STRATEGIC ASSESSMENT

Lochaber Full Information Pack

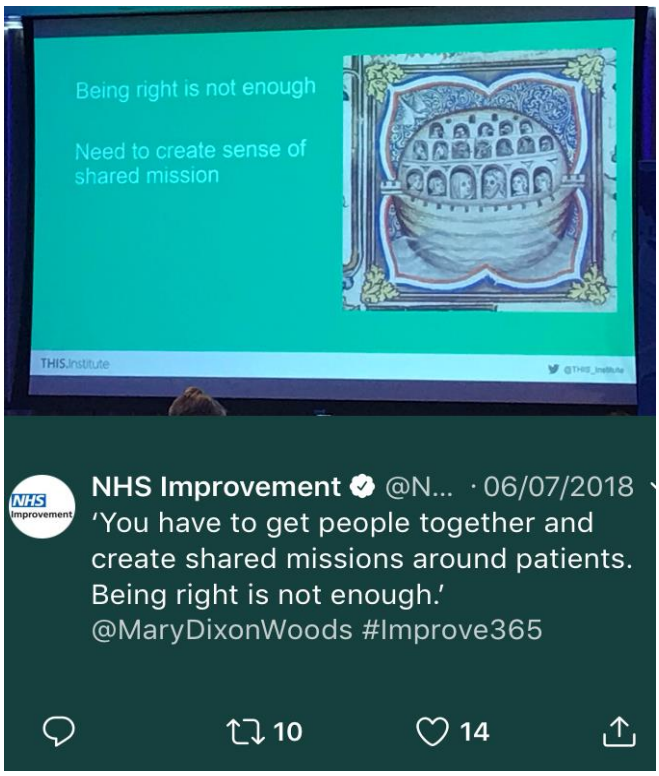
Lochaber Health & Social Care Redesign (Including the new Belford Hospital)

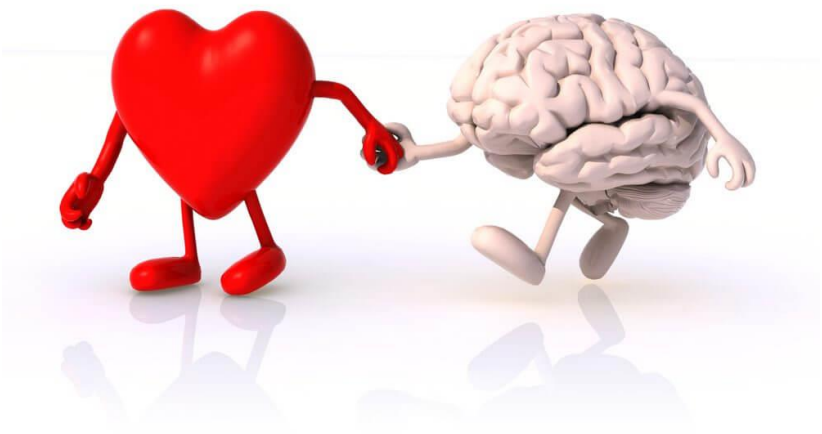
Stakeholder Event
9th August, 10am – 3pm
Nevis Centre, Fort William

3rd August 2018

The overarching purpose of the **Strategic Assessment** is to briefly outline the need for service change and describe early thoughts on the potential benefits to be gained from investment.

Being right is not enough. Need to create a sense of shared mission





Please ask

If you are unsure about anything please ask as this will help everyone understand things more clearly

Further information is available on the NHS Highland website **here** .

http://www.nhshighland.scot.nhs.uk/News/PublicConsultation/FortWilliamNewHospitalPlus/Pages/Background.aspx

Introduction

This Information Pack has been prepared to provide some background information prior to the Strategic Assessment Workshop. It will be summarised at the event as part of a scene setting presentation.

The Workshop is a key step to in the business case process to allow NHS Highland to comply with the Scottish Government's *"Scottish Capital Investment Manual".* This is required to be followed for projects with significant capital element. A lot of work has already taken place and so the purpose of the event is to:

- provide an update on what has been happening to date
- understand the current and future challenges and opportunities
- develop a shared vision for the future
- discuss possible benefits and solutions

NHS Highland senior representatives will explain some of the changes and improvements which have been ongoing over the past decade in Lochaber. This will be very important in how we present our case for change to secure significant capital investment for Lochaber.

This event will allow a wider range of local representatives to make their views know on the 'Need for Change' and to contribute to building a shared vision for the future.

The event will be independently facilitated by Norman Sutherland of Higher Ground Health Care Planning Ltd.

Ross MacKenzie Area Manager ross.mackenzie@nhs.net 01349 869268	Anne Boyd-Mackay Rural General Hospital Manager (Belford) anne.boyd-mackay@nhs.net 01397 702481
Maimie Thompson Head of PR and Engagement maimie.thompson@nhs.net 07814 618 591	Marie Law District Manager (Lochaber) marie.law@nhs.net 01397709841

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This paper provides a summary of information. More detailed papers will be available on NHS Highland website or on request.

Time-line for replacement Rural General Hospital

Year	Milestone	Progress
2015	Site for new Rural General Hospital purchased	Complete
2015	Steering Group set up	Complete
2015-17	Pre-engagement	Complete
2018	Submit Strategic Assessment	September 2018 (*)
2019	Submit Initial Agreement	Planning for July
2020	Submit Outline Business Case	Planning for March
2021	Submit Full Business Case	Planning for January
2021	Construction underway	Planning for March
2022/23	Construction complete	Planning for December to March

(*) – Submission of the Strategic Assessment in September 2018 will only be possible if the Stakeholders at the Workshop are content that the aims and objectives have been achieved.

Time-frame for delivering milestones are estimates but may be subject to some changes**.**

1. Background

Ambition

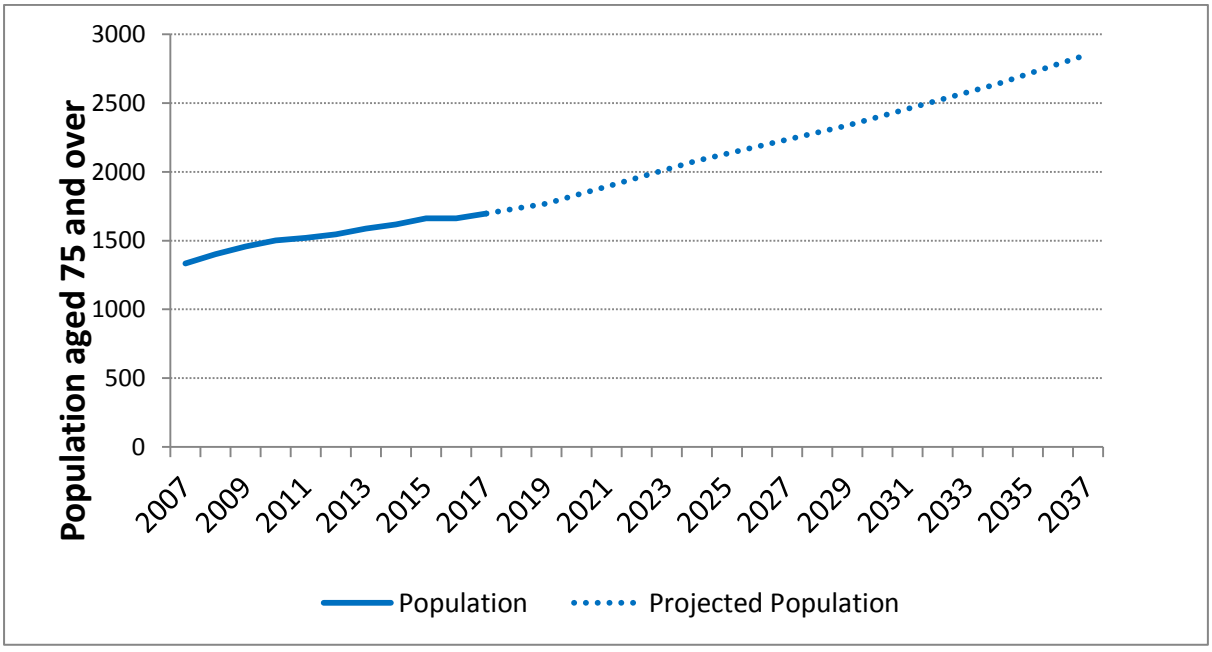
"Everyone is able to live longer at home or in a homely setting"
NHS Scotland 2020 vision

