NORTH SKYE & RAASAY OPTION APPRAISAL: VIRTUAL SESSION 1 FEEDBACK

1. Introduction

The first session of the re-commenced North Skye & Raasay Option Appraisal process was held as a video-conference using the Zoom VC platform on Wednesday 2nd December 2020 between 12.00 Noon and 3.00 pm. The workshop included 46 participants from a wide range of services, agencies and communities invited. The invitations list included:

- Community council representatives
- Community groups
- Community rep's
- Community trusts
- Sir Lewis Ritchie Leads
- Churches
- Lay representatives
- Elected members
- 3rd Sector
- Private sector
- NHS Highland
- GP Practices
- Hospital staff
- Scottish Ambulance Service
- Highland Council
- HIE

All participants had received information in advance of the meeting to ensure they came prepared for the discussion. This included a summary of the earlier process commenced in March 2020, brief guidance on the process and Zoom.

The event was independently facilitated by Norman Sutherland from Higher Ground Health & Care Planning (Higher Ground) with workshop support provided by Higher Ground and NHS Highland facilitators. Norman had also facilitated the previous session on Skye in March pre-COVID.

This brief summary report – which has been compiled by Higher Ground - 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 2. This will be held on 16th December between 12.00 and 3.00pm.

2. Objectives

Objectives of the meeting were:

- To briefly explain what Option Appraisal is & how it works.
- To reflect on the last 9 months and how it may have affected thinking.
- To agree what the challenge (we are here to address) is.
- To agree the core "benefits criteria" we will use to compare what success looks like in any future option.
- To formally re-commence the North Skye Option Appraisal process – using a "virtual platform"

3. Option Appraisal

It was explained that option appraisal is:

- a way for people to explore possible solutions for future services and test them against a list of agreed things that are seen to be important/essential.
- useful as it captures a wide range of ideas and experiences from different people, like patients, members of the community, clinicians, staff and partners from other sectors.
- not a decision but something that helps to inform the decision making process. (Costs are not considered at this point – although we are keeping a record of everything we discuss that needs to be considered at the appropriate time – just to ensure they aren't forgotten)
- reliant upon participants scoring alternative options based on the information and evidence available - not on their own personal preferences or feelings.

Option Appraisal involves identifying options and scoring these against those measures that we all agree are important. We call these measures "benefits criteria" because they are about comparing the different "benefits" associated with different options.

It was explained that option appraisal is a comprehensive process and that, because of this, it has been spread across four linked workshops. It also includes broader community based discussion in-between the formal workshops in order to further widen the discussion; test emerging thinking; and ensure that the process is genuinely inclusive. This was summarised in the slide shown below.
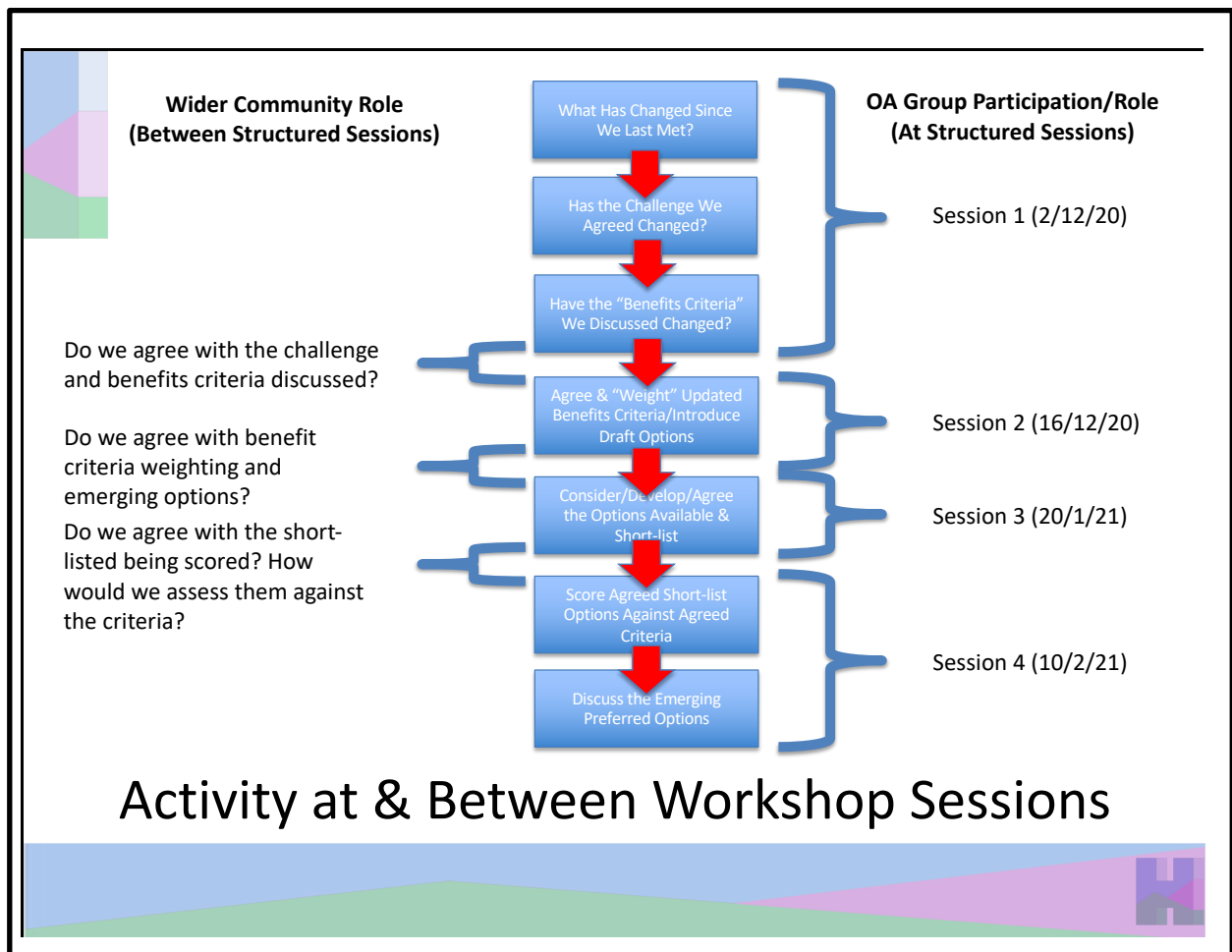
At this, the first workshop, the main discussion was about:

