

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

- 9.1 EQIA on these models were completed in 2024.

**10. Consumer Duty**

- 10.1 This was not completed at the time of the development of the plan as the Consumer Duty Act was not included as part of governance at that time.

**11. Glossary**

<b>EQIA</b>	<b>Equalities Impact Assessment</b>
<b>IJB</b>	<b>Integration Joint Board</b>

# Flexible Bed Based Intermediate Care – Intelligence Report



Date: 30<sup>th</sup> November 2025

Completed by: Donna Maxwell Performance and Improvement Manager [Commissioning and Contracts] and Matthew McIlorum Performance and Intelligence Analyst

Work was commissioned by the Health and Social Care Partnership (HSCP) Communities Directorate to capture intelligence around the delivery of flexible bed based intermediate care as detailed in the Year 1 Commissioning Plan for Right Care, Right Place (RCRP).

## 1. Background

At their meeting in March 2023, the IJB agreed the definition of bed based intermediate care as ‘a bed that can be used when a person can no longer live safely in their home but does not need to be in an Acute Hospital.’ In Dumfries and Galloway this sort of care is often delivered in cottage hospitals, in care homes or in supported accommodation (such as sheltered housing or extra care housing).

The Integration Joint Board (IJB) agreed the plan on 27 September 2023 and a Direction (IJBD2302) was issued to Dumfries and Galloway Council (DGC) and NHS Dumfries and Galloway (NHS D&G). A total of 31 flexible bed based intermediate care beds, across the region, were identified for commissioning from our Care Home provider partners using block purchase contracts. The report considered by IJB members cited that:

1. ‘Flexible bed based intermediate care is
  - a bed that can be used when a person can no longer live safely in their home but does not need to be in an Acute Hospital
  - delivered within a service that will deliver care and support in line with their Care Inspectorate registration
  - has wraparound health and social care and support from Home Teams and/or specialist health and social care teams that meets the need of the person’
2. Establishing flexible bed based intermediate care within the existing estate (NHS, Council, Registered Landlords, Third Sector and Independent Sector) would see a small proportion of bed capacity within various settings reallocated for different purposes. These could include palliative care, end of life care, step up/step down care and short breaks for Carer respite.
3. Noting the increased costs associated with the 31 additional flexible beds, with funding options for this to be considered as part of 2024/25 budget setting process given the significant additional cost of £1.233m associated with this proposal.

The Year 1 Commissioning Plan for flexible bed based intermediate care is provided in **Appendix 1** of this report.

Prior to the introduction of the flexible bed based intermediate care model, people on a pathway for a residential placement, where their preferred choices were not available, could be placed within an interim

care home placement to await their home of choice. A 14 'block' care home beds (interim) arrangement was established for this purpose at a cost of £570k for a 12 month period. These beds provided a level of surge capacity for the system but had no funding source beyond 31 March 2024.

The IJB Direction (IJB2302) for 31 flexible bed based intermediate care beds was issued, on 27 September 2023, in addition to the 14 'block' care home beds (interim).

In April 2025, the Social Work Governance Group discussed an analysis of the use of 22 commissioned Flexible beds, at this meeting it was agreed that given the Local Authority budget challenges, there would be a pause on the commissioning of the remaining 9 beds. At this time there were a further 8 beds commissioned and due to be operational by end of May 2025.

## 2. Methodology

Data used for this intelligence report was sourced from a log of flexible bed referrals and bookings maintained by the Community Waiting Times Team and block contract data was sourced from the Management Information Team in Social Work Services.

This intelligence report is based on flexible bed based intermediate care only. The RCRP - Year 1 Commissioning plan refers to plans for some cottage hospitals to be used for various purposes.

Flexible bed referrals and placements from 14 October 2024 (date of first flexible bed block contract with care home provider partners) until 26 October 2025 (latest complete week of data) has been used for this purpose.

To look at the commissioned beds in relation to the occupied beds the intelligence below has been converted into bed days:

- **Available bed days** - a commissioned bed for 1 week = 7 commissioned bed days. A daily bed rate was calculated for all care homes based on the duration of the block purchase contract. For example if a care home block contract for 1 bed was in place for 10 weeks = 70 commissioned bed days.
- **Occupied bed days** - an occupied bed for 1 week = 7 occupied bed days. A daily bed rate was calculated for all care homes based on admission and discharge dates. For example if a bed was occupied from the 15 October 2024 (admission date) to 31 October 2024 (discharge date) = 16 occupied bed days. A person occupying a bed day is counted for each day they occupy the bed. For example if 3 individual people occupied a bed on 15 October these are counted as 3 bed days.