Across the board area NHS Highland is facing challenges to sustain services. When we talk about sustainability what we mean is being able to staff and afford the way we currently provide services.

Even if money was not a constraint (and it is) there is not enough of some staff to fill all our current posts let alone cope with the future changing demands.

More people will need care and more of them will live alone. And there will be less people of working age to provide paid hands on care. Capacity to deliver overnight care and support in the community is limited unless we change what we do.

The Health and Social Care delivery plan, published in December 2016, sets out the transformation to make care and services sustainable for the future. The plan is designed to help address the rising demand and the changing needs of an ageing population. See below for projected population of over 75s in Lochaber.



NHS Highland has responded by preparing our own Quality and Sustainability Strategy and Plan in 2017. This document sets out the case for change across

Highland and Argyll and Bute and also the redesign and quality improvement work we are taking forward to address the challenges.

These challenges are not unique to Lochaber, Highland, Scotland or UK. In fact it's an international challenge. However, it also brings opportunities to improve care and services, albeit in a different way.

Naturally facing such change is unsettling. This is why it is very important that together we have a clear vision for the future.

1.1 Primary Care

Primary care is the first point of contact with the NHS. This includes contact with General Practitioners (GPs) and GP practice-based staff, dentistry or community pharmacies. It is estimated that around almost 90% of all contact with local NHS services is with primary care.

The Scottish Government's vision for the future of primary care services is for multi-disciplinary teams, made up of a variety of health professionals, to work together to support people in the community and free up GPs to spend more time with patients in specific need of their expertise.

In April 2018 a new GP contract was announced which will see NHS Highland required to implement changes in several key areas:

- Immunisations
- Pharmacotherapy (medicines management)
- Unscheduled Care
- Treatment and Care Services
- Additional Services (Community Link Workers, Primary Care Mental Health Workers, First Contact Physiotherapy)

NHS Highland is at an early change of considering the changes required. A Primary Care Modernisation Group has been set up and any implications for Lochaber will be carefully considered as part of the wider redesign of services.

1.2 Integration of health and social care

NHS Highland in partnership with the Highland Council was the first in the country to integrate health and social care services back in 2012.

The Highland Health and Social Care Partnership brings together, for the first time within one organisation, adult social care (care homes, care at home, day care, social work), community services (district nursing, community hospitals) , primary (GP Practices), and hospital services.

Organisations from all over the world have visited the Highlands to learn about the benefits of integration especially in a remote and rural context. Even before integration there was close working in Lochaber and local staff have often led the way in this regard. This is really positive as it shows significant progress in implementing the Scottish Governments 2020 vision.

1.3 Hospital-based care

In the Highland Council area, NHS Highland currently has 15 hospitals with inpatient beds (see Map on next page).

These hospitals serve a resident population of around 230,000.

1x District General Hospital – Raigmore (Inverness)
1 x Psychiatric Hospital – New Craigs (Inverness)
2x Rural General Hospitals

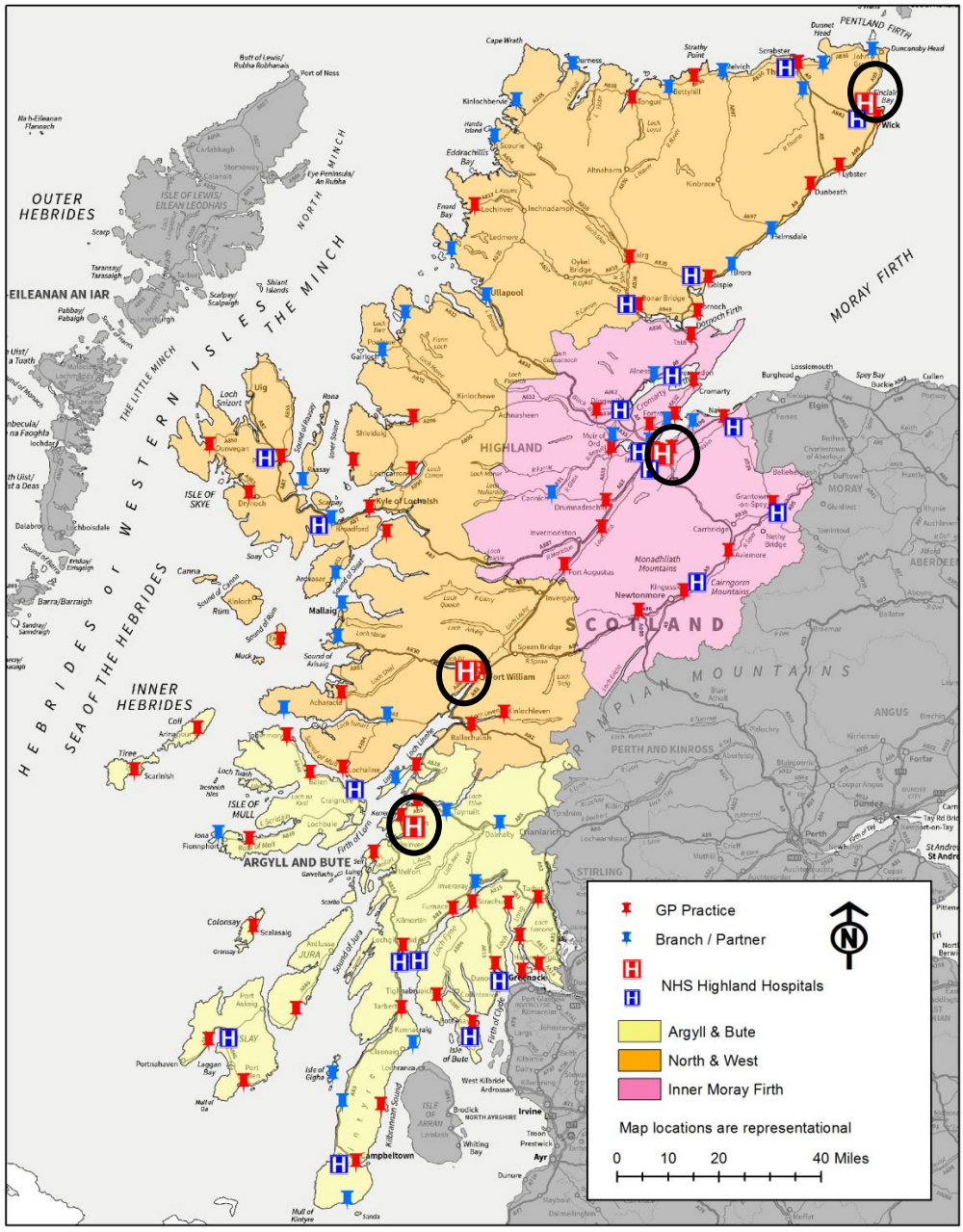
- Caithness General (Wick) and
- Belford (Fort William)

11 x Community Hospitals

There is a third Rural General Hospital in Oban (Oban Lorn and Islands) which is within Argyll and Bute and was opened in 1995.

