

1. Introduction

The third session of the re-commenced North Skye & Raasay Option Appraisal process was held as a video-conference using the Zoom VC platform on Wednesday 20th January 2021 between 12.00 Noon and 3.00 pm. The workshop included around 40 participants, once again from a wide range of services, agencies and communities that was the same as for Sessions 1 & 2. In addition, the meeting was attended by David Mason from Core Associates, an architectural firm engaged to provide independent support to the generation and assessment of building and site related options.

It is important to note that the nature of the virtual platform makes it impossible to be confident in accurate numbers of people who participated in all parts of the meeting.

As with previous sessions, all participants had received information in advance of the meeting to ensure they came prepared for the discussion. This included a summary of session 2, a copy of the slides to be used as an aid to discussion and guidance on using Zoom.

The event was again facilitated by Norman Sutherland from Higher Ground Health & Care Planning (HGHCP) with workshop support provided by HGHCP and NHS Highland facilitators.

As previously, this brief summary report – which has been compiled by HGHCP - is not intended to present a definitive and detailed account of the meeting, only the main issues discussed/agreed in order to support wider community engagement and feedback in preparation for Workshop 4. This will be held on 10th February 2021 between 12.00 and 3.00pm.

2. Objectives

The objectives of Session 3 were:

- To provide a very brief summary of Sessions 1 & 2.
- To reflect on wider community feedback after Session 2.
- To discuss and agree main elements of the “service model” we are proposing.
- To agree how our developing service model defines the “long-list” of facility options available to us.
- To refine these potential options into an agreed “short-list” of options for detailed evaluation and assessment.
- To consider what else we need to be clear on before we can agree and formally evaluate (score) a short-list of options.

3. Summary of Session 1 and Introduction to Session 2

After once again discussing video-conference protocols, welfare issues and agreeing ground rules, Norman provided a brief summary of sessions 1 & 2 based on the previous feedback report issued. This:

- Summarised what option appraisal (OA) is and how it works in practice.
- Emphasised that OA outcomes are not decisions – but clearly inform the decision-making process. (Costs are not considered at this stage)
- Re-iterated the timescales and format of the four OA sessions programmed with respect to North Skye.

- Presented the key points made previously by NHSH about how COVID-19 may have influenced future thinking on service provision.
- Outlined the defined “challenge” as it has now been agreed.
- Outlined the seven benefits criteria now agreed that would be used to help assess future options (Appendix 1).
- Underlined the importance of applying these benefits criteria as they have been agreed and documented by the whole group, not re-interpreting them to mean something different or more personal.
- Presented an overview of the agreed benefits prioritisation, weighting and scoring process.
- Reviewed those questions presented previously and the discussions/meetings he has had in the intervening weeks about how they may shape our future service model and those facility options apparently available.

This was accepted as a fair and reasonable summary of previous sessions.

Norman closed this part of the workshop by outlining how session 3 would now look to discuss and challenge what he believed – based on all discussions and sessions held to date - was the emerging service model, before considering the physical options potentially available to support it.