**Use of Block Contracts** - A block contract is in place for flexible intermediate care beds. The current weekly rate paid to a care home partner provider is £1,021.57 per bed. This is an enhanced rate (in line with the current nursing rate payment for Care Home Beds) to acknowledge the additional work required by the care homes (same paperwork for a permanent resident, quick turnarounds etc). Using the weekly figures of available and occupied flexible beds we can estimate flexible bed spend. To do this the following method was applied:

- **Maximum occupied weekly bed figure** – The maximum number of people occupying a bed within a weekly period was calculated. This was required to calculate the associated cost of an occupied bed.

At the start of the flexible bed block contracts there were some residents already placed in a care home where they occupied a permanent bed for intermediate purposes. These residents transferred over to a flexible bed block contract. In this intelligence report these residents have been included within the data from 14 October 2024.

### 3. Intelligence

This intelligence report presents information about the roll out and use of flexible beds for intermediate care as follows:

- Available flexible beds, bed numbers and number of bed days.
- Referrals received, the type of beds sought, proportion of referrals resulting in admission to a flexible bed and the reasons referrals did not progress.
- Utilisation of available flexible beds.
- Use of block contracts for flexible beds.
- Discharges from flexible beds and the outcome for people utilising a flexible bed.

This piece of work has also looked at the potential impact on the wider health and social care system by providing intelligence on delayed discharges since flexible beds were introduced.

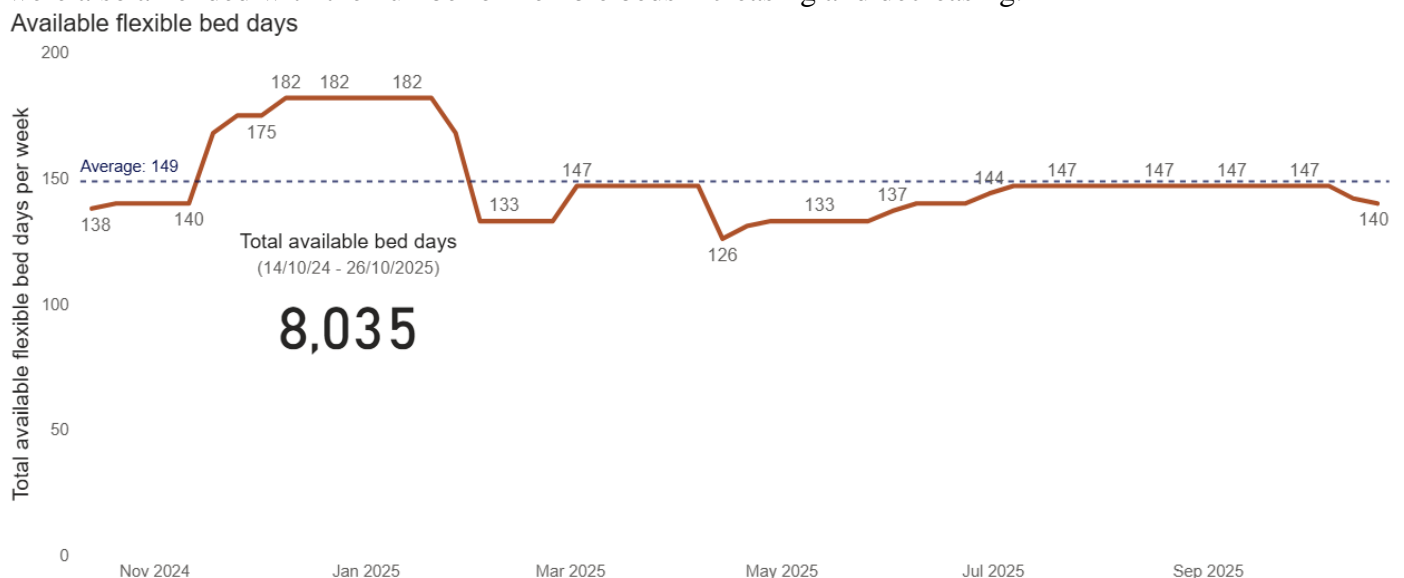
#### 3.1 Available flexible beds

The ambition set out in the RCRP Year 1 Commissioning Plan was to commission a total of 31 flexible beds for intermediate care across the region. This included an ideal distribution across Home Team areas. In April 2025 the number of commissioned beds was capped at 22.