Location of hospitals and GP Practices in NHS Highland board area

○ = Acute Hospitals, marked with Red H



NHS Highland Hospital locations and GP Practices

NHS Highland

Health IntelligenceTeam
Directorate of Public Health
Larch House, Inverness
Date: Mar 2017

1.3.1 Rural General Hospitals

The strategic importance of Rural General Hospitals (perhaps more accurately termed as Remote) is because NHS Highland serves a large area with remote populations considered to be too far away from the District General Hospital.

For these reasons Rural General Hospitals are equipped and staffed to be able to resuscitate, stabilise, assess and prepare patients for treatment, discharge or transfer and include 24/7 A&E services.

1.4 Planning for the future

The board of NHS Highland has already made the decision to replace the Belford and that the replacement will remain as a Rural General Hospital. The job in hand now is to build a case for what services need to be provided in the community and in the Belford. In make the case for investment the board will be expected to take into account changing demands, new or changing neighbouring services, age-related demography, technological opportunities, medical and surgical advances, planning developments as well as opportunities for strategic location and co-location.

1.4.1 Clinical networks and strategic location and co-location

In planning for the future it will be important to look at how all our acute services work together. This will include looking at relationship with Raigmore Hospital in Inverness, Lorn and Islands in Oban.

1.4.2 Local developments

Planning also has to take account of future local developments and in particular any impacts on infrastructure (See Box next page). These are being carefully considered with our planning partners. There is a multi-agency Lochaber Redevelopment Group already established.

Box | Future local developments and considerations
• Liberty British Aluminium and Simec Lochaber Power (~600 jobs +) • Marine Harvest (~55 jobs) • Upwards of 870 new homes over 10 years. • Road network and transport improvements needed • Land zoned for Business and Industry • Tourism • Workforce • Connectivity

A Lochaber Delivery Group was established by Fergus Ewing in 2016. The owner of Lochaber Smelter, Rio Tinto had announced a major strategic review in 2016 and the delivery group was established after GFG Alliance took their interest.

The Delivery Group covers transport, housing, skills and talent attraction, energy and master planning. The Highland Council is the lead for the master planning exercise with community engagement to start at the end of this summer

Work is also underway to look at population and demographic projections for Lochaber through ecosgen.

1.4.3 Blar Mhor Site

In October 2015 Highland Council bought land in Fort William at Blar Mhor from Tesco for £2 million for the sole purpose of providing a site for the new hospital.

Working in collaboration with NHS Highland, Highlands and Islands Enterprise, West Highland College UHI and the Scottish Government, the Highland Council acted in an enabling role in securing this strategic site for the new hospital.

The local authority has submitted a notification of proposed housing development for the site. The West Highland College UHI is also progressing with the development of the new Centre for Science and Technology (STEM and opportunities to work together are being actively and positively explored. This is to ensure the most efficient use is made of both space and resources.

An initial assessment of the site by NHS Highland Estates is positive in terms of accommodating the likely requirements for the new hospital.

1.4.4 Fort William Strategic Transport Study

A workshop was held by AECOM at Nevis Centre, Fort William on Thursday 3rd May 2018 to look at Transport issues including:

- Active Travel
- Congestion and Traffic Growth
- Rail Travel
- Road Network
- Water based issues relating to Ferries, Canals

These have been collated by AECOM following a review of existing data and documents, and extensive engagement with stakeholders and the public.

Specifically relating to the health and social care a Working Group on Transport has been established.

Issues relating to road capacity, transport, active travel and public transport have all been raised as part of NHS Highland Steering Group and Workshops (December 2015).

1.5 Engagement and Communication

A Steering Group comprising local clinical staff, members of the community, elected members, voluntary sector and partner agencies has already been established.

There have also been a number of workshops to explore local views and aspirations.

There is also a local communications engagement sub-group who have produced a series of questions and answers asked by members of the public, elected members and staff.

1.5.1 Terminology and jargon

Unfortunately a lot of NHS terminology and jargon can be a barrier to effective communication with patients, carers and the wider public. Throughout the process we will try and use simple terms and/or explain technical terms.

The members of the communications and engagement group are helping with this but with input from the event on the 9th we will aim to keeping improving how we simplify communications.

Please ask

If you are unsure about anything please ask as this will help everyone understand things more clearly.

2 Aims and Objective

Aims

- To understand and consider information and feed in views on:
    - business case process
    - current and future challenges and opportunities
    - agreeing a vision for the future
    - possible benefits and solutions
    - ensure wider work on Lochaber developments are understood

Objective

- To have input from stakeholder to be in a position to complete the strategic assessment template required to submitted to the Scottish Government as part of the business case process

In 2015 about one in twenty people in Highland were aged over 80 years old, but by 2035 this figure will be more than one in ten.

3. Business Case Process

3.1 Overview

The Scottish Capital Investment Manual (SCIM) provides guidance on the processes for all infrastructure programmes (eg such as new hospitals) within NHSScotland. There are four main stages:

Stage	Activity	Status
0	Pre-engagement activities and preparatory work	COMPLETE
1	Strategic Assessment	WE ARE HERE
2	Initial Agreement	Planning for July, 2019
3	Outline Business Case	Planning for March, 2020
4	Full Business Case	Planning for January, 2021

3.2 Stage 1 – Strategic Assessment

The purpose of the **Strategic Assessment** is to outline the need for service change and describe early thoughts on benefits to be gained from any significant investment.