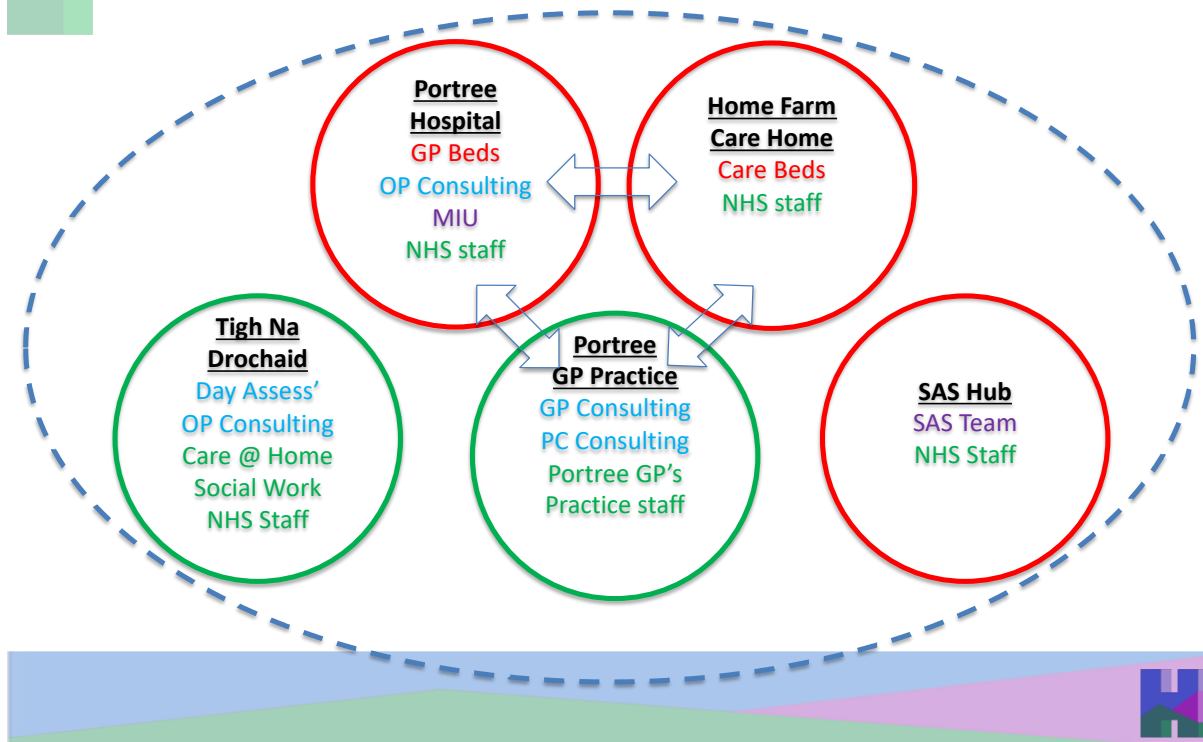
4. How do agreed benefits criteria shape our proposed service model and help to define our options?

Norman then gave a presentation that attempted to summarise how discussions to date – especially relating to what the process has determined as benefits criteria (or measures of success) – may tell us about a new service model for North Skye. This used the benefits criteria as agreed to describe the difference between how services are delivered now and how we appear to want them delivered in future based on what we have said is important. This is shown in the presentation attached. Norman noted that he had tried to complete this activity completely objectively as an “honest broker” acting on behalf of the process.

He started off by describing the current service model in overview before running through agreed benefits criteria and what they may say about service changes required before summarising what he believed this may all mean about a future service model as the basis for more widespread discussion. In summary, with respect to the current model, the slides used (Diag.1, overleaf) describe:

- A current service model that sees multiple different services being delivered by multiple different staff groups in a lot of different locations.
- Similar type activity happening in different places. E.g. 24hr care
- Similar type spaces being replicated in different places. E.g. Consulting rooms
- NHS staff in 5 different places (in Portree alone):
 - A Portree Hospital hub with beds, consulting area, urgent care centre (MIU) and NHS staff.
 - A Care Home hub at Home Farm, with care beds and NHS staff.
 - A GP hub at Portree GP practice with GP/Primary Care consulting, GP and practice staff.
 - A Scottish Ambulance Service (SAS) hub at Portree Hospital where the SAS team are based.
 - A further hub at Tigh Na Drochaid that includes day assessment, out-patient activity, care at home staff, social work and wider NHS staff.

Current Service Model As it Relates to Facilities?