Following a tendering process 19 flexible beds were initially available from 14 October 2024. This increased to 26 beds at the highest point as new sites come on board. Since 09 July 2025, this has stabilised at 21 beds across the region.

Despite best efforts to commission the full 31 beds across the region, the HSCP could not source flexible beds for intermediate care in Lower Annandale and Eskdale. However, there were 2 beds in commission in upper Annandale & Eskdale.

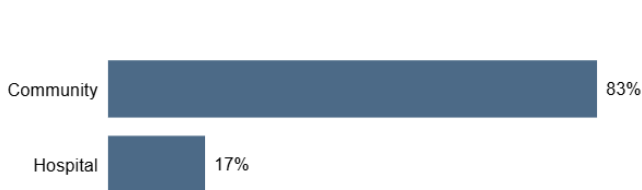
The following chart demonstrates the overall available capacity of commissioned flexible beds (in bed days per week) based on when block contracts were established. During the period some of the block contracts were also amended with the number of flexible beds increasing and decreasing.



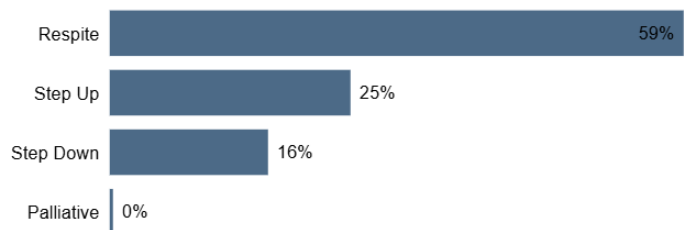
### 3.2 Referrals

293 total referrals received for flexible beds across the region between October 2024 and October 2025. Please note that 10 referrals have been excluded from this data as the requests were for future stays in a flexible bed after 26 October 2025.

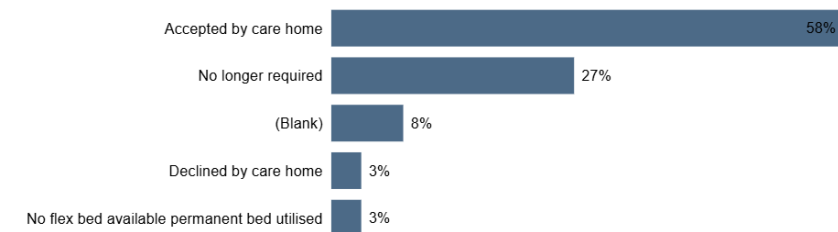
Source of Referrals



% Referrals by Request Type



% Referrals by Referral Outcome



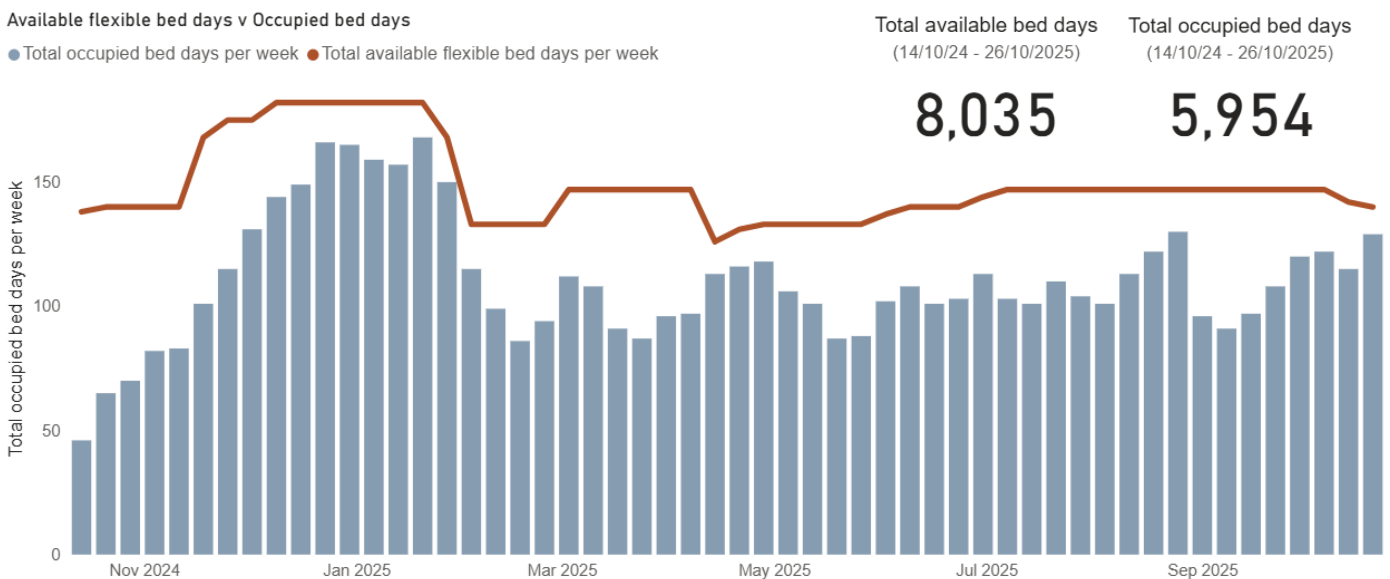
165 Referrals (58%) resulted in a stay in a flexible bed