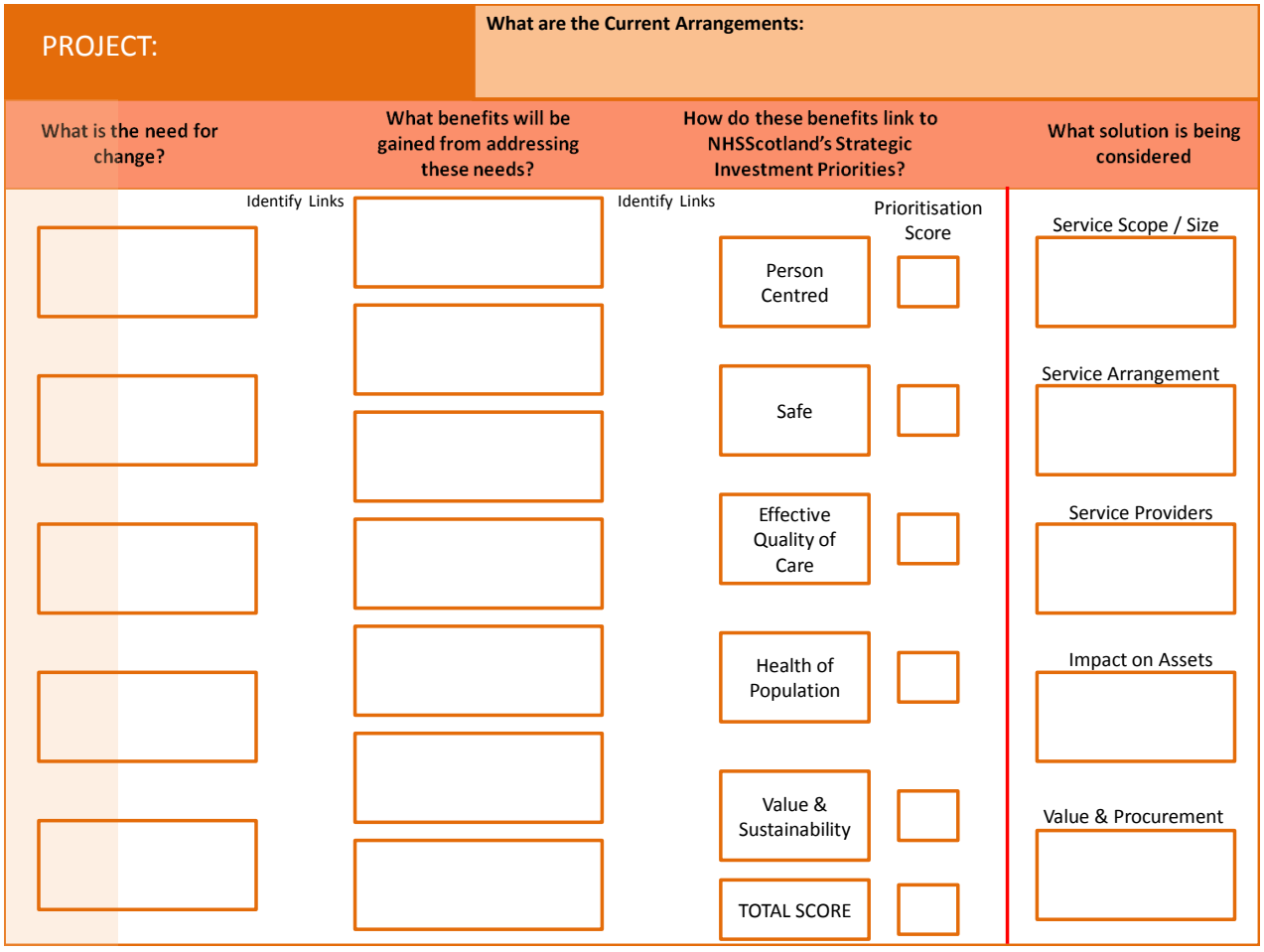
Once prepared, the completed document will be submitted to Scottish Government. They will consider it against other competing projects before giving its support for NHS Highland to progress to Stage Two (Initial Agreement).

NHS Highland has been keeping the Scottish Government closely involved with the work to replace the Belford Hospital. To support the process we will be hosting visits in August of local MSP Kate Forbes and also Scottish Government officials.

Strategic Assessment | Key points
• Describes what is included (the scope) of any new proposal. • Gains consensus and support from stakeholders • Highlights service need and benefits. • Informs Scottish Government of the project need and intentions through completion of strategic assessment template (see below)

“Scottish Government is buying outcomes, not buildings”

3.2.1 Strategic assessment template



Key messages from Scottish Government and Capital Investment Group
○ Service change process comes before Business Case ○ Emphasis on demonstrating benefits , right from the start ○ Risk register must include organisational and service risks not just constructions risks ○ Evaluation must consider more than lessons learnt from the building side of things ○ Scottish Government is buying outcomes, not buildings

3.3 Stage 2 - Initial Agreement

This sets out the strategic case for change and the preferred service model options and describes the feed-back from public consultation or engagement.

- Sets out current arrangements from which change will take place.
- Provides the evidence base supporting the need for change & benefits to be realised.
- Sets out the initial benefits realisation plan
- Reviews alternative strategic / service solutions against investment objectives
- Identifies a preferred strategic / service solution(s).

As we go through the process it will be very important that we get our communications and engagement right. This is often easier said than done.

At the moment we don't believe there will be a need for a public consultation because to date we have had no opposition to the site for the new hospital or indeed to replace the Belford. However, as we go through the process we will continue to gauge views and take advice from the Scottish Health Council. It may well be that we need to consult on specific proposals.

3.4 Stage 3 - Outline Business Case

- Confirms status of the Strategic Case
- Economic appraisal of alternative options for implementing the preferred strategic / service solution(s)
- Identifies a preferred & affordable option.
- Sets out the arrangements for delivering the preferred option and realising benefits
- Confirms a readiness to proceed to procurement.

3.5 Stage 4 Full Business case

- Confirms that management, commercial, funding and financial arrangements are in place to deliver the project
- Sets out the contractual details of the project which the Board is being asked to sign-off

4. Redesign of Health and Social Care | 2007 to 2017

4.1 Introduction

There has been ongoing redesign of health and social care services across Highland over the past decade (and of course before that). There are major programmes of redesign in Caithness, North West Sutherland, Skye, Lochalsh and South West Ross, Badenoch and Strathspey, Argyll and Bute. These are looking at redesigning services across health and social care at district level

There is also a proposed new elective centre (hip operations and cataracts) being planned for in Inverness. More generally there has been significant work to integrate health and social care services and strategically co-locate staff and services where possible.

4.2 What changes have taken place in Lochaber?

A lot of pioneering work, particularly by staff working in the Belford Hospital and staff supporting the integration of health and social care across hospital and community services, was tested in Lochaber prior to wider roll out across Highland.

Some of the key changes are summarised below:

Year	Summary of key change
2007	• Glencoe Hospital closed
2007	• Fort William Health Centre opened
2009	• Combined Assessment Unit (CAU)[1], combined step down ward (Ward 1) and a Day Case Unit opened in Belford
2010	• Virtual Ward between Ballachulish GP Practice and Belford
2011	• No inpatients in Belhaven but used as a staff base • Upgrade of Belford Theatre and Endoscopy
2012	• Integration of health and social care including NHS Highland taking over management of care homes and care at home • GP bed in Moss Park Care Home

[1] See the next page for a description of what we mean by a combined assessment unit and why it has improved local care. Other terms are also explained.

2013	• Planned closure of Belhaven • Staff co-located in Health Centre
2014	• Integrated teams established
2015	• Highland Council purchase Blar Mor site for replacement of the Belford • Flexible bed model implemented at MacIntosh Centre
2016	• Ambulatory Care Unit opens at Belford. • **Ambulatory** means people are able to walk in for treatment and do not need a hospital bed
2017	• Introduction of Mental Health Urgent Care Nurse

4.2.1 Combined Assessment Unit

The local team including the doctors and nurses looked at ways of improving assessment, stabilisation, diagnosis, transfer or discharge of patients. These are key functions of care provided in a Rural General Hospital.

