Colin Stutt consulting

Dalriada Hospital:

Report to the Save the Dal Group and to Causeway Coast and Glens Borough Council

July 2015

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1. Introduction

In February 2015 the (then) Moyle District Council issued an Invitation to Tender for the Provision of Consultancy Services in relation to the future of Dalriada Hospital in Ballycastle, County Antrim.

The Invitation to Tender referred to the background to the commission and the fact that in October 2014 the Northern Health and Social Care Trust (NHSCT or The Trust) announced that Dalriada Hospital inpatient rehabilitation beds and MS respite beds would close temporarily to enable its nursing staff to be transferred to other duties in the Trust, enabling the Trust to make financial savings by dispensing with temporary or agency staff cover.

Moyle District Council and the local community did not accept the Trust's assurance that the proposed closure was temporary in nature and would be reversed and mounted a vigorous local and regional campaign to '*Save the Dal*' which showed a strong and united opposition to a temporary, or any, closure of Dalriada Hospital. In December 2014 a legal challenge by a service user over-turned the Trust's decision and the Hospital remained open. However, both Moyle District Council and the local community remained aware that the services currently provided in Dalriada Hospital remain vulnerable, particularly in the current hostile and uncertain financial climate.

Accordingly, the Council Invitation to Tender sought to commission professional expertise to support it and the community in arguing the case for a continued role for Dalriada Hospital. Following a tendering process Colin Stutt Consulting, assisted by Mr. Seamus Carey, was appointed by the Council to undertake the work.

This Report sets out the findings of the consultancy team and its recommendations to Causeway Coast and Glens Borough Council (the successor to Moyle District Council) and to the Save the Dal Group.

This Report is structured as follows,

- **Section 2** sets out the strategic context to health and social care provision in Northern Ireland and the background to the decisions about Dalriada Hospital which the Trust reached in October 2014
- **Section 3** considers the experience of other regions of the UK and Ireland in provision of relatively small hospitals and in making alternative provisions for health and social care in local communities across the UK
- **Section 4** sets out the key conclusions we have reached about the relevance of the experience elsewhere in the UK and Ireland to the situation of Dalriada Hospital and sets out our recommendations respectively to the Save the Dal Group and to Causeway Coast and Glens Borough Council.

2. The Strategic Context

Changes or proposed changes to the configuration of health services are always controversial and hotly debated. This is no less true in Northern Ireland than it is elsewhere in the UK and Ireland.

This Section considers first the regional strategic context of reform and development in the provision of health and social care in Northern Ireland and then strategic context specific to the future of the Dalriada Hospital.

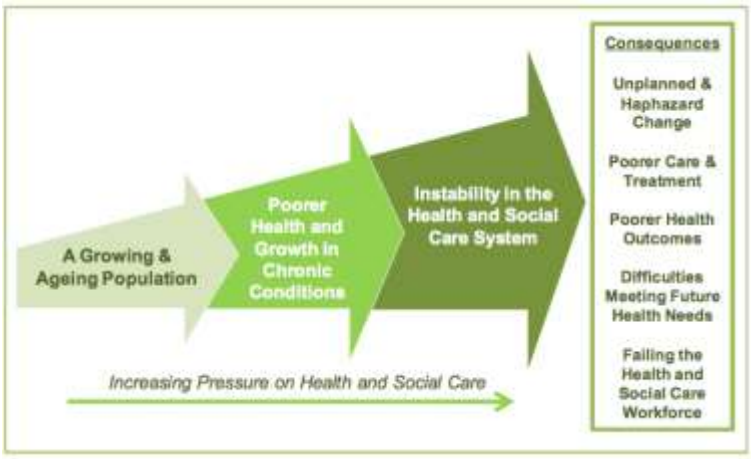
2.1 The Regional Strategic Context

The Report of the Acute Hospitals Review Group (the '*Hayes Review*') in 2001 noted that the public were suspicious of change

> '*because they do not know where it is all leading, or because proposals appear to have been forced piecemeal by events or as an ad hoc response to the crisis of the day'.*

The outcome of the Hayes Review was the 2003 Developing Better Services initiative in which the, then existing, 15 acute hospitals in Northern Ireland were to be reduced to 9. Following the Developing Better Services initiative change continued and under the Review of Public Administration there was substantial reform of health and social care provision in Northern Ireland in 2007, including the formation of 5 new integrated health and social care trusts.

Transforming Your Care, a major review of health and social care in Northern Ireland was published in December 2011. Transforming Your Care (TYC) concluded that there was '*an unassailable case for change*' in the delivery of health and social care. TYC used the following diagram to illustrate the consequences of not reforming the delivery of health and social care.



TYC offered the following model for integrated health and social care. According to TYC this model placed the individual and his or her decisions at the centre of the health and social care system, most services would be provided locally, local services would be joined up with specialist hospital services and services would regard the '*home as the hub'* of service provision. TYC proposed a '*shift left'* of resources from acute hospital provision to prevention and care in the community.

Under TYC the Northern Local Commissioning Group published its Locality Population Plan in 2012. The Plan noted that '*Key to the change will be the 'shift left' of activity and resources into primary and community care settings'.* In relation to Intermediate Care Services, of the sort currently provided by Dalriada Hospital, the Locality Population Plan stated,

- *There will be a focus on the utilisation of a smaller number of strategically placed intermediate care bed based facilities which will focus on rehabilitation and recovery moving from approximately 18 locations (the number of facilities in use at a given time may vary depending on demand) to 6 as a first phase. There will be a mix of independent sector and Trust facilities.*

- *The first phase in reform will see the number of beds going from 143 to approximately 111.*
- *With dedicated input from medical, nursing and other allied health professionals, and with a focus on enabling people who no longer require acute medical input, the intermediate care facilities will provide for a short period of accommodation-based Reablement, assisting the individual to regain confidence and mobility. This type of service will have a positive impact on patient outcomes as well as reducing the existing pressures on acute hospital beds, avoiding delaying the patient in an acute hospital when their need is for a short period of rehabilitation and recovery. Intermediate care beds will also be used for step-up to provide short term support to prevent an admission to an acute hospital*
- *Throughout the first phase of change, as we move towards a reduced number of beds and facilities, there will be a move away from using beds in statutory residential homes for intermediate care, as those facilities are not designed for this purpose but rather for long stay care*.