- Understanding what has changed since we last met (in March 2020, pre-COVID);
- agreeing what we were all here to do (the challenge) – just to make sure we're all working on the same problem! And…
- discussing, describing and agreeing the benefits criteria we are going to use are.

4. **What has changed since we last met?**

In recognition of what has happened between the start of the process in March and now, Tracy Ligema, a Senior manager with NHS Highland, gave a presentation entitled: The last 9 months... This was intended to help people think about how the last 9 months of the COVID pandemic may have made a difference to how we should think about services moving forward. Tracy noted:

- It had become clear that the option appraisal process as originally planned with around 100 attendees could not go ahead due to COVID restrictions. (This virtual process had now replaced that)
- The same restrictions, and operational realities, need to be factored into our future service planning.
- Inclusion of Home Farm Nursing Home as part of NHS provision is a significant change.
- Changes made to services over the last 9 months, including the increased use of digital technologies need to be considered.

With specific reference the physical estate, Tracy identified a range of future planning considerations that were currently relevant as a direct consequence of COVID. These included:

- The need for increased spacing and facility zoning – which is area intensive.
- The need for increased cleaning between patients, which also has an impact on capacity.
- The impact on day services – especially for older people and people with Learning Disabilities.
- The impact on respite care, which has been seriously challenged.
- The impact on community based care – including NearMe and telephone consultations – that have had to increase to fill the gaps caused and will be important moving forward.
- That we are still learning about the long-term implications and other things may be relevant.

In terms of the Strategic Context, Tracy noted:

- COVID challenges the desirability of using facility based models of care.
- Care/Nursing Homes have been disproportionally affected and many residents forced to shield in their rooms during the pandemic.
- A potential need to shift the balance of care into the community.
- A need to treat patients closer to home.
- The importance of intermediate care and rapid response teams.
- A focus on rehabilitation rather than crisis management.
- The need to develop enhanced support services out of hours.
- An increased (and increasing) use of technology.

Tracy also posed a series of questions to reflect on in discussion sessions as the process develops including:

- How does the last 9 months affect our planning?

- Does the relative importance of different parts of the system change now?
- Are the previous benefits criteria still correct?
- Does the acquisition of Home Farm give any new options?
- How do we match the strategy with the service delivery?

Tracy identified that all of these points may be relevant and that they would need to be considered during the overall process.

5. **Discussion Session**

The audience were then put into five smaller discussion groups for the next part of the workshop. These mixed groups included a range of stakeholders and were facilitated by Higher Ground and/or NHSH staff.

Identified facilitators were asked to provide agreed feedback on behalf of groups due to the potential limitations of the video conference platform and large number of people involved with the opportunity for wider discussion and debate thereafter. All participants had received copies of the previously agreed "challenge" and "benefits criteria" in advance of the meeting, along with copies of all slides used, to ensure that discussion concentrated on where these may need to be modified due to changes over the last 9 months.

The question posed to these groups was:

You have seen the original agreed challenge and benefits criteria from March 2020. We have also discussed the impact that COVID has had over the last 9 months. In your group please discuss:

1) Has the challenge changed? if so, how do we need to reflect this in an amended statement?
2) Do our benefits criteria need to change and, if so, how?