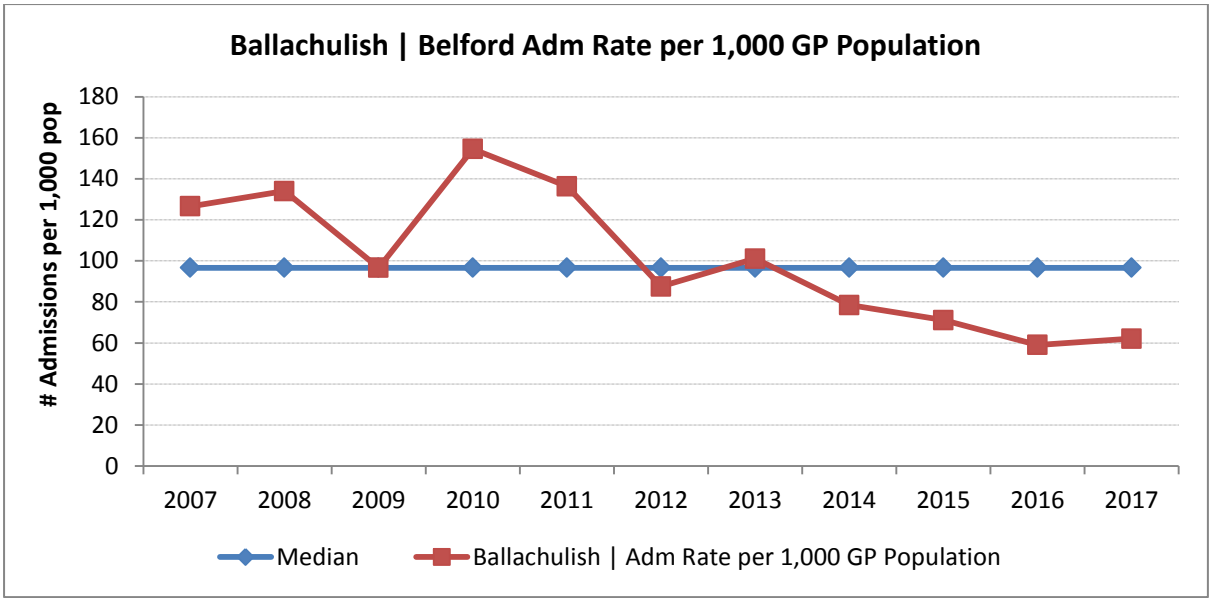
The staff decided to combine the medical and surgical wards into a Combined Assessment Unit (CAU), with step down ward (Ward 1) and a Day Case Unit.

The benefits included improved safety, reduced inappropriate hospital admissions with an associated reduction in patient hospital stay, reduced waits in A&E and increased patients seen as day case.

4.2.2 Virtual or Remote Ward Rounds

Since 2010, people living in the Ballachulish area are "seen" in a virtual ward round conducted remotely. In a joint approach involving GPs, the care home and a consultant at Belford Hospital, video-conferencing is used for staff to discuss the management of individual patients to ensure that every health and social care need is met at home. It promotes independence and also means hospital beds are released for patients with acute healthcare rather than social needs.

The chart below shows the reduction in hospital admissions to the Belford from the Ballachullish area.



4.2.3 Integration of health and social care services

Just a week after integration in 2012, two elderly residents of Invernevis House, a residential care home in Fort William, became unwell. Previously, they would have gone to Belford Hospital in the town as emergency admissions. However, integration encouraged a new approach: a nurse from the hospital went to stay with them at Invernevis to care for them until they recovered.

Prior to integration, five or six nurses would go to see their own practice patients. Now, Invernevis has a case load of its own, and just one nurse and an auxiliary go there each day. This means the care home staff have fewer points of contact allowing care to be better co-ordinated.

4.2.4 GP bed in Moss Park Care Home

This is a palliative care bed. It's a contract that is renewed on an annual basis with Moss Park that allows a GP to admit a patient to the care home.

4.2.5 Integrated Teams

Integration made possible the creation of an integrated district team for Lochaber. It has a core team of key health and social care professionals representing, for example, care home staff, occupational therapy, GP practices, community nursing and day care centre staff. The team is effectively a central

point of access for all health and social care services in Lochaber and is managed and co-ordinated through a Team Leader.

By working together in a co-ordinated way, a group of key professionals are better able to fix clients and patients up with all their health and social care needs.

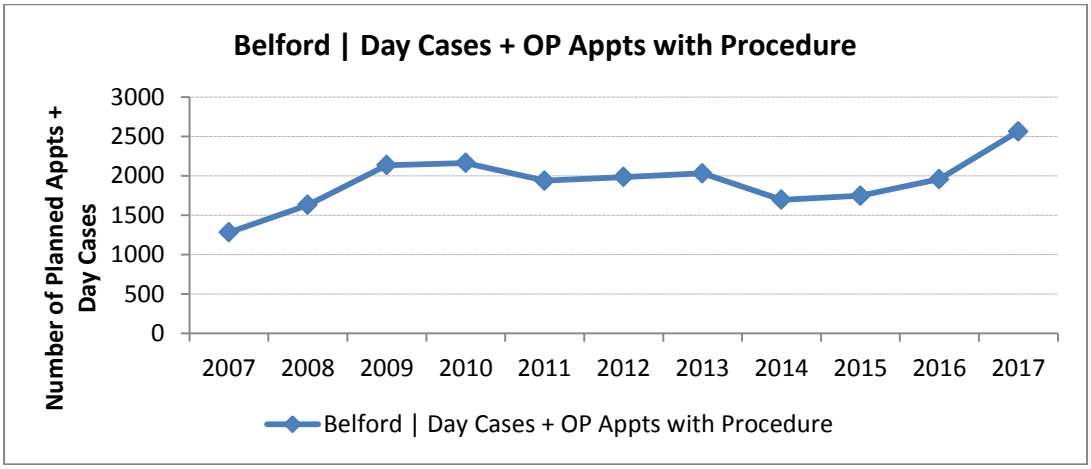
4.2.6 Flexible bed model at MacIntosh Centre

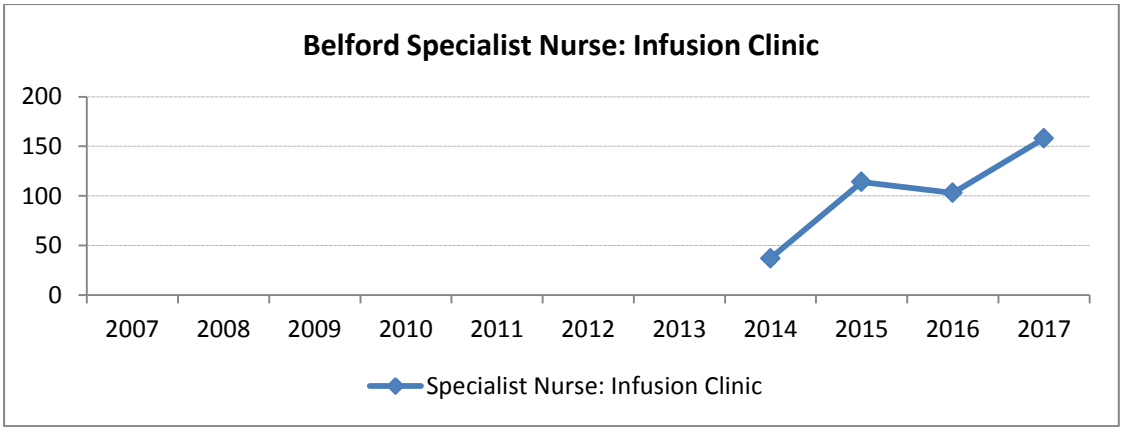
When the Care Home re-opened after being closed for Adult Support and Protection reasons, families and staff wanted a flexible bed that could be used to support urgent care e.g. carer breakdown/ carer exhaustion as well as to prevent admissions to Belford and support early discharge back to Mallaig.