In December 2014 '*The Right Time, The Right Place'*, the Review of Health and Social Care Governance in Northern Ireland (the Donaldson Report) was published. The Report noted that the Northern Ireland health and social care system has been

> *'the subject of a series of high profile inquiries. All have highlighted numerous failings in the leadership and governance of care. Many have made extensive recommendations and the extent to which these have been implemented has itself been controversial'.*

Donaldson went on to comment

> *'There are longstanding, structural elements of the Northern Ireland care system that fundamentally damage its quality and safety. The present configuration of health facilities serving rural and semi-rural populations in Northern Ireland is not fit for purpose and those who resist change or campaign for the status quo are perpetuating an ossified model of care that acts against the interests of patients and denies many 21st Century standards of care. The design of a system to provide comprehensive, high quality, safe,*

care to a relatively small population like Northern Ireland's needs much more careful thought'.

2.2 The Specific Context of Dalriada Hospital

Dalriada Hospital currently provides

- 20 Intermediate Care Beds, which are nurse-led with medical inputs from General Practitioners from Ballycastle and Armoy and a Consultant Geriatrician from the Causeway Hospital
- Up to 12 Multiple Sclerosis Respite Beds for those MS sufferers who require a hospital context for their respite use. These patients are mostly wheelchair-bound and often require tube-feeding and exhibit multiple other conditions, and
- A range of clinics and outpatient services.

The Hospital serves mainly a very elderly population (other than the MS beds) who are stepping down or stepping up from or to acute services at the Causeway Hospital, Antrim Area Hospital or Altnagelvin Hospital. Dalriada also provides a small number of Palliative Care Beds.

In the same building as Dalriada Hospital, but under different management structures, are two GP Practices, a Mental Health Team, District Nurses, Social Workers, Occupational Therapists and Health Visitors.

While the role of Community Hospitals, such as Dalriada Hospital, and their engagement in a continuum of care from acute hospitals to care in the community and care in the home is acknowledged in TYC, the Trust's proposed temporary closure of Dalriada Hospital did not arise from such strategic considerations but from a need to make short-term, in-year financial savings. This need was recognised by the Trust in October 2014 when it became apparent that savings of £6.9 million were required by the end of the 2013/14 financial year. The Trust's Contingency Plan of October 2014 identified a range of in-year savings totalling £6.886 million of which

the temporary closure of Dalriada Hospital accounted for £555,000 or 8% of the total saving required.

The Minutes of an Extraordinary Meeting of the Trust Board held on 16 October 2014 record that the savings proposals had been drawn up with the following focus

- *'Acute hospital unscheduled care and emergency departments at Antrim and Causeway would be prioritised in terms of appropriate safe staffing levels.*
- *In order to do so, temporary service changes would be put in place in non acute hospital sites to allow acute hospital staff/skills to work at the acute sites'.*

Among the proposed service changes at the non-acute hospital sites was the temporary closure of the Intermediate Care Service and the Multiple Sclerosis Respite Centre at Dalriada Hospital. These proposals were the subject of a consultation document which the Trust published in December 2014. The Consultation Document set out the argument that one of the few areas in which the Trust could make short-term, in-year savings was by the reduced use of temporary, bank and agency staff. By closing Dalriada Hospital temporarily the Trust proposed to reallocate its permanent staff from Dalriada to acute hospitals enabling it to reduce the dependence of the acute hospitals on agency staff.

The Consultation Document argued that the demand for intermediate care beds was declining through reduced admissions and a declining length of stay and that intermediate care beds provided in the Causeway Locality (in Dalriada Hospital and Robinson Hospital Ballymoney) accounted for 45 out of 109 such beds across the Trust area despite the fact that the Causeway Locality has a lower population than 2 of the other Localities. In relation to intermediate care beds the consultation document stated

> *'The Trust determined the number of intermediate care beds in the Causeway locality could be reduced. Given the more central location of the Robinson*

Hospital within the locality and the requirement to ensure statutory residential homes remain open while a consultation process is underway (these Homes currently provide an element of intermediate care), the decision was made to temporarily close the intermediate care beds in Dalriada Hospital. There is alternate access to intermediate care beds in the Causeway locality at both Robinson Hospital and in Roddens Residential Home.[1]'

The Trust's rationale for the proposed closure was made despite the high level of demand for beds in Dalriada Hospital, which resulted in occupancy figures in excess of 90%, and improved performance in terms of reduced length of stay for patients.

In relation to the MS Respite Beds the Consultation Document again pointed to declining use of the facility and stated

'The Trust recognises that for those people who live with MS who have made use of the bed based respite service at Dalriada, it is a much valued service particularly given the opportunity it offers to meet with friends living with the same challenges and have access to staff who are mindful to their particular needs.

Northern Trust residents who have used respite beds at Dalriada within the past year have been individually engaged with . . . and sought views on potential options for respite to meet their needs which included the following:

- *Home based respite provision involving direct payments*
- *Bed based respite in their own locality*
- *Bed based respite with peer support*
- *Other suggestions.*

[1] The Health and Social Care Board is currently (July 2015) undertaking a consultation exercise about the proposed closure of a number of statutory residential homes, including the Roddens Residential Home.

The majority of users expressed a preference for bed based respite with peer support [as provided at Dalriada Hospital]. *For this reason the Trust determined that while it is not practical to continue to provide the bed based MS respite service at Dalriada Hospital, given the temporary closure of the intermediate care beds, it will re-provide the service using an independent sector provider who can meet the needs of the service users'.*

As noted in Section 1, following an active campaign by the Save the Dal Group and Moyle District Council and a legal challenge by a service user, the Trust's decision to close Dalriada Hospital on temporary basis was over-turned and the temporary closure plan was reversed.

2.3 Our Assessment of the Context

Despite this short term success in having reversed the Trust's decision to close bed based services at Dalriada Hospital temporarily, Moyle District Council and its successor body, together with the Save the Dal Group and the wider community in Ballycastle and its hinterland, are aware that Dalriada Hospital remains vulnerable to any pressure on the Trust to make savings, whether short-term or longer-term.

In the course of the debate about the future of Dalriada Hospital there have been many accusations and counter-accusations.