### 3.3 Utilisation

The line in the following chart demonstrates how the available flexible bed capacity moved over time with the columns demonstrating the number of occupied flexible bed days over the same period (weekly). Overall 74% of available beds were occupied during this period.

Available flexible bed days v Occupied bed days

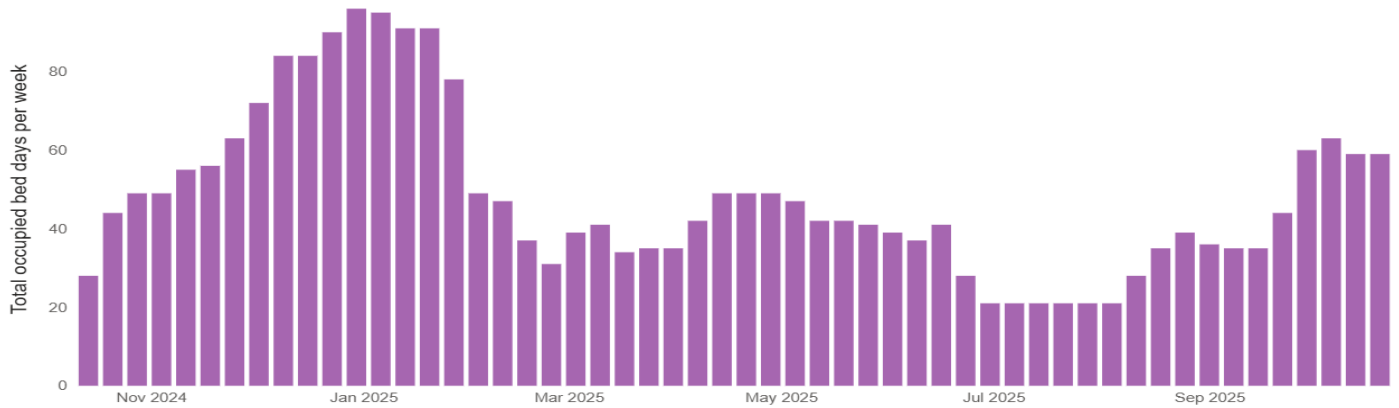
● Total occupied bed days per week ● Total available flexible bed days per week



To understand what the occupied beds were used for in relation to the purposes of the flexible bed model (palliative care, end of life care, step up/step down care and short breaks for Carer respite) the following charts demonstrate occupied bed days by the referral request type.