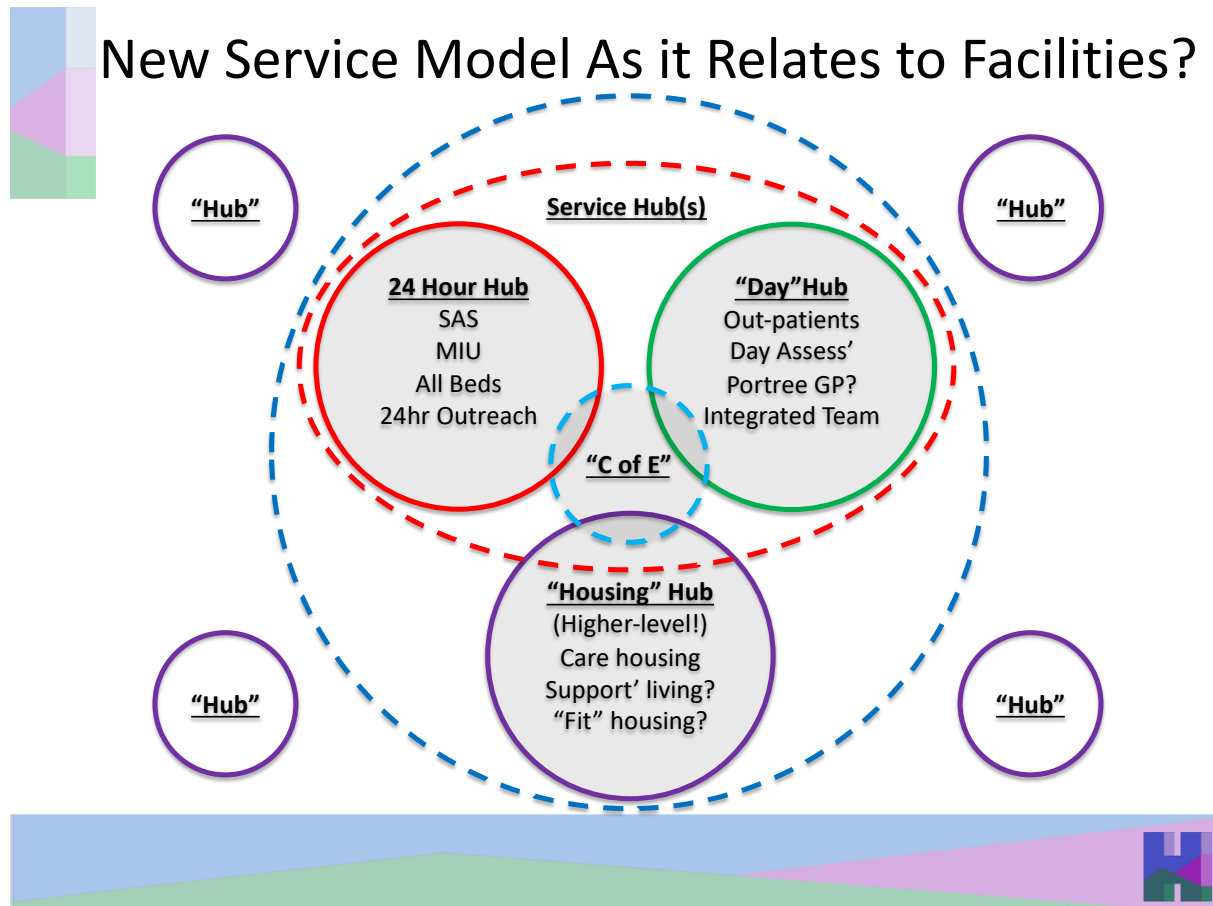
Diag. 1. A Representation of the Portree Elements of the Current Services/facilities Model

With respect to what the agreed benefits criteria appear to indicate about what a new service model may require (In summary) the slides used suggest:

- We should continue to deliver as full a range of services locally as possible in order to maximise accessibility and minimise social costs.
- We should bring all “24hr services” and all “day services” together in order to enhance service sustainability.
- We should develop a Centre of Excellence as part of our overall model in order to further enhance sustainability.
- We should develop a credible housing solution able to allow people to stay in their own homes for longer.
- We should use all available resources more flexibly, physically co-locating teams as appropriate to enhance connectivity, communication and integration whilst reducing the need for time in hospital or a care setting.
- We should re-align our services/spaces to support future flexibility whilst realising an economy of scale, making better use of all resources, minimising duplication of effort and role boundaries/demarcation lines.
- We should deliver an experience that suits individual needs, keeping people at home as long as is reasonable whilst supporting earlier intervention by more integrated services.
- We should optimise wider opportunities associated with change through extending discussions beyond health, maximising community engagement/involvement in delivery of the future model and continuing to seek additional benefits/opportunities as yet unknown.

- We should make best use of existing facilities before we look for something new/different, retaining/investing in functionally suitable “green” whilst dis-investing in buildings that are no longer fit for purpose.