- The local community has alleged that the proposed temporary closure of Dalriada Hospital was a prelude to its permanent closure[2] and that demand for MS Respite beds at Dalriada Hospital has been managed down by the Trust.
- The Trust, for its part, states that it has an over-provision of intermediate care beds compared to other Trusts elsewhere in Northern Ireland and in the

[2] The community points to the fact that the proposed temporary closure of GP Inpatient Beds in Bangor Community Hospital, which was ruled unlawful by a judicial review, was subsequently confirmed by the South Eastern Health and Social Care Trust as a permanent closure.

UK[3] and that a disproportionately high share of those intermediate care beds are in the Causeway Locality. Within the Causeway Locality the Trust believes that the Robinson Hospital in Ballymoney is better located than the Dalriada Hospital for the majority of users, has better road and public transport links and has capacity adequate to meet the needs of the population. The Trust also argues that by maintaining a higher than needed number of intermediate care beds, its budgets are pre-empted and this prevents the Trust offering more appropriate treatment to many more patients, who can be cared for in their home or in lower-cost independent (private or voluntary or community sector) homes.

It is not the role of this report to referee or rule on this debate. There are strongly held opinions on both sides. However, it is important that we set down clearly what we have found. Our findings include

- Although the Dalriada Hospital building will soon be 50 years old, it is a bright building with wide corridors, an open aspect, small side wards and a good provision of individual rooms. Overall the building is a valuable asset, even though some areas need maintenance and updating. It provides a tranquil setting for recovery or respite, far removed from the often hectic atmosphere of an acute hospital
- More importantly, the staff of the Dalriada Hospital are committed, expert and highly trained in the work they do. This is reflected in a reported high degree of patient satisfaction
- The Hospital offers those patients stepping down from an acute hospital an active process of assessment and rehabilitation, not a location for a passive

[3] However, it should be noted that the largest share of these Intermediate Care Beds are in the Trust's Statutory Residential Homes (42 of 109 Intermediate Care Beds). In 2013 the Local Commissioning Group Locality Population Plan prioritised the reduction of Intermediate Care Beds in Statutory Residential Homes '*as those facilities are not designed for this purpose but rather for long stay care*'. This planned reduction (which is dependent on the current consultation on the future of statutory residential homes) has not happened and, arguably, it should be the Trust's priority to reduce those inappropriate Intermediate Care Beds.

process of recovery. The various therapists and allied health professionals can provide their services to the patients efficiently at the Hospital

- The efficiency and effectiveness of the services provided at Dalriada Hospital are reflected in a high level of bed occupancy (consistently in excess of 90%) and a reducing average length of stay (down from 28 to 25 days over the last 3 years)
- The MS Respite Service offered is unique in Northern Ireland. It is suited only for those MS patients who are most dependent and require a hospital for respite. They are wheelchair bound and often require tube feeding and display multiple other health problems. The MS Society believes that Dalriada Hospital provides a uniquely sympathetic and integrated approach to these particular MS patients and that the Dalriada services have a valuable role to play as part of a wider menu of MS Respite options across Northern Ireland. The MS Services can, of course, only be maintained if the Intermediate Care Beds and their experienced nurses are maintained. However, if that is the case there is an opportunity to make use of the expertise of the nurses and the facilities of the Hospital to provide respite services to a wider range of patients suffering from neurological conditions and in need of respite, such as those suffering from spinal cord injuries[4]
- The Dalriada staff provided evidence of good local knowledge and good integration of local services. However, this was limited to some degree by the fact that many services are provided on an '*in-reach'* basis from other locations and by the pressures on those services. Local integration is also limited by the fragmentation of management of the Trust resources in the Dalriada Building. Nurses in Dalriada Hospital seeking to contact the District Nurses who work in the same building are required to contact the District Nurses by phoning Antrim Area Hospital. The pressures on services are

[4] It should be noted that in the course of its work the Save the Dal Campaign Group met Dr. Gavin McDonnell the leading consultant neurologist specialising in MS. The Group and Dr McDonnell are keen to work in partnership to secure improved provision of respite services for patients suffering from MS and other neurological conditions.

illustrated by the fact that District Nurses no longer attend Patient Discharge Meetings in the Hospital, which can sometimes lead to inappropriate discharges.

From these findings it is clear that Dalriada Hospital plays a distinctive role in the health and social care system in the Causeway Locality. Its main function is to allow patients to step down from acute care, which is most commonly provided at the Causeway Hospital, Antrim Area Hospital and Altnagelvin. In a smaller number of cases the Hospital provides for step-up services where a GP can admit a patient for hospital care short of the acute care provided in acute hospitals. However, the scope for this is limited by the limited range of services available on site. Dalriada Hospital also provides MS Respite services and palliative care services.

The step down services provided by Dalriada and other community hospitals are important in both a functional and a financial sense. In a functional sense they free up capacity in acute hospitals for those who have recovered medically but require rehabilitation before they can go to their home or to a residential home. In a financial sense they save the Trust a considerable amount because they are a more cost effective use of the Trust's resources. In the absence of community hospital beds, some additional patients would have to be held in a bed in an acute hospital for their period of rehabilitation.

The Donaldson Report (Section 4.2.2) referred to the pressure for early discharges from acute hospitals in the following terms

> *'The pressures on hospitals have consequences for primary and community services. There is a constant need for hospitals to discharge patients as soon as they possibly can to free-up beds for new admissions. Generally, this happens when an older person is judged medically fit for discharge. However, this does not necessarily mean that their physical and social functioning has reached a level where they can cope with a return to the community.*

In an answer to an Assembly Question the Minister of Health, Social Services and Public Safety provided the following average costs per patient day in 2012/13

- **Acute Hospital** **£647**
- **Dalriada Hospital** **£322**.

As a result the Trust saves £325/day for every patient who can be transferred to Dalriada Hospital from an acute hospital. With the average length of stay at Dalriada now at 25 days, any patient transferred to Dalriada Hospital from an acute hospital offers an average saving to the Trust of £8,125.[5] In the absence of Dalriada Hospital it is very likely that from time to time some patients would have to be held for a longer period in an acute hospital and this would increase the total costs borne by the Trust. The value of the financial saving which Dalriada and other community hospitals offer is probably less important than their effect on freeing up capacity in acute hospitals, but taken together the two effects show that community hospital beds have an important and valuable role in the wider hospital and health-care system.