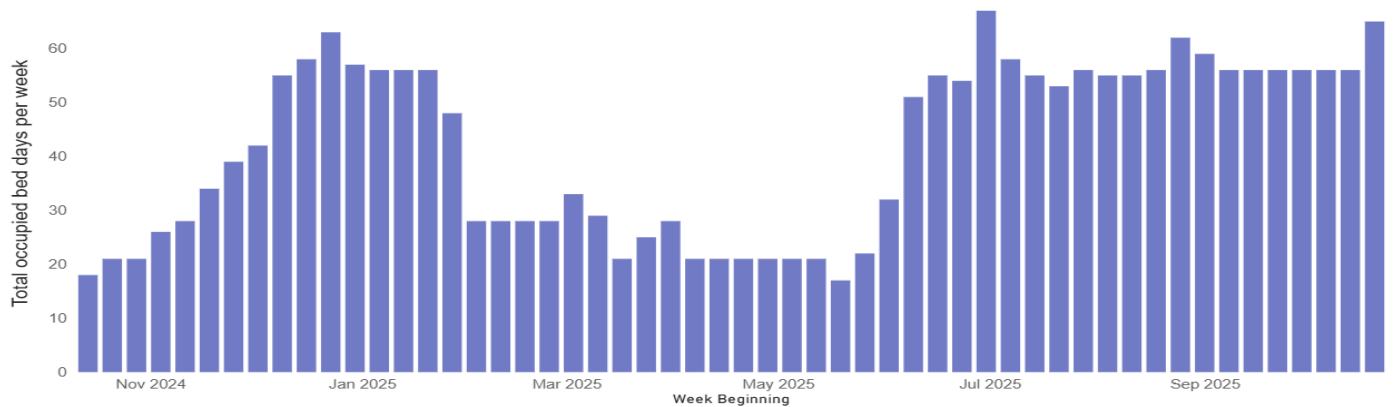
### Step down care: (from acute settings)

Weekly occupied 'Step Down' bed days



### Step up care: (from community)

Weekly occupied 'Step up' bed days

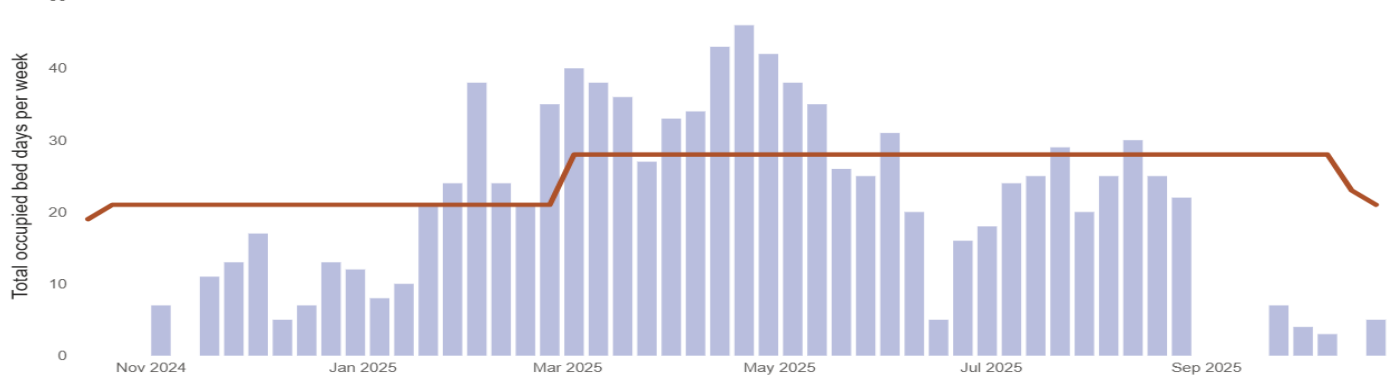


**Planned Respite:** 4 available beds across the region were set aside as 'planned respite' only beds. A total available respite bed days has been included within the following chart to demonstrate where additional flexible beds have been utilised to meet demand for respite care.

**Emergency Respite:** These have been included within the step-up care from community

Weekly occupied respite bed days

● Total occupied bed days per week ● Total available respite bed days per week



**Palliative care / end of life care:** While there was a referral for a flexible bed for palliative care during this period, a flexible bed was not available to meet this request. No flexible beds have been recorded as

occupied during this period for palliative care or end of life care purposes. It should be noted that some of the step-up and step-down requests may have been for palliative reasons following submission of the referral.

Across the three different reasons for a flexible bed stay (step-up, step-down and respite) the charts above show that there was a 10 week initial period to build up to the highest utilisation of flexible beds. From February 2025 we start to see a decline across the step-up and step-down use and an increase in usage of beds for respite reasons. Flexible bed usage for step-up reasons start to increase again from June 2025, however this is not reflected in step-down reasons coming from acute settings. This piece of work has not identified a particular reason for the decline in usage from acute settings, however feedback from Flow teams may shed some light on this.