4.2.7 Ambulatory Care Unit

The aim of setting up the unit was to bring the renal, chemotherapy, haematology and medical infusion services together in one department.

The chart below shows the increase in day cases and outpatient appointments where a procedure was carried out. Previously patients would have been admitted as an inpatient and had at least one overnight stay. This is one of the reasons why across the county fewer hospital beds have been needed.





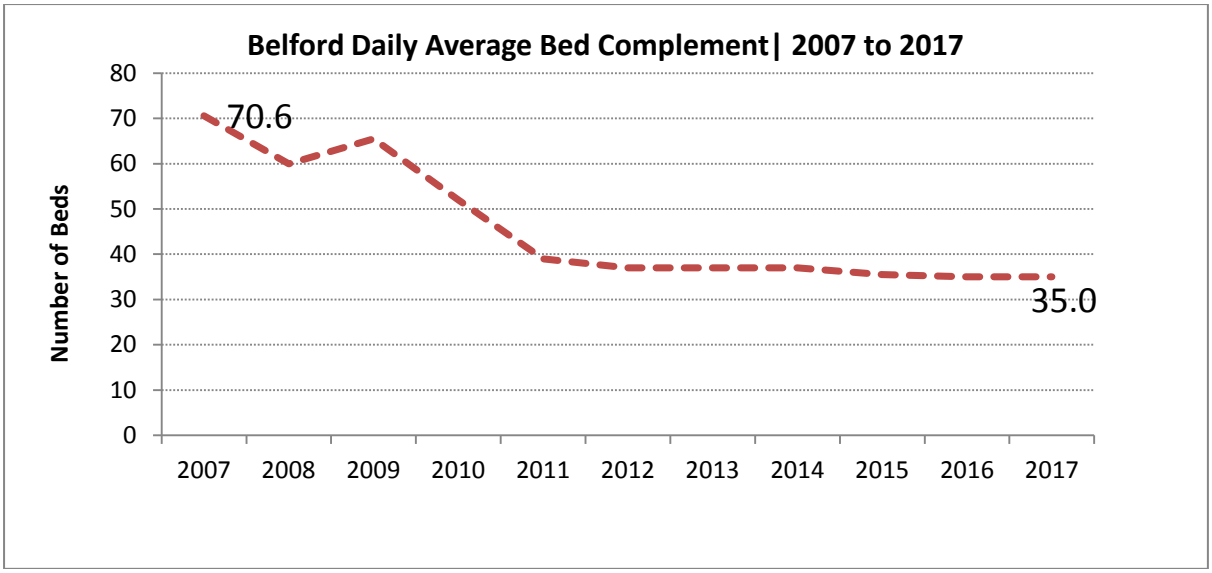
4.3 Impacts | Hospital beds

Many of the changes and improvement have been designed to improve patient flow.

Flow is working in a way which reduces the likelihood of people having to be admitted to hospital (as an emergency) or when they are in hospital they only stay as long as is necessary. It is about trying to make sure that every person gets the right care, at the right time and by the right person.

This is achieved both by having good community and social care services offering GPs with alternatives to avoid hospital admissions. Equally there needs to be sufficient care at home and community services to make sure people are not delayed in hospital.

The Combined Assessment Unit, Virtual Ward, Ambulatory Care and Day Case Services and integration of health and social care service have all improved patient flow. These actions combined have had the impact of reducing the need for acute hospital beds.



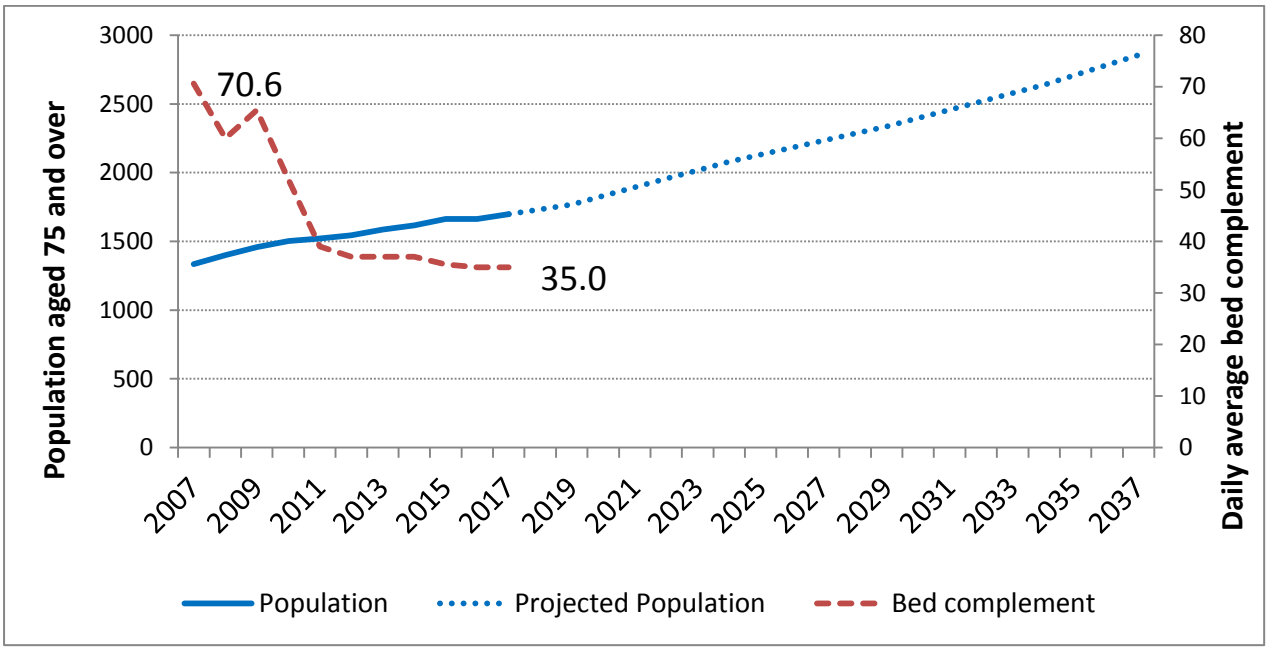
4.4 Hospital beds and changing demographics

One of the challenges for any redesign is to work out the number of beds required (community and acute).Getting the numbers right is a balance between investment in community services (care at home), use of technology and changes in care and treatments to avoid hospital admissions and reduce length of stay.

The above chart shows how changes implemented have had an impact on the number of hospital beds.