The patients served by Dalriada Hospital are mainly very elderly and frail[6]. They may have recovered medically from an acute incident but need rehabilitation and further support before they can return home with an appropriate support package or move on to a statutory residential or independent sector home. Some of the patients might be adequately served by statutory or independent sector homes, with Trust staff calling in on a peripatetic basis, but for most it appears that the services provided by Dalriada present a much more active rehabilitation approach than that

[5] The maximum annual saving of this type is £2.135 million. This is calculated at £325/day for 20 beds with 90% occupancy over 365 days/annum. However, greater savings are available if patients are capable of being transferred directly from an acute hospital to a Statutory Residential Home or an Independent Sector Residential Home. The average cost per day in a Statutory Residential Home is £200 and in an Independent Sector Home is £77. The average cost per day figures were provided by the Minister in response to Assembly Question AQW 38627/11-15.

[6] The British Geriatric Society defines a frail person as '*vulnerable to dramatic sudden changes in health triggered by apparently small changes or events . . . which can result in acute illness and admission to hospital*'.

offered by the independent sector. For many of these patients the '*step down'* to a Community Hospital bed is much more achievable than the larger step down to their home or a residential home – which for some would not be achievable as a single step. The active rehabilitation approach of Dalriada Hospital and other Community Hospitals will also increase the probability of a successful transfer to the patient's home or to a residential home and, thereby, reduce the risk of early re-admission to acute care.

Dalriada Hospital and other Community Hospitals play an important and distinctive role in the continuum of personal care which may commence with an incident leading to an acute admissions and which would end with a successful transfer to the patient's home or a residential home.

3. Experience Elsewhere in the UK and Ireland

Section 2 noted that the debate about the future of Dalriada Hospital has been marked by accusations and counter-accusations. In this situation it seems unlikely that there will be a 'technical' resolution of the issues between the Trust and the local community in Ballycastle and its hinterland. Instead we have sought to examine the approaches to dealing with these issues elsewhere in the UK and Ireland, seeking both to identify policies and approaches which have worked and those which have not.

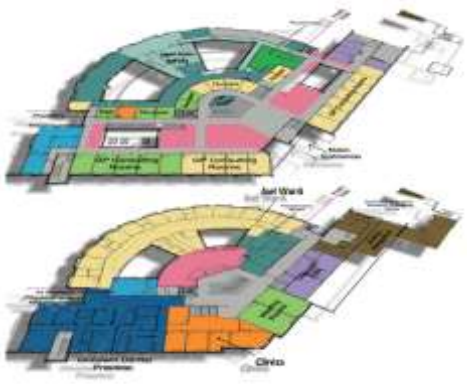
We initially drew our net widely following suggested examples of case studies in the Lake District of England and the approach to grouping hospitals taken by the Department of Health in The Republic of Ireland. However, our main focus has been on the policies of the Scottish Government strategy of '*Delivering for Remote and Rural Healthcare'* and on a cluster of related an evolving initiatives commencing in Cornwall but now being piloted across England under the title '*Living Well'.*

3.1 Cockermouth Hospital

Cockermouth is a community of about 8,000 people with a substantial rural hinterland. It lies between the Lake District and the Cumbrian Coast in the North West of England. Cockermouth was badly damaged by major floods in 2009 which, among other damage, swept away the town's GP and Dental Practices. Cockermouth had a small traditional '*cottage'* hospital which was replaced in January 2014 by an £11 million community hospital incorporating 11 GP-led Inpatient Beds, GP and Dental Practices, a Physiotherapy Department and a Pharmacy. Opening of the new hospital was delayed by a judicial review related to the procurement of pharmacy services but that was eventually overcome. An image of the new hospital and a plan of its layout is shown in the exhibit below.

Exhibit 1: Cockermouth Hospital

Cockermouth Hospital



The Cockermouth Hospital case study is of interest because it shows Health Trust investment in a new community hospital with integrated services in a relatively small town.

3.2 Policies in the Republic of Ireland

In the Republic of Ireland health policies are undergoing a structural reform process. As part of a wider reform including the introduction of Universal Health Insurance, the governance of hospitals is being reformed. The longer term intention is to legislate to form statutory Hospital Trusts but pending such legislation non-statutory groupings of hospitals are being put in place. The Department of Health statement explains the thinking behind grouping hospitals;

> *'The establishment of acute hospitals into a small number of groups, each with its own governance and management, will provide an optimum configuration for hospital services to deliver high quality, safe patient care in*

a cost effective manner. It will allow integration and improve patient flow across the continuum of care. Each grouping includes a primary academic partner which will stimulate a culture of learning and openness to change within the hospital group. Smaller hospitals will be supported within the hospital group in terms of education and training, continuous professional development, the sustainable recruitment of high quality clinical staff and the safe management of deteriorating and complex patients'.

The creation of hospital groups in the Republic is intended in part to ensure the survival and the safe operation of smaller hospitals. The approach shares some of the characteristics of managed clinical networks which were part of the 2003 Developing Better Services approach in Northern Ireland. The aim is to progress to statutory hospital trusts which will approximate to the existing system in Northern Ireland. While interesting in terms of hospital governance there are no clear lessons for situation of the Dalriada Hospital in the approach being taken by the Irish Government.