### 3.4 Use of Flexible Bed Block Contracts

The IJB agreed the Year 1 Commissioning Plan for flexible beds while also noting:

“the increased costs associated with the 31 additional flexible beds, with funding options for this to be considered as part of 2024/25 budget setting process given the significant additional cost of £1.233m associated with this proposal.”

The above statement, reported to the IJB, referred to the proposed 31 flexible beds being additional to the number of care home beds that were budgeted for during 2024/25.

The flexible beds that have been commissioned during this period have been repurposed residential beds from the existing care home bed capacity.

The flexible bed block contract rate commenced on 14 October 2024 at a rate of £1,021.57 per bed per week. Using the intelligence provided above and the rate per flexible bed per week we can calculate the additional spend on a flexible bed per week:

What we purchased through block contracts	
Number of flexible beds	A total of 1,148 flexible beds purchased across all weeks from 14/10/24 to 26/10/25.
Total spend	£1,172,762 (total flexible beds purchased for all weeks multiplied by flexible bed rate)
2024/25 Budgeted cost of the repurposed residential beds	£1,012,513 (total repurposed residential beds for all weeks multiplied by residential bed rate (£882))
Total additional spend on flexible beds	£160,249 (Total spend less 2024/25 Budgeted costs)
Additional Cost per week	£140 per bed

To provide a comparison it costs:

- £2,646 per week for a person to stay in a cottage hospital (based on financial analysis)
- £1,022 per week for a person to stay in a flexible bed (enhanced weekly care home rate)
- £1,022 per week for a person to stay in a nursing/EMI care home bed (National Care Home (NCH) rate)
- £882 per week for a person to stay in a residential care home bed (NCH rate)

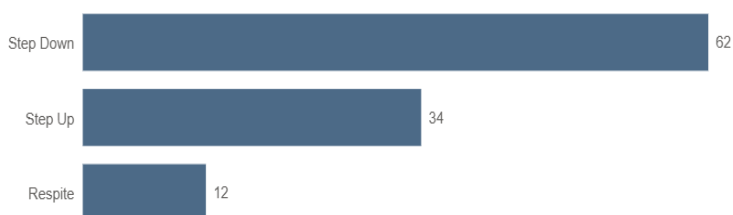
### 3.5 Change of use

After the IJB Direction (IJB2302) was issued, a decision was taken by the HSCP Leadership Group to combine the 14 interim care home beds (as detailed in section 1) with the flexible bed model.

### 3.6 Discharges

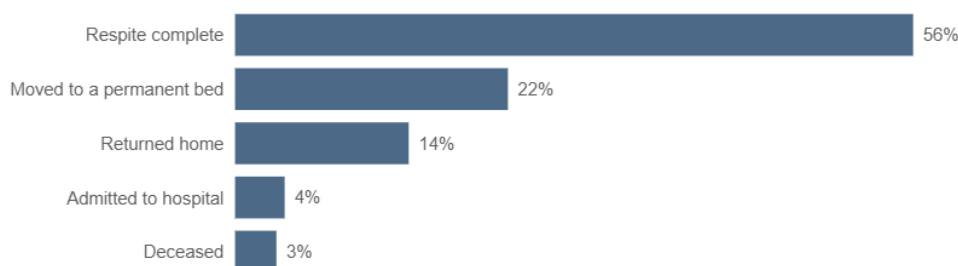
In total there were 165 flexible bed stays, of these 148 stays were completed during this period. The chart opposite provides the average length of stay by the reason that a bed was requested. Please note that this intelligence is based on completed stays where the request type has been provided and discharge dates recorded. Stays ranged from 1 day to 223 days. From October 2024 to October 2025 the average length of stay in a Cottage Hospital was 46 days, a reduction on the previous year of 47.9 days.

Average of Length of stay by request type



Reasons why a stay in a flexible bed ended were recorded within the data collected by the Community Waiting Times Team. The following chart provides the outcomes for people after a stay in a flexible bed.

% Discharge by Discharge Reasons



### 3.7 People currently occupying a flexible bed (not discharged)

There were 17 people occupying a flexible bed on the 26<sup>th</sup> October 2025. Stays range from 7 days to 326 days. The chart opposite demonstrates the average length of stay based on the position as at 26/10/2025.