Notably these reductions have happened at the same time that the population of over 75s (who are more likely to need services) steadily increased over the same period (see chart below).

Trend in number of inpatient beds (2007 to 2017) and population projections aged 75 years and over, Lochaber (2007 to 2037)



People including the public and staff can have firm and opposing views about bed numbers with some feeling a reduction in bed numbers is a 'down-grading'.

What is important is to work out what the needs are and the best place to meet these needs. We want to arrive at the right number not too few or too many – as both can have negative implications. We are not at the stage of having to consider numbers that will come later.

5. Making changes in health and social care

5.1 Introduction

Public health approaches to immunisation, prevention, screening, combined with better treatments, have led to increased life expectancy. However, pressures on services over the years have also changed.

More people with major health problems now survive in to adult life. Treatments for many conditions have improved, resulting in people living longer with long term conditions. With these improvements, therefore, the way we develop and provide our services constantly needs to change.

Medical interventions have become available for previously untreatable conditions such as macular degeneration or dementia that, while not curative, produce valuable benefits for people, however do incur considerable costs.

As people live longer, some may need a great deal of support from multiple services. This is so they can stay safely in their own homes, for as long as is practical if that is where they wish to be.

Gaps between services, and flow from one service to another, become very important, particularly when delays can leave people stranded in hospitals.

Living longer is to be celebrated but older people sometimes feed-back that the way we describe '*the case for change*' makes them feel like a 'burden' or a 'nuisance'. This is simply not the case as every life should be treasured and respected. So we must all strive to work as hard as we can to make sure everyone is valued and listened to and we find better ways to communicate that is thoughtful of feelings.

There are a wide range of change ongoing across Highland, led by front line staff and communities all aimed at improving better health, better care and better value. Some examples are summarised below:

5.2 Scottish Patient Safety Programme

The Scottish Patient Safety Programme aims to reduce avoidable harm to patients by improving the safety of patient care. This programme uses a blend

of quality improvement methodology, clinical engagement and measurement to implement agreed changes called‘care bundles’.

When these are applied consistently together for every patient and for every intervention they have proven to reduce harm and improve safety.

One example is a significant reduction in falls in hospital. As falls are the most common patient safety incident in a hospital inpatient setting this improvement work has had significant benefits. The work has seen a 20% reduction in falls.

5.2 Right call for a Fall

“Right call for a Fall” saw NHS Highland in Caithness work with the Scottish Fire & Rescue Service (SFRS) to support people who had fallen in their own home, who were uninjured but required help to get up. Previously when someone fell they would have been taken to hospital by the ambulance. Under the new arrangements the ambulance service contacts the SFRS who attended to help the fallen person up. A referral is then made to NHS Highland who completes a falls assessment. The pilot has seen a 30% reduction in admission to hospital as a result of a fall at home.

5.3 Care at Home

NHS Highland worked with Boleskine Community and Highland Home Carers to jointly create a solution to the challenges of providing care at home within remote and rural locations. In the new model individuals can control their own flexible care provision and local people can be employed to meet their needs. The success of the trial in the village of Foyers, located just south of Loch Ness has been looked on favourably by other areas in Highland.

5.4 Health & Wellbeing Hubs

These are flexible community based services promoting community togetherness, healthy living and lifelong learning. This all helps to reduce isolation, promote independence and in so doing reduce dependency on services.

5.4.1 Brora Hub

This is delivered by Engaging with Activity (a Community Interest Company) with the aim of providing a range of health and wellbeing activities for the people of East Sutherland. The ethos is to provide a social base for people to come together. They can 'pop in' for a chat, lunch or to participate in organised activities.

5.4.2 Howard Doris

The Centre in Lochcarron provides sheltered accommodation, day-care and homecare and was developed by the community.

5.5 Technology

Technology can have a big impact on the way we deliver health and social care and is set to continue to revolutionise care and practice. One of our challenges when building new hospitals, for instance, is to try and look into the future and consider out technology might allow more services to be delivered out of a hospital setting.

Indeed nearly always people rightly talk about the need to 'future-proof' services. Yet the underlying assumption, especially when thinking about building, is almost always that it will need to be bigger, able to expand, have more of something. Yet nearly always history shows us that we build buildings that are too big. The key is flexibility and an ability to adapt. In some ways buildings and providing services from buildings are the least flexible options.

Some examples of how technology might reduce the need for the size of a building (or part of a building) is provided below.

5.5.1 NHS Near Me

NHS Near Me is a new NHS Highland service which aims to provide consultations as close as possible to patients' homes. It uses video consultations supported by new technology. It is being rolled out this year

"*Very thankful not to have to travel to Inverness for a 10-minute consultation. It's a first class idea, very well organised*." – Patient feed-back

"*I have been doing video consultations for four years. The Near-Me technology is a huge improvement. Still some patients prefer face-to-face consultations but the vast majority love its ease and accessibility. It cannot be rolled out fast enough for* me". Consultant feed-back

5.5.2 Project ECHO

Project ECHO (Extension for Community Healthcare Outcomes), which is being led by the Highland Hospice is a way to meet local healthcare needs, when for whatever reason, access to specialist care is remote.

The heart of the ECHO model is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities.

5.5.3 Capsule endoscopy

Capsule endoscopy or pillcam is being tested to provide easy access to diagnostic endoscopy. Using some novel technology, instead of having to travel to hospital for invasive procedures a pill, which includes a tiny camera, can now be taken. As well as being less invasive the pillcam can be taken at home and the results discussed at the local GP surgery, or indeed in the persons own home.

5.5.4 FIT Housing

This is being used in Alness to provide suitable long term housing for those with additional health needs. These types of homes offer a quicker and flexible build option than traditional buildings.

Fit Homes

Fit Homes are new types of housing that are being developed by Albyn Housing Society and NHS Highland in partnership with Highland residents and health and social care professionals. They are designed to be attractive homes that people would like to live in. They are highly functional, easily adaptable and more suitable for a wide range of people's health and mobility needs than existing housing.

The "Fit Homes" concept is a technology enabled smart house that promotes wellbeing and preventative health solutions up to and including end of life care. Residents will benefit from digital health and assisted living technologies in a way that has not been possible before.

The concept supports residents to take charge of their own wellbeing. At the same time they can meet their health needs through a system of innovative technology and design. They will be able to both self-manage their support and have enhanced face to face social interaction.

"Fit Homes" is a home for life, not just an end of life solution. The technology enables young people to maintain a sense of wellbeing and morphs as the person responds to the physical and mental changes that life brings.

6. Feed-back from Workshops | 2015

There have already been a number of workshops to look at the issues and aspirations for health and social care services in Lochaber including:

- Clinical Workshop, 21st September 2015

- Feed-back from Steering Group on Clinical Workshop, 3 December 2015

- Group Work, 3 December 2015 covering:

  - What do you value and key assets?
  - Key elements of success and who needs to be involved?
  - What next?

The outputs from these events have all been reviewed as part of the preparation for this event, and as appropriate, key points included in the Case for Change arguments (Section 7). Other points and opinions have been themed and are highlighted below.