3.3 'Delivering For Remote and Rural Healthcare' in Scotland

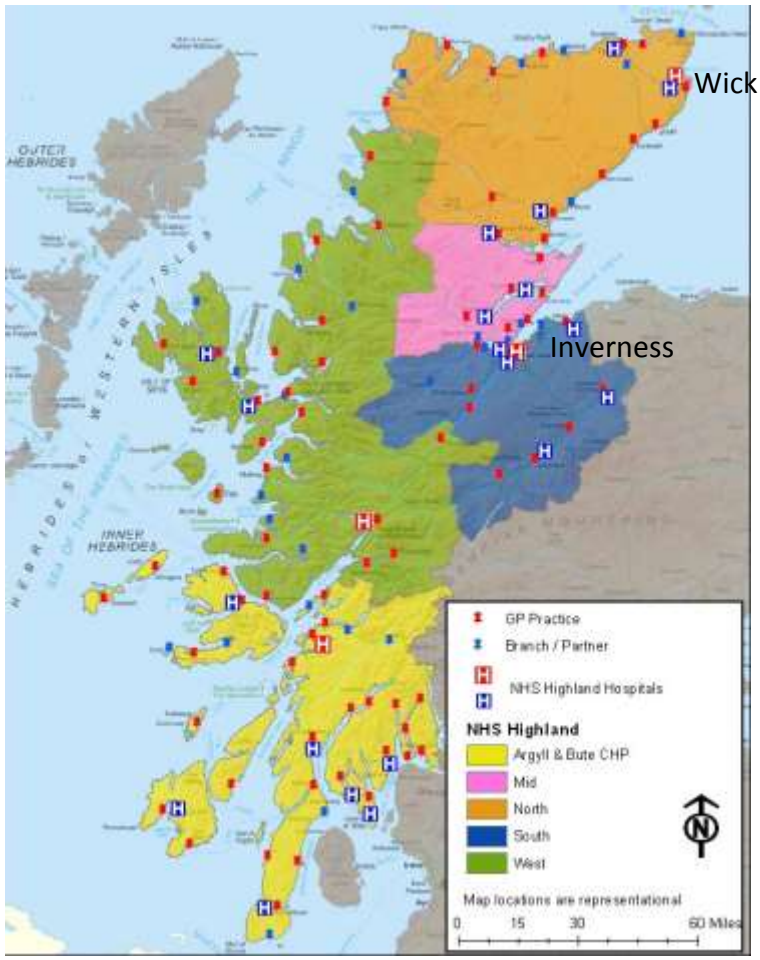
NHS Scotland has delivered a range of policies and practices to deliver healthcare to remote and rural areas. Scotland is distinct in having explicit policies for remote and rural areas and a small number of funded initiatives to promote and protect healthcare in rural and remote communities.

Scotland designates some of its hospitals as '*Rural General Hospitals'.* These are hospitals which are maintained to serve rural areas and –

implicitly – would not be maintained if they were nearer to urban areas and other hospital services. An example of a Rural General Hospital is the Belford Hospital in Fort William, which has 34 acute beds. Fort William has a population of 20,000 but this rises to 60,000 in the summer with visitors, particularly mountain climbers, hill walkers and mountain bikers. As a result, the Hospital's Emergency Department is maintained despite seeing only 11,000 patients each year but many of these have experienced major trauma in the mountains. The Hospital has particular expertise in major trauma cases which are stabilised at the Belford Hospital and then transferred by ambulance to hospitals in Glasgow or Edinburgh – which can be a 2 or 3 transfer. Reflecting its small scale, Belford Hospital puts a particular emphasis on flexibility of staffing and its seeks to recruit multi-skill medical staff able to cover a wider range of medicine and surgery than would be experienced in a typical acute hospital. However, the Hospital struggles to recruit such staff.

As an important part of its policies for Remote and Rural Healthcare NHS Highland has been funded to carry out campaigns to recruit and retain healthcare staff in the more remote communities. The '*Being Here'* campaign was funded to the extent of £1.5 million over three years. The remit of the campaign was to try innovative approaches to recruit and retain staff and with this remit the campaign has, for example, advertised job opportunities on buses passing the medical school in Leeds and paid for newly qualified doctors and nurses to have work experience in remote, rural GP practices. The campaign claims that as a result of its work there are 8 additional GPs working in rural communities. However, the limitations of this approach are shown by the case of Caithness General Hospital in Wick.

Wick is a town with a population of just over 7,000 situated in the far North East of Scotland. It is served by Caithness General Hospital which offers an Emergency Department, General Medicine and General Surgery, MacMillan Nursing and Palliative Care, Obstetrics, a Renal Unit and a range of clinics. NHS Highland reviewed the services and found them to be unsafe and unsustainable in their current configurations. It sought to reconfigure the services with support from Raigmore Hospital, an acute district hospital in Inverness, which is over 100 miles and over 2 hours journey time to the South of Wick. Unfortunately loss of medical and laboratory staff overtook the proposed changes and the Trust has not been able to recruit the staff required to maintain a safe service. This has led to a loss of public confidence in the Trust which has had to circulate an open letter to all households in the area to seek to reassure the public about its intentions.



Caithness General Hospital YOUR QUESTIONS ANSWERED

NHS Highland

The debate about the future shape of services provided at Caithness General Hospital has been healthy but it has occasionally produced more heat than light.

Here, NHS Highland's clinical lead for the area, Dr John MacLeod; clinical director for north and west Dr Paul Davidson; and Dr Ron Coggins, general surgeon and clinical director for surgical services in Raigmore Hospital, answer some of the questions most frequently put to us in recent weeks and months.

Dr Davidson said: "We have tried to be as open as possible in explaining the challenges we have faced at Caithness General and the measures we are putting in place to address them.

"However, it's become apparent to us that there are still some misunderstandings in the Caithness community about what we are doing and why we are doing it. Hopefully, this will make matters clearer – and offer some reassurance about our plans for what s and will remain a vital asset both in Caithness and to the wider Highland community."

As the open letter states the debate has at times produced more heat than light.

3.4 Need for An Alternative Approach

From our point of view, the case of Caithness General Hospital shows that even where there are explicit and funded policies and programmes to retain hospital services in rural communities it can be difficult to do so. Although the Caithness General Hospital is a small acute hospital, many of the same considerations and constraints apply to community hospital services such as those provided at Dalriada Hospital.

The issues which are faced in Scotland are not different from those in Northern Ireland, although in Scotland the distances are greater. There are a range of common problems affecting acute hospital services in particular. These include

- Increasing specialisation and sub-specialisation of staff who require a substantial patient throughput to maintain specialised skills
- An ageing population driving increasing demand for services and often presenting complex and multiple conditions
- A tendency to refer patients to others for solutions rather than to resolve the patient's situation
- Increasing litigation about health outcomes and fear of litigation
- Fragmentation of service provision along specialist lines with limited opportunity to take an overview of the patients real needs in their own social and community context – instead offering an increasingly technological view of medicine.

This situation requires the development of an alternative approach. Such an approach would

- Improve the health of the general population
- Emphasise the promotion of well-being and the prevention of ill health, rather than its treatment when it occurs
- Treat people in their social and community context

- Involve the community in achieving and maintaining its own well-being
- Be sustainable financially and socially, and
- Offer the NHSCT the financial savings which it is required to achieve.

It is important that the final criterion is fulfilled. It would be possible to fulfil the other criteria with increased expenditure of public funds. However, in the real world public budgets are under increasing pressure so, as well as improving community health and well-being and improving the experience of care and support, it is essential that any proposed approach will reduce the cost of that care and support, over time.