Average of Length of stay by request type



## 4. Impact across the Health and Social Care system

This work has looked at various data across the health and social care system (ED attendances, hospital readmission rates, assessment unit attendances and people awaiting social care) to understand if there is movement which may be attributable to the flexible bed model for intermediate care.

The flexible bed model is aimed at supporting people with non-complex care needs. Since the introduction of the flexible beds there have been other initiatives introduced which are also targeting the same cohort of people including:

- The Acute Frailty Unit
- Discharge to Assess
- Hospital at Home initiative
- Changes to the adult social work process

This means that it is difficult to distinguish where certain initiatives are having an impact across the wider system.

## Year 1 Commissioning Plan for flexible bed based intermediate care

### Assumptions:

- Home Team areas are the basis of local communities
- Current assessment processes should be reviewed to reflect new ways of working
- Planning will be based on 85% occupancy.
- Workforce – home teams to provide support required for flexible beds and current workforce will be sufficient for year 1 proposals
- Provider partners will be asked to provide care and support in line with their registration
- Technology, Aids and Adaptations will be maximised.
- Flexible beds in each home team area to be used for palliative care; step up / step down (needing further assessment or treatment); short breaks respite. at short/urgent notice.
- Flexible beds in care homes rates to be agreed
- Short breaks for respite for Carers will make use of the flexible beds and will be limited to use of one in the east and another in the west at any time. These can be any of the flexible beds in the home team areas and will be bookable through the Community Waiting Times Team. If these are not needed for respite for Carers at any time, they can be used flexibly for other purposes in line with the flexible model
- All current care homes are still in operation
- Discharge to assess and rapid response pathways are operating fully (includes CASS/ Reablement model)
- Intensive rehab in 4 cottage hospitals – Lochmaben CH, Annan CH, Castle Douglas CH, Dalrymple Ward
- Mountainhall Treatment Centre Ward 1 will be open for year 1 and potentially beyond.
- Existing Home Teams workforce can accommodate Year 1 proposals
- Out of Hours / unscheduled care plan is developed.
- Care at Home collaborative continues.

Home Team Area	Existing bed spaces	Intermediate beds required	Commissioning plans and potential ways forward for development with communities	Total Flexible Beds for Intermediate Care
The Rhins	114 26 Dalrymple 88 Care Homes + 123 Sheltered	Yr 1: 101 – 108 At peak: 144	<u>Commissioning Plan</u> Retain Galloway Community Hospital Dalrymple Ward (26 beds) Repurpose existing bookable short break for Carers respite bed within care home to <b>1 flexible bed</b>	3

			<b>2 flexible beds within care homes</b>	
The Machars	<b>84</b> Care Homes (22 NS hospital) +38 Sheltered	Yr 1: 95 – 104 At peak: 153	<u>Commissioning Plan</u> <b>6 flexible beds within care homes</b>  <u>For development with communities</u> Maximise opportunities within <b>Newton Stewart Hospital</b> to become a Community Health and Social Care Hub including: <ul style="list-style-type: none"> <li>• outpatient gym for rehabilitation</li> <li>• Outpatient Parenteral Antimicrobial Therapy (OPAT) – this allows patients requiring antibiotics through a drip to be treated outside of hospital</li> <li>• Continue current outpatients appointments</li> <li>• Vaccination centre</li> <li>• Home Team Base</li> <li>• Relocate some activities from GP practice to release capacity within GP Surgery</li> </ul>	6
Stewartry	<b>246</b> 19 CD Hospital 227 Care Homes (12 KK hospital) +120 Sheltered	Yr 1: 238 – 251 At peak: 319	<u>Commissioning Plan</u> <b>5x flexible beds within care homes</b>  <u>For development with communities</u> Retain beds in <b>Castle Douglas Hospital</b> and increase use of rehabilitation gym for inpatient and outpatient, also continue use as vaccination centre Maximise opportunities within <b>Kirkcudbright Hospital</b> to become a Community Health and Social Care Hub including: <ul style="list-style-type: none"> <li>• Renal treatments</li> <li>• Outpatient Parenteral Antimicrobial Therapy (OPAT) – this allows patients requiring antibiotics through a drip to be treated outside of hospital</li> <li>• Primary Care Team</li> <li>• Continue current outpatients appointments</li> </ul>	5