With respect to how the service model may need to change to best respond to agreed benefits criteria, the slides suggest (as shown in Diag. 2, below):



Diag. 1. A Representation of the Potential Portree Elements of a New Services/Facilities Model

- Three core elements to the “Portree-specific” component of an emerging service model rather than the five described previously:
- (1) A “24 hour hub” combining all services that must operate 24hrs a day in North Skye including the SAS, urgent care centre (MIU), all beds (GP beds and care beds) and a “24 hour outreach service” able to respond to people who require support but are able to deliver a credible alternative to hospital admission.
- (2) A “day hub” combining all services that work within normal hours and utilise similar accommodation including: out-patients, day assessment, Portree GP practice (if, as independent practitioners they choose to be part of the facility) and the wider integrated health and social care team.
- (3) A new kind of housing hub, the exact nature of which must be determined, that is considered to be a structured and integral component of the overall care model capable of offering a safe and credible alternative to hospital admission – probably supported through an “outreach” service delivered by appropriate resources based within the 24 hour hub.
- The centre of excellence sitting at the centre of these three core components of the model operating as described by the group who continue to develop the concept.

- A number of other “hubs” of a varied nature across North Skye, reflecting that the model does not take anything away from either service areas, locations or facilities not specifically mentioned simply because of the agreed core objectives of the process.

A number of comments were made by the large group present with respect to the presentation that were re-enforced during small group discussion. These are highlighted in section 7 of this report although it is important to acknowledge the main feedback here also. Namely that this model must also reflect the wider resources, services and facilities located elsewhere in North Skye, recognising their importance and ensuring they are not undermined or forgotten.

5. Wider Public Feedback on Session 2

This brief discussion took place after the previous presentation when Sophie Isaacson joined the workshop. (Between large and small group discussion on the emerging service model) Sophie once again provided feedback on the wider community based consultation that was running in parallel with the workshop based OA process. She noted that the summary of previous workshop had been distributed widely across communities in Skye and was being used as a basis for broader discussion.

Sophie reported that community feedback was once again supportive of discussions to date but that a number of specific issues had been raised that required consideration as the process moved forward. These were:

- NHS 24 had not been mentioned in discussions to date but were previously seen as an important component of the overall service model – there is a need to ensure that they are involved in on-going discussions.
- More clarity is required on what is meant by “flexibility” in the context of agreed benefits criteria.
- Workforce is an extremely important element of the overall model and must be considered at every stage.

In response:

- It was highlighted that NHS 24 representation had been invited to all workshops but that their involvement had potentially become “a victim of the pandemic”. A commitment was given that they would be engaged with appropriately as the model developed and that, were they to have a physical presence on Skye, a “24hr hub” if developed would seem to be the appropriate location.
- It was noted that today’s session and the developing service model should provide further clarity on all what we all mean by flexibility. Also, importantly, that it refers to flexibility around buildings AND services.
- The comment on workforce was noted and will continue to be reviewed in the context of the developing service model and any options developed to support it.

It was once again highlighted that wider community involvement in the process was essential to test and ensure that workshop discussions were genuinely reflective of wider sentiment – and to ensure this was factored into developing thinking in a structured way.

6. Group Work Session: The Emerging Service Model

Having reviewed what discussions to date seem to indicate a developing service model may look like, as summarised by the independent facilitator, and after large group discussion, participants

were split into small groups to allow them to consider the presentation materials and emerging model further.

For this element of the discussion groups were mixed, that is to say included participants from different backgrounds and roles, to support as much discussion and debate as possible. There were six groups in total, all of a broadly similar size, with around 8 people in most including the identified facilitator.

The stated task for the group work session was recorded as follows:

You have heard the independent facilitators assessment of the impact all discussions to date on a new emerging service model for North Skye. In your group please:

- 1) Identify any areas within this summary you disagree with or that concern you.***
- 2) Identify any elements within the future service model that may have been missed.***
- 3) Discuss the impact of this developing service model on the buildings (facilities) required to support it moving forward.***

Feedback was provided by facilitators on behalf of the group with the opportunity for wider discussion offered thereafter.

In terms of the summary, group feedback demonstrated:

- A requirement to make it absolutely clear that the model as proposed must not have a negative impact on other services out with Portree or be delivered in any way to their detriment! i.e. That GP and other services in other areas of North Skye must continue to be delivered and developed as essential components of the overall service model for North Skye.
- No significant concerns with – and broad support for - the emerging service model as proposed.
- The presumption, in respect of care model, is that people should be supported at home as long as reasonably possible.
- Broad acceptance that the “24hr hub” as described seemed an appropriate way forward.
- Acknowledgement that, whilst there was a clear rationale for bringing services together that are currently apart this may also mean separating other services that are currently together, E.g. In-patient and out-patient therapy if planning fails to address this.
- A requirement to emphasise that the model still required residential care and acknowledgment that the housing element as described had the potential to “test change” in a more controlled/safer way.
- A concern about the workforce implications of any future service model based on historic challenges.
- A need to continue to play in any learning from COVID.
- That the Centre of Excellence has a key role to play in sustainability but also, and equally importantly, digital innovation as a means to help achieve this.
- Although the previous business case had committed to the consolidation of all plain film services at Broadford as soon as the new facility is completed, there is still a need to understand the impact this will have on the developing service model.
- A general need for more information to support on-going discussions – especially as options are developed to support appropriate debate and analysis.

With reference to elements within the future service model that may have been missed, group feedback highlighted:

- A need to be clear that the Portree services as described, although core to the agreed objectives of the process, were not all of the services required across North Skye. Specifically, as noted previously, there is a requirement to acknowledge that other GP and clinical services across the North of the island are core to any service model and will have a direct impact on any future bed model as referrers and supporters of it.
- The mental health team is not specifically mentioned although clearly an important element of the service model.
- The third sector and wider community role needs to be acknowledged – and may require physical space within the facilities model.
- The community nursing team is similarly not specifically listed.
- Existing supported accommodation for people with learning disabilities at Oronsay Court is not listed.

In terms of the facilities required to support this developing service model, group feedback highlighted:

- The need to make best use of existing facilities.
- The need to provide adequate, fit for purpose space for all services.
- Some current facilities are not fit for purpose.
- The need to provide space for third sector support within the model.
- The need and clear rationale for the SAS to be part of the 24hr health hub (if developed) rather than a proposed “blue light” hub.
- The need to carefully understand, plan for and manage any changes based on the way these may be perceived by the wider population.
- A desire to further discuss/understand the impact of plain film consolidation at Broadford as presented in the existing business case.
- Although not directly related to the process, the need to address on-going concerns re: staff/affordable housing (including hostel type arrangements).
- The need to have adequate information about any options developed in order to be able to assess them appropriately.
- Specific details about the nature of some of the accommodation that would be required within the 24hr and day hubs as described including as it relates to access, technology and actual spaces required.
- A potential need to consider short, medium and long-term solutions.

In response to these comments, the independent facilitator agreed to update the model to reflect feedback and to engage with some stakeholders involved in the process to help with this. He also agreed to review developing schedules of accommodation (lists of rooms required) to ensure that options included all of the space identified as being required.

He also pointed out, as had been made clear from the outset, that a key aim of the option appraisal process was to identify and agree the core elements of a future service model and the preferred option. This was in the understanding that that the necessary detail and specifics around this preferred way forward, as eventually agreed following financial appraisal and business case development, could be further refined and enhanced over time.

7. Provisional Options

With respect to provisional options, Norman noted that he had not had the benefit of the session’s discussion before compiling a theoretical list of potential site/facility options able to deliver the

service model. The options presented in terms of a “long-list” were therefore just the theoretical list of options available to support the emerging service model as discussed. As such:

- In terms of services, all referred to existing services/configurations or the 24hr/day hub model as described. (A different service model will generate different facility options)
- In terms of locations, these were restricted to the existing Portree Hospital site, the existing care home site or an alternative new site(s) (as yet undetermined). It was specifically identified that a search for potential new sites was still on-going at this time.