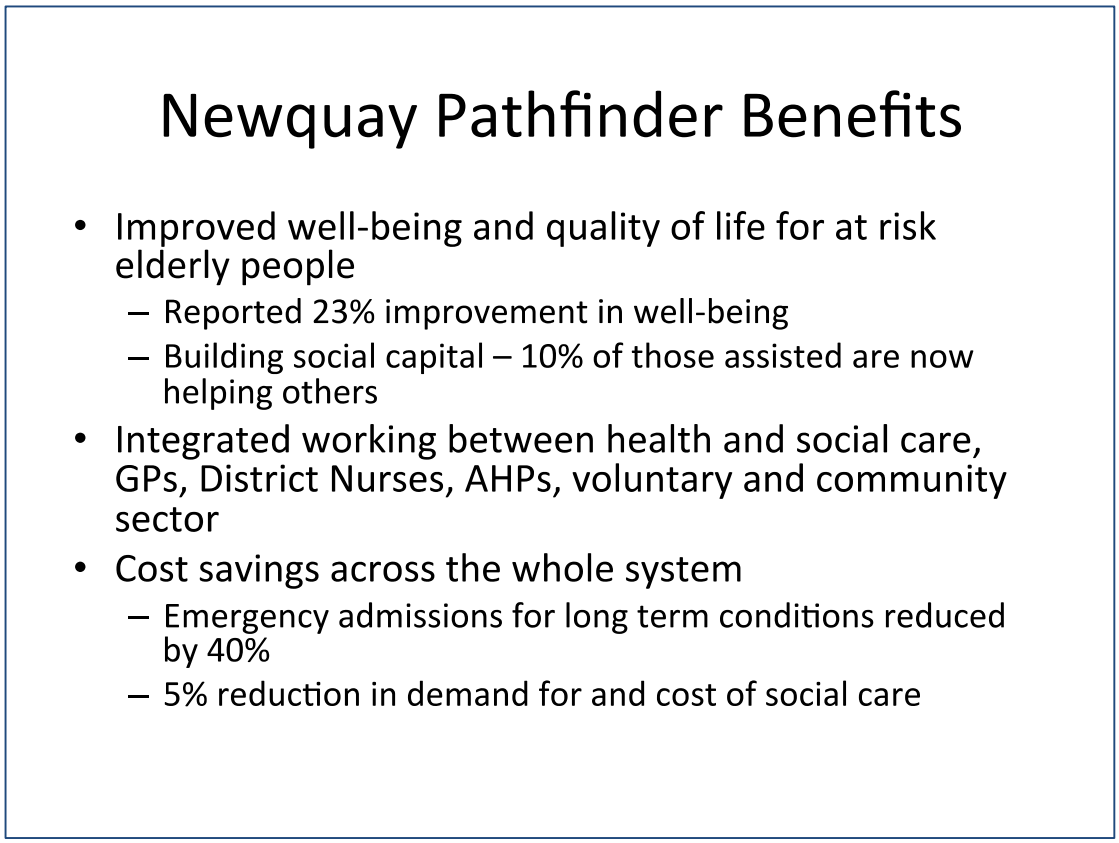
3.5 Living Well Approaches

The Living Well approaches are being trialled in Cornwall by NHS Kernow[7], the Kernow Clinical Commissioning Group for Cornwall and the Isles of Scilly. The approach was initially developed in Newquay in Cornwall arising from discussion between a GP Practice and Age UK Cornwall about how best to meet the needs of frail patients with multiple medical conditions. The GP Practice identified 100 patients and Age UK gave training and support to two full time workers whose role was to meet the identified patients and hold guided '*conversations*' with them to identify their goals and aspirations. A management plan was developed for each patient to meet the needs of their long term conditions and to provide clinical escalation protocols. The management plan was delivered to each patient by an integrated team involving GP, NHS and Council Social Services staff and by volunteers.

In this phase the initiative was known as the Newquay Pathfinder. Exhibit 2 (overleaf) summarises some of the benefits of the Newquay Pathfinder.

[7] Kernow is the name of the County in the Cornish Language.

Exhibit 2: Evaluated Results of Newquay Pathfinder



The Newquay Pathfinder results achieved the aims of

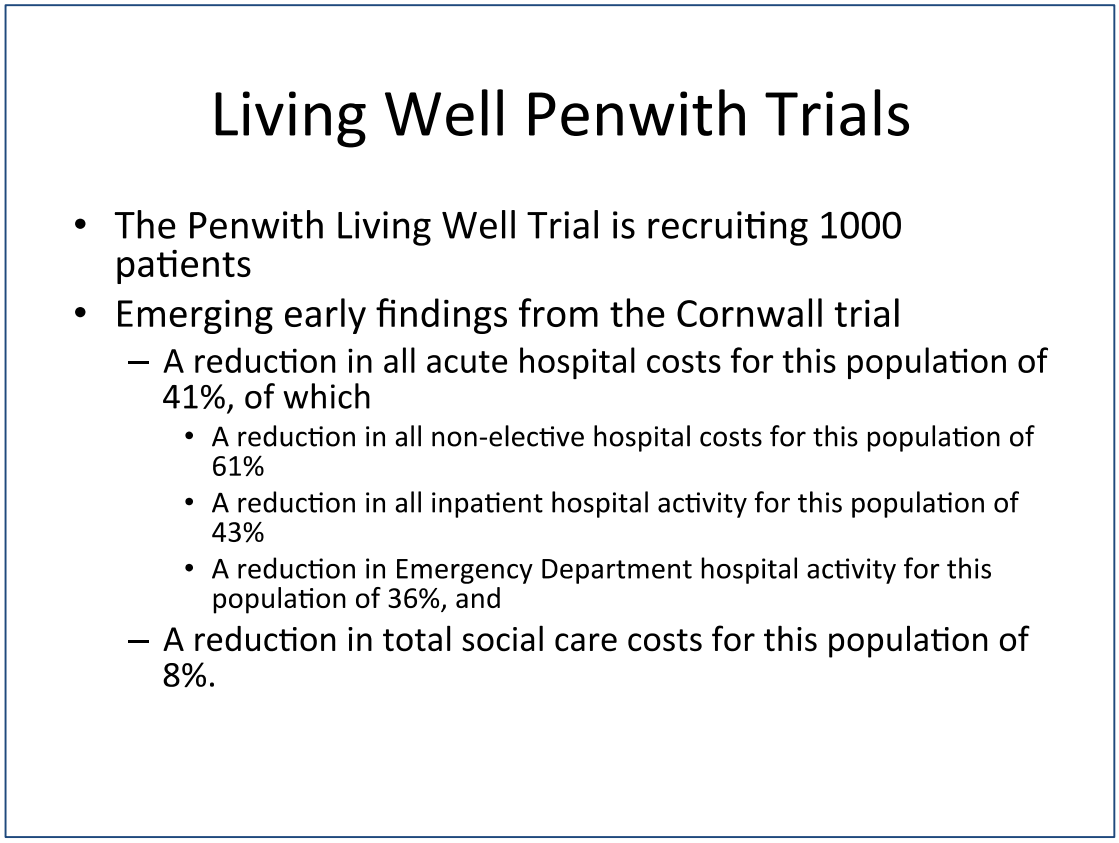
- Improving community health and wellbeing
- Developing the capacity of those assisted to help themselves and others, and
- Reducing the cost of care and support.