			<ul style="list-style-type: none"> <li>• Vaccination centre</li> <li>• Home Team Base</li> </ul>	
Mid & Upper Nithsdale	73 Care Homes +52 Sheltered	Yr 1: 56 – 59 At peak: 82	<u>Commissioning Plan</u> <b>5x flexible beds within care homes</b> <u>For development with communities</u> Maximise opportunities within <b>Thornhill Hospital</b> to become a Community Health and Social Care Hub including: <ul style="list-style-type: none"> <li>• outpatient gym for rehabilitation</li> <li>• Outpatient Parenteral Antimicrobial Therapy (OPAT) – this allows patients requiring antibiotics through a drip to be treated outside of hospital</li> <li>• Continue current outpatients appointments</li> <li>• Vaccination centre</li> <li>• Home Team Base</li> <li>• Relocate some activities from GP practice to release capacity within GP Surgery</li> </ul> <p>Interim placements are care home beds that are used when people are ready for discharge from hospital but their care home of choice do not have availability. There are currently 14 interim placement beds in this area. It is proposed that 2 of these be reallocated <b>for flexible intermediate bed based care</b></p>	7
Dumfries North & South (these two home team areas have been combined for planning)	<b>340</b> 18 MHTC Ward 1 322 Care Homes +186 Sheltered	Yr 1: 358 – 373 At peak: 490	<u>Commissioning Plan</u> <b>5x flexible beds within care homes</b> Maintain <b>1 flexible bed in Sheltered Housing Complex</b> (test of change)  <b>Maintain Mountainhall Ward 1</b> (12 beds) as cottage hospital beds due to the current system pressures and lack of care home beds in this home team area as a result of recent care home closures. Any additional beds within this facility will be available for use as surge beds in the event of significant	6

purposes)			<p>pressures in acute hospitals.</p> <p><u>For development with communities</u>  Maximise opportunities within <b>Mountainhall Treatment Centre</b> to become a Community Health and Social Care Hub including:</p> <ul style="list-style-type: none"> <li>• Outpatient gym for rehabilitation</li> <li>• Outpatient Parenteral Antimicrobial Therapy (OPAT) – this allows patients requiring antibiotics through a drip to be treated outside of hospital</li> <li>• Continue current outpatients appointments</li> <li>• Continue current day care</li> <li>• Home Team Base</li> <li>• In-house care an support team</li> </ul> <p>Note that Mountainhall Treatment Centre is also the location of several other clinical services, including ophthalmology and renal services.</p>	
Mid and Upper Annandale	<b>203</b> 14 Lochmaben CH 189 Care Homes (12 Moffat hospital) +33 Sheltered	Yr 1: 185 – 189 At peak: 241	<u>Commissioning Plan</u> Retain beds in <b>Lochmaben Hospital</b> <b>2 x flexible beds in care homes</b> <p><u>For development with communities</u>  Maximise opportunities within <b>Moffat Hospital</b> to become a Community Health and Social Care Hub including:</p> <ul style="list-style-type: none"> <li>• Relocate GP practice</li> <li>• Primary Care Services</li> <li>• Outpatient Parenteral Antimicrobial Therapy (OPAT) – this allows patients requiring antibiotics through a drip to be treated outside of hospital</li> <li>• Continue current outpatients services</li> <li>• Vaccination Centre</li> <li>• Outpatient rehabilitation gym</li> <li>• Home Team Base</li> </ul>	2

			Retain beds in <b>Lochmaben Hospital</b> <b>2 x flexible beds in care homes</b>	
Lower Annandale & Eskdale	<b>113</b> 12 TH Hospital 18 Annan Hospital 83 Care Homes +110 Sheltered	Yr 1: 99 – 100 At peak: 141	<u>Commissioning Plan</u> Retain beds in <b>Thomas Hope Hospital</b> Retain beds in <b>Annan Hospital</b> <b>2 flexible beds in care homes</b>	2
Totals	<b>1173</b>	Yr 1: 1132 - 1184		
		At peak: 1570		
<b>Total number of flexible beds for intermediate care</b>				<b>31</b>
<b>Total number of cottage hospitals (number of beds) (includes MHTC and GCH Dalrymple Ward)</b>				<b>6 (103)</b>
<b>Total number of potential community health and social care hubs (way forward to be developed with communities)</b>				<b>4</b>