Overarching

- 24/7 service hospital and community support services
- Assessment and stabilisation (not scoop and run)
- Centre of excellence of 'Rural General Hospital' locally in Fort William/Lochaber – consultant led, specialists to visit
- Cradle to Grave
- Empower society to take more responsibility for preventative actions
- GP communications direct with hospital
- Role of Belford within wider NHS Highland needs to be specified
- World class emergency and recovery service

Some emerging principles

- Continuity of care
- Focus on what keeps us well and in the environment we want to be in
- Partnership working across all services within Lochaber and wit Raigmore
- Good transport links are vital
- Integrated care
- Person-focussed on outcomes and not outputs

Thoughts on hospital-based clinical services

- Access to specialist care
- Accident & Emergency 24/7
- Alternative therapies?
- Chemotherapy
- Consultants and Physicians
- Day Case Unit
- Designated place of safety for drug and alcohol and mental health
- Dialysis
- Geriatric unit?
- High dependency unit
- In-patient services (*)
- Maternity care - scans done locally modern/comfortable/welcoming
- Older people's services
- Palliative care (local)
- Physiotherapy services in the community
- Rehabilitation services (enhanced)
- Renal Unit
- Specialist generalists - FUTURE
- Training for junior doctors
- Visiting Consultants – remote consultations

(*) – Comments on hospital bed numbers from GPs "currently too few and don't want to reduce further".
But noted provision of care at home and community services impacts on hospital activity

Information Technology (IT)

- Ease of immediate sharing of clinical data – history/diagnostics etc –
- IT -Primary and secondary links
- Reliable and robust IT systems
- Utilise technology more VC/online etc

Design of Hospital and facilities

- Bright, light building
- Cafe(s) – reasonably priced
- Child friendly - so they won't be frightened/put off;
- Comfortable chairs
- Facility for specialists to hold surgeries in Lochaber
- Flexible / adaptable building and future proof - a building suitable for the job
- Great access and parking for all
- Green from the outset (including energy efficient building)
- Helipad, preferably rooftop - would it make transfer to hospital easier
- Hydro pool
- Inclusion in all respects
- Light, airy welcoming entrance
- Outside appearance – trees, flowering plants
- Purpose built facility designed around known and anticipated needs
- Staff , patient and relatives accommodation
- Well designed building and health services to facilitate well being
- Staff facilities for stabilisation
- Training, conference centre

Education, Training and Recruitment

- Capitalise on opportunities of working with West Highland College
- Centre for training and teaching for nursing and AHPs
- Recruitment – is there a possibility of partnership with local authority and housing association to provide housing for key workers?
- Training for junior doctors
- Vision for local young people to be able to be trained and achieve good, sustainable local jobs

Engagement and communications

General comments

- All of our community need a voice that includes our young people
- Open and regular communication: local press, social media, project website
- Listening to the community/hospital health practitioners and taking on board needs
- Community representatives should be on the Steering Group

Stakeholders specifically mentioned

- Allied Health Professionals
- Ambulance service
- Care providers,
- Chamber of Commerce
- Community councils
- Community Nursing
- Community Planning Partners
- GP services
- Health and social care professionals
- Health and social care providers
- Highland Council
- Local youth forum groups
- Patient involvement
- The public,(Fort William, Lochaber and Highland communities)
- West Highland College
- Young people

Other points to consider and reflect upon

- 150 years of the Belford – important social capital
- Educational capital
- Emotional attachment
- Iconic facility with significant history
- Value – significant number of nursing staff are from the area

7. Strategic Assessment | Case for Change

The first part of that document that we will be working on together is 'What is the need for change'. We have touched on some of the general reasons across Scotland and Highland how the NHS has changed and will need to keep on changing.

In this section we will summarise some issues specific to Lochaber (and Highland).

This will be discussed and debated at the event and some information has been summarised to inform discussions covering:

- General changes in medicine and technology
- Age-related demography
- Deprivation
- Workforce
- Estates issues (Belford Hospital)
- Financial matters

7.1 General changes in medicine and technology

- Medicine is always evolving in the face of demographic changes and responding to new treatments, drugs and technological advances.
- These advances are positive and mean more people are living independently for longer.
- Advances in medicine and workforce issues will continue to influence the place of specialist care and costs of care
- Increased use of technology will support provision of more local care and support more people to be independent
- More people will need care and more of them will live alone
- Sustainability of safe services, affordability and workforce are linked.

7.2 Age-related demographics

- One in five of the population in Highland is aged over 65 years old
- By 2035 it will be one in three aged over 65, with more than one in ten over 80 in the Highland area
- The impact of this age-related demographic is more advanced in our remote and rural areas
- There has been a 25% increase in over 75s in last 10 years (24.7%)
- In number terms there are just over 1,800 Lochaber patients over the age of 75 years as of 2016, and of these 437 are over 85yrs old.

7.3 Deprivation and Health of the Population

- Lochaber has approx. 25% of people in the most deprived and second most deprived categories for Multiple Deprivation – approximately the same as Highland as a whole.
- 6.9% of children (aged 0-17years) in Lochaber are living in the 10% most deprived small areas in Highland – just over half the Highland figure of 12%
- Percentage of the Population in receipt of out of work benefits:
  - Lochaber – 9.7%
  - Highland – 11%
  - Scotland – 13.5%

- Standardised admission rates relating to an alcohol issue indicate a significantly higher rate for admissions from the Fort William South area compared with the Highland average. The rest of Lochaber figures are less or significantly less than for Highland as a whole.

7.4 Workforce | GPs and Consultants

- NHS Highland employs around 10,000 staff across the board area
- Based on the current way services are delivered Raigmore Hospital has an establishment of 213 consultant doctors across 28 specialities with 24 vacancies (11percent)
- Outside of Raigmore there is an establishment of 50 consultants with 19 vacancies (38 percent)
- In the Belford Hospital there is an establishment of 10 consultant posts with four vacancies (40 percent)
- Currently all three General Surgeon posts are vacant (currently out to advert) and one of four consultant physician posts is vacant
- There are three anaesthetists all are permanent appointments
- There are 98 GP practices in NHS Highland board area with between 260 to 270 GPs
- Our latest figures show that there are 21 GP vacancies across NHS Highland (11 of them in salaried practices)
- In Lochaber there are nine GP Practices of which two are salaried: Ballachulish and Acharacle
- The 2018 GP Contract continues the move towards utilising other professions in the provision of primary care such as advanced practitioners (nurses, paramedics and pharmacists)

7.5 Workforce | All staff

- NHS Highland employs around 10,000 staff across the board area
- In Lochaber NHS Highland whole time equivalent of 500 staff
- Around half the staff (236) are over 50 years of age
- Annual turnover is consistently exceeding 15%.
- This means around 80 posts need to be filled in Lochaber.
- One in eight nursing post-holders change each year.
- One in seven social care posts change each year.
- One in 20 staff members are on sick leave at any one time
- Of the members staff on sick leave two out of three are on long term sick
- There are challenges around Mental Health detentions and availability of staff from New Craigs
- Staffing challenges also exist for a number of services such as laboratories, sonography and midwifery.

7.6 Estates |OVERVIEW |The Belford Hospital

The Belford Hospital was built in the early 1960s with an expected lifespan of 60 years (~2022). An assessment of the physical condition and functional suitability of the building to meet current future health and care services has been carried out.

Physical: Relates to the layout, condition