This approach rapidly gained attention nationally and NHS Kernow applied to the Department of Health Innovation Fund to be the Pioneer of these approaches for Cornwall and the Isles of Scilly. NHS Kernow retitled the approach '*Living Well*'. The

initiative is being carried forward by NHS Kernow, Age UK and Volunteer Cornwall as the core partners, with a wide array of other partnerships.

Initially the approach is being rolled out in Penwith District of Cornwall. Penwith has a population of 65,000 and the target is to recruit 1000 patients with either at least 2 long term conditions or a with social care package in place and having required either 3 or more Early Interventions or Emergency Responses from social services in the last year. This whole system approach is producing initial results which exceed those achieved in the Newquay pilot. Those results are summarised in Exhibit 3.

Exhibit 3: Initial Evaluated Results of Penwith Trial



NHS Kernow states that it is achieving 3:1 financial return on investment. However, that is a narrow way of looking at the issue because there is also a 20% reported improvement in the wellbeing of the patients and 20% of those recruited on to the Trial go on to be volunteers themselves, helping others to achieve and maintain a healthier and more socially integrated life style.

The Living Well approach has now been researched in detail and has made links to similar approaches in the USA (Alaska and San Diego) and Europe (Sweden and Denmark) which have been running for a longer time and can demonstrate health improvements, improved experience of care and reduced healthcare costs over a number of years. The approach has a number of academic and peer reviewer as a requirement of the DoH Innovation Fund support is early dissemination of results. Details of the initiative are provided at https://www.kernowccg.nhs.uk/about-us/pioneer/ , which also provides links to a number of key documents and other resources.

Of course, these approaches are not unique. The King's Fund has extensively researched integrated care approaches and its research report is available at http://www.kingsfund.org.uk/publications/clinical-and-service-integration . The approach also bears comparison with Virtual or Community Ward approaches which either provide intermediate or acute care in the home, on a planned basis and which have also demonstrated very significant improvements in patient health and patient care together with significant financial savings arising from the avoidance of admissions to acute hospitals.

However, the key conclusion is that new approaches to integrating health and social care around the expressed needs of frail and vulnerable patients can meet the criteria set out earlier of

- Improving the health of the general population
- Emphasising the promotion of well-being and the prevention of ill health, rather than its treatment when it occurs
- Treating people in their social and community context
- Involving the community in achieving and maintaining its own well-being
- Being sustainable financially and socially, and
- Offering the NHSCT the financial savings which it is required to achieve.

Section 4 sets out the conclusions which we draw from this analysis and our recommendations to the Save the Dal Group and to the Causeway Coast and Glens Borough Council.

4. Conclusions and Recommendations

This Section summarises our main conclusions and sets out our recommendations to the Save the Dal Group and to Causeway Coast and Glens Borough Council.

4.1 Conclusions

The debate about the future of Dalriada Hospital has, to date, been marked by accusations and counter-accusations. As was the case in relation to Caithness General Hospital, it has generated more heat than light and has not been productive either to the Trust or to the local community.

The Scottish case studies demonstrate that the future of hospital and other healthcare services is likely to prove controversial even where there is an explicit and funded commitment to maintaining healthcare in remote and rural areas.

Instead an alternative approach is required which can

- Improve the health of the general population
- Emphasise the promotion of well-being and the prevention of ill health, rather than its treatment when it occurs
- Treat people in their social and community context
- Involve the community in achieving and maintaining its own well-being
- Be sustainable financially and socially, and
- Offer the NHSCT the financial savings which it is required to achieve.

The analysis in Section 3 suggests to us that there is an alternative approach to health and social care provision in Ballycastle and its hinterland which can improve community health and wellbeing, improve the experience of health and social care for patients and offer significant financial savings to the Trust.

Realising those potential benefits will require strong partnership working of the type seen in Cornwall. The key partners will be the Trust, the Council, the Integrated Care Partnership, the local community and the voluntary and community sectors. A sense of common purpose is essential for the successful delivery of such partnership working.

Important assets in working to achieve those benefits will be the skilled and committed staff of the Dalriada Hospital and the Hospital building itself. However, the model of provision for services to the frail, the elderly and the vulnerable in the area will need to be reconfigured on a whole system approach, learning from the approaches developed in Cornwall.

The focus of this approach will be on the patient and on the integrated and seamless delivery of services to the patient using HSC staff as well as community and voluntary sector staff and volunteers. The approach could also build on existing innovations introduced by the Trust, such as its Rapid Response scheme and its Community Navigator Initiative and strengthen links with the community and voluntary sector in the area. There is, for example, the opportunity to develop a 'Friends of the Dalriada Hospital Group' to improve services and facilities at the Hospital and to develop stronger links with the wider voluntary and community sector in Ballycastle and its hinterlands. However, the essence of the Living Well approach is that it is a '*whole system*' reform for services for the targeted groups and it is in the context of the whole system approach that individual innovations such as the Rapid Response scheme, the Community Navigator and groups such as a Friends of the Dalriada Hospital will have their greatest impacts.

This approach requires a complete system re-design, which will take time. A joint Task Force from the Trust, the Council, the local community, the Integrated Care Partnership and the voluntary and community sector (including Age NI, the counterpart to Age UK) and the MS Society) will be required. A starting point would be a visit to NHS Kernow but a great deal of further work will be needed over a

period of time (at least 1 year) to work through the implications of a new whole system approach in a particular locality and to establish appropriate planning, delivery and evaluation arrangements.