6. **Feedback**

6.1 The Challenge

All groups agreed that the challenge as defined earlier in the year had not changed, although COVID had exposed concerns even further! They also noted that the 12 bed baseline mentioned in the statement had not been a reality for some time and that the ability to manage with fewer beds during the pandemic had required a level of tolerance and community support that was not sustainable over the longer term. Notwithstanding these comments they confirmed that the challenge that the process need to address was:

- To understand what the different elements of the required health and social care system are (Existing and new!)
- To determine the different ways these elements could come together in future to meet changing needs. (Options)
- To agree which of these options appears to be preferred (from a wholly non-financial perspective) and why
- To understand the "added value" elements associated with an emerging preferred option and how it might grow and develop further over time

Overall, they agreed to define the challenge as:

"To suggest the "preferred way forward" for services across North Skye, where "North Skye" includes all of the areas and communities in the North of the island and "services" specifically refers to the 12 beds identified in Portree Hospital or those services that represent a credible alternative to them'.

6.2 The Benefits Criteria

The earlier session in March identified 8 benefits criteria along with a range of examples of what was meant by these. These were:

- Accessibility and the minimisation of social costs. (How easy an option makes it to access services and how little negative impact accessing these services has on everyone)
- Connectivity, communication and integration. (How joined up an option makes our services)
- Deliverability. (How easy it would be to actually deliver an option)
- Environmental sustainability. (How "green" an option is)
- Flexibility. (The ability of an option to change and adapt to an unknown future)
- Personal experience. (How an option would feel for those using it)
- Service sustainability. (How sustainable an option is)
- "Value-adding". (What additional potential may be associated with an option that is not immediately apparent)

The descriptor here is as agreed previously, with the statement in brackets a summary of HGHCP's assessment of what this means in simple terms based on all discussions to date.

Workshop groups discussed and debated these criteria extensively, concluding that they were largely correct. Overall, they made two key recommendations:

1) The criteria called "deliverability" should be removed.

The rationale for this was that our ability to deliver an option should be seen as a binary (yes or no) decision rather than a variable one. The specific concern was that a good option may be discounted simply because it was seen as "too difficult" to deliver. A number of contributors also noted that Skye had a history of addressing very difficult issues and that an option that had full community buy-in, even a very challenging one to deliver, could be made a reality with their support!

2) A number of the descriptive elements within the deliverability criteria were important and needed to be re-distributed to other criteria.

The group felt that many of the descriptive elements previous included under deliverability were important and should remain but under other criteria. They identified that many of these sat more appropriately within the sustainability criteria (service and environmental) and that they should be moved here. They also suggested a number of minor changes to other examples given to ensure that everyone knows exactly what these mean.

Whilst a range of other potential changes were discussed, these did not have support of a majority of the group and the final agreed benefits criteria list is as presented in the table overleaf.

It is important to note that these are presented in alphabetical order, as the group have not yet prioritised them. Also, that a simple descriptor of what each criteria means in summary is also now included.

Key Challenge/ Draft Criteria Theme	Description of key supporting characteristics
Accessibility and the Minimisation of Social Costs	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: • 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	How joined up an option makes our services. E.g. The ability of an option to: • 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 • Support the development of anticipatory and emergency care plans • …

Environmental Sustainability	How "green" an option is. E.g. The ability of an option to: • Increase/optimise 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	The ability of an option to change and adapt to an unknown future. E.g. The ability of an option to: • 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	How an option would feel for those using it. E.g. The ability of an option to: • 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	How sustainable an option is. E.g. The ability of an option to: • Support relevant national and local service strategies • Make best use of all available resources • Attract and retain an appropriately skilled workforce • 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"	What additional potential may be associated with an option that is not immediately apparent. E.g. The ability of an option to: • 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 • …

7. What happens next?

In line with the agreed 4 workshop process, at the next session we will be:

- Reviewing feedback from the wider community on those issues discussed at workshop 1.
- Agreeing the relative importance of the final list of agreed benefits criteria (which are more and which are less important)
- Starting to discuss those options that may be available.

8. Feedback on Workshop Session 1

At the end of the first workshop we did a poll to find out how people had found the process and technology. This was filled in by 30 people. In summary:

- The technology: 43% said the technology was excellent, 40% said it was very good and 10% said it was good. Only one respondent said it was reasonable and one poor.
- Accessing the meeting: 80% said this was very easy and 13% said it was easy. Two respondents noted that it was neither easy or difficult.
- Accessing the discussion rooms: 67% said this was very easy and 27% said it was easy. Two respondents noted that it was neither easy or difficult.
- Clarity: 63% said it was very easy to see and hear everything all of the time without interruption. 33% said there was slight interruption but not sufficient to cause them a problem participating. Only one person reported problems that were sufficient to affect their ability to follow what was going on in the workshop at all times.

General feedback was that the virtual platform had in no way hindered the discussion/debate and may even have made it more focused and efficient.

9. Wider Feedback

This summary has been presented 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 & Raasay 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".

Many thanks.

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