The theoretical long-list options presented were:

- Do nothing (Everything stays as is!)
- No GP beds in North Skye
- Day hub at Portree Hospital & 24 hr hub at Home Farm
- Day hub at Home Farm & 24hr hub at Portree Hospital
- Day hub at Portree Hospital & 24 hr hub on a new site
- Day hub at Home Farm & 24hr hub on a new site
- Day hub on a new site & 24hr hub at Home Farm
- Day hub on a new site & 24hr hub at Portree Hospital
- Day hub on a new site and 24 hour hub on a (separate) new site
- Single (combined) hub at Home Farm
- Single (combined) hub at Portree Hospital
- Single (combined) hub on a new site

The facilitator then presented a developing list of what were described as “rationale statements” that might help the group reduce from a long-list of options to a short-list that is worthy of more detailed analysis/scoring for further consideration. These statements were:

- Do nothing must always be considered/scored as a baseline option
- No GP beds in North Skye is not acceptable to anyone
- Home Farm is a credible site for a 24hr hub
- Portree Hospital is NOT a credible site for a 24hr hub (Not big enough)
- Home Farm and Portree Hospital are both credible sites for a day hub
- We do not as yet have a definitive list of potential new sites available
- When we have multiple acceptable options for a day hub – it is not appropriate to argue for a new day hub development in isolation
- There is no credible argument for two separate new build solutions
- No existing site presents a credible location for a single (combined) hub
- Not all options are mutually exclusive – especially over the medium to long-term

Whilst these were broadly accepted by the group, it was acknowledged that those making statements about sites need to be tested and demonstrated to be correct by the independent architect appointed. E.g. The statement, Home Farm is a credible site for a 24hr hub requires both an understanding of the accommodation required and drawing to demonstrate that it can be delivered appropriately. An agreed list of short list of options for scoring will be developed by:

- Agreeing a long-list of options the group are happy with
- Applying an agreed series of robust rationale arguments as to why an option on the long-list should NOT be considered

- Reviewing the theoretical options that appear to meet the required criteria with a view to more detailed debate, scrutiny and ultimately scoring

Participants and the wider community were also asked to further consider this developing list of options and rationale statements in the context of the developing service model in order to continue to inform the process and help develop a list of options for scoring. This feedback should be provided in line with the guidance provided in section 9 of this report.

8. What happens next?

In line with the agreed 4 workshop process, at the next session workshop participants would be required to:

- Review feedback from the wider community on those issues discussed at workshop 3.
- Score an agreed short-list of options against the benefits criteria previously agreed.
- Discuss the emerging preferred option.

In so far as the service delivery model requires more refinement; there is still considerable discussion to be had before the group were clear on an agreed long and short-list of options; and some site options are unlikely to be available to the process within existing timescales, Norman suggested that an additional session would now be required.

This proposal appeared to be accepted by those present and will now be put to an additional meeting of the North Skye Option Appraisal Oversight Group that will also review progress to date, the developing service model and emerging options as currently presented. If agreed, participants will be advised of the details of this additional meeting in due course although it would seem highly likely this would be around the middle to end of February.

The session was brought to a close by Louise Bussell, who introduced herself as NHS Highland's new interim Chief Officer for Community Services. Louise outlined her previous clinical and professional background. She also noted, that as someone who was still relatively new to NHS Highland, she had no previous involvement in decisions around future service delivery on Skye and looked forward to working with the process and community to agree a preferred way forward for services. She thanked everyone for their time and support to date and looked forward to the next session.

9. Wider Feedback

This summary has been presented once again so that we can convey how the process is developing and invite feedback from the wider community who cannot be directly involved in the workshops. We would very much like to hear your feedback so that we can feed this into the developing discussion and ensure that the North Skye Option Appraisal process genuinely reflects the opinions of the whole community and all of the stakeholders within it.

The best and easiest way to do this is through the person or agency that shared this update document with you! As the independent facilitators however, Higher Ground Health & Care Planning are also happy to receive your feedback directly if you prefer. You can send this by e-mail to: info@hghcp.co.uk marking your message "North Skye and Raasay Option Appraisal".

We really now need to hear what you think about this developing service model and the facility related options that might allow us to deliver it so that we can agree a short-list for detailed consideration and scoring!

Many thanks.

Norman Sutherland

(Independent Facilitator)

Higher Ground Health & Care Planning Ltd

APPENDIX 1: AGREED BENEFITS CRITERIA

Key Challenge/ Draft Criteria Theme	Description of key supporting characteristics
Accessibility and the Minimisation of Social Costs	<p>How easy an option makes it to access services and how little negative impact accessing these services has on everyone. E.g. The ability of an option to:</p> <ul style="list-style-type: none"> • Deliver/maintain care as close to home as possible • Locate/deliver services and facilities where they are easy to get to • Deliver facilities that are accessible/easier to access internally • Support inclusion of everyone, including effective disabled access • Be supported by/have a positive impact on transport links • Deliver appropriate disabled and wider parking requirements • Minimise the need to travel out with North Skye for health/social care • Mimimise the financial and non-financial costs associated with travelling to receive healthcare for patients and significant others E.g. Travel, accommodation and meals • Minimise the trauma and risks associated with travel • Minimise the need for emergency transfer • Keep families physically together for as long as possible • Maximise the opportunities for families to actively participate in care delivery • Deliver a consistent access to services, E.g. Eqpt loan • Give ready access to training • Promote equity of access to all services • Respond to the geographical and socio-economic reality of North Skye (See Needs Assessment data) • ...
Connectivity, Communication & integration	<p>How joined up an option makes our services. E.g. The ability of an option to:</p> <ul style="list-style-type: none"> • Improve/enhance internal communication • Support “joined-up” working • Enhance information technology and network connectivity • Make effective and efficient use of all available resources • Support service continuity • Co-locate integrated health and social care teams • Deliver integrated and co-ordinated (seamless) health and social care • Increase awareness of those services that are available and how to access them • Support “relationship-centred” care – in particular the relationships between professionals, patients, families, carers and other agencies/support networks • Join care before, during and after hospital admission

	<ul style="list-style-type: none"> • Support the development of anticipatory and emergency care plans • ...
Environmental Sustainability	<p>How “green” an option is. E.g. The ability of an option to:</p> <ul style="list-style-type: none"> • Increase/optimize opportunities to walk/cycle to services • Create a more efficient/ “green” estate • Deliver environmentally sustainable facilities • Reduce our overall carbon footprint • Support good “corporate citizenship” • Retain buildings that are “functionally suitable” and in good repair • Dis-invest in buildings that are not functionally suitable and in a poor state of repair • Be consistent with Highland Council’s “local plan” from a land/planning perspective • ...
Flexibility	<p>The ability of an option to change and adapt to an unknown future. E.g. The ability of an option to:</p> <ul style="list-style-type: none"> • Deliver the physical spaces required now and in future • Physically change, grow or retract to meet future needs • Flex operationally and strategically (over days/over decades) • Support a flexible and adaptable workforce • Realise an economy of scope and scale • Deal with future challenging situations – as yet unknown • Support the management of uncertainty • Enhance our preparedness for the next emergency! • ...
Personal experience	<p>How an option would feel for those using it. E.g. The ability of an option to:</p> <ul style="list-style-type: none"> • Deliver an experience that suits individual needs • Support patient choice in the care journey • Deliver a positive staff experience on a day to day basis • Support “one stop” services – where appropriate • Promote dignity • Keep people at home as long as is reasonably possible • Deliver the right care by the right person at the right time • Support prevention of ill-health and early intervention • Better integrates mental and physical health services • ...
Service Sustainability	<p>How sustainable an option is. E.g. The ability of an option to:</p> <ul style="list-style-type: none"> • Support relevant national and local service strategies • Make best use of all available resources • Attract and retain an appropriately skilled workforce

	<ul style="list-style-type: none"> • Meet baseline demand • Meet the demographic challenge both in terms of demand (patients) and supply (staff) • Support and enhance the proposed multi-stakeholder-led Centre of Excellence • Eliminate the need for goodwill to sustain safe services • Consolidate the overall local skill base and competencies • Make appropriate use of the 3rd sector • Reduce “single points of failure” • Reduce/remove the need for locums • ...
“Value-adding”	<p>What additional potential may be associated with an option that is not immediately apparent. E.g. The ability of an option to:</p> <ul style="list-style-type: none"> • Make North Skye attractive to people as a place to live • Make North Skye attractive to people as a place to invest • Attract specific additional partner/stakeholder interest and investment • Encourage families to come to North Skye • Present Skye as innovative and forward thinking • Brings wider community benefits, e.g. Jobs, opportunities • Deliver opportunities for community involvement/contribution • Present potential additional benefits/opportunities as yet unknown • ...