Ballycastle and its hinterland has a population of over 17,000 and has a higher than average representation of older people with 25% of its population over 60 and 13% over 70 (compared to Northern Ireland averages of 21% and 11% respectively). It is well placed to pilot a Living Well approach (possibly also including elements of the Virtual or Community Ward approaches) in the Northern Ireland context.

The population which Dalriada Hospital currently serves is essentially the frail, elderly and vulnerable population targeted by Living Well approaches. Dalriada Hospital building already contains many of the professionals whose services would be required to deliver a Living Well approach. However, at present the management of those professionals and the delivery of their services is fragmented in the ways illustrated in Section 2.3. Indeed, we found some evidence of an informal '*Anticipatory Medicine'* approach being taken already in Dalriada Hospital based on local knowledge of patients' needs but this was frustrated by the current fragmentation of services under different management structures.

Regrouping and retraining existing staff should provide the human resources required for a Living Well pilot in Ballycastle and its hinterland. However, there will be a need for a central resource to drive the initiative forward and to put in place appropriate governance and other protocols. Ideally, this might be provided by the Trust and the Council working together supported by an organisation such as Age NI[8].

[8] In response to an earlier draft of this Report Age NI commented as follows
'There is a strong fit with the outcomes we want to achieve over the coming 5 years in terms of maximising independence of older people, ensuring that older people can access the best quality care in later life and also in terms of increasing the choice and control that older people can exercise over their lives. Age NI would be more than willing to be involved in early discussions about what this support might look like, and how we can indeed bring our expertise and energy to improving the

In the course of the planning work two key issues which would have to be addressed and resolved are the number and nature of the beds which would remain in Dalriada Hospital and whether and how an MS and wider neurological respite service could be accommodated in the new arrangements.

Piloting the Living Well approach in the Ballycastle area could

- Turn the existing Dalriada Hospital into a hub for outreach, support and care for the frail, the elderly and the vulnerable in Ballycastle and its hinterland
- Facilitate joint working between the Trust's various services and between the Trust and the Council and with the voluntary and community sector.
- Provide new opportunities for volunteering and for voluntary and community sector inputs to build social capital in the area and to develop the capacity of the local community to maintain its own good health
- Offer substantial and relatively quick financial savings to the Trust, and
- Provide a basis of evidence to enable a wider roll out of the approach across the Council area or across the Trust area to be considered.

4.2 Recommendations

Our recommendations to the Save the Dal Group and to the Causeway Coast and Glens Borough Council are that they should call upon the Trust to work in partnership with the Council, the local community, the voluntary and community sector, the Causeway ICP etc. to explore how such approaches could be tailored and deployed in the Northern Ireland context in a pilot project centred on Ballycastle and its hinterland.

In the case of the Council, we make two further recommendations, that it should

quality of life of older people in the Causeway Coast and Glens Borough Council, and potentially wider across the Trust area.'

- Once proven, press for the early extension of the pilot to the rest of the Council area, and
- Reflect this approach in the Community Plan for the wellbeing of its population, which it will be developing in association with the Trust.

These recommendations were made to Causeway Coast and Glens Borough Council at its meeting on 30 June 2015 at which the Council unanimously agreed to the recommendations and to issue the following statement.

4.3 Statement by Causeway Coast and Glens Borough Council in Relation to the Future of Dalriada Hospital, Ballycastle

'*The Causeway Coast and Glens Council appreciates that the Northern Health and Social Care Trust (the Trust) operates under a tight financial management regime and has to achieve the economies and reductions in expenditure required by the Department of Health, Social Services and Public Safety from time to time.*

In October 2014 the need for such reductions in expenditure led the Trust to propose the temporary closure of Dalriada Hospital in Ballycastle. While the proposed temporary closure was reversed following a legal challenge and a vigorous local and regional campaign, Moyle District Council was concerned about the longer term future of the hospital and it engaged experienced professional expertise to assist it and the local community to consider options for the future of the services provided at Dalriada Hospital.

Causeway Coast and Glens Council, as the successor to Moyle District Council, has carefully considered the findings emerging from the work of the expert team and has concluded that the temporary or permanent closure of Dalriada Hospital would not be the most effective means of achieving economies as the expenditure reduction would be achieved only at the expense of the health of a largely elderly, remote and rural population.

The Council understands that there is emerging evidence of new approaches to addressing the needs of elderly populations which both improve health outcomes and offer substantial savings through reduced acute admissions and reduced social care costs arising from the improved health of this vulnerable section of the population. These approaches were originally piloted on a small scale in Newquay in Cornwall and are now being rolled out under the title 'Living Well' across Cornwall and the Isles of Scilly and in 5 other locations in England, in each case with up to 1,000 patients in the local demonstration projects.

The early results from the wider Cornwall and Isles of Scilly project suggest that there are significant improvements in wellbeing among the target population and that very substantial savings are being achieved by a reduction of hospital admissions among the targeted population. Some of the early figures include

- *A reduction in all acute hospital costs for this population of 41%*
- *A reduction in all non-elective hospital costs for this population of 61%*
- *A reduction in all inpatient hospital activity for this population of 43%*
- *A reduction in Emergency Department hospital activity for this population of 36%, and*
- *A reduction in total social care costs for this population of 8%.*

These cost reductions are not only accompanied by an improvement in the health of the targeted population but also by an increase in social capital in the areas targeted through increased use of volunteer and voluntary and community sector resources.

The Council believes that the population currently served by the Dalriada Hospital is suitable for a pilot of this new approach in the Northern Ireland context and it calls upon the Trust to work in partnership with the Council, the local community, the voluntary and community sector, the Causeway ICP and other relevant structures to explore how such approaches could be tailored and deployed in the Northern Ireland context in a pilot project.

Using this approach the current Dalriada Hospital could be turned into a hub for outreach, support and care services for the frail, the elderly and the vulnerable in Ballycastle and its hinterland as a pilot for the wider role out of this type of approach across the Council area or, indeed, across the Trust's population.

The Council is aware that it will soon be entering into initial discussions with the Trust about the new Community Planning processes which are an important part of the wider Local Government Reform process. The Council would wish to see this type of approach strongly reflected in the Community Plan for the wellbeing of its population, initially in Ballycastle and its hinterland and then more widely throughout the Council area.

Causeway Coast and Glens Borough Council
June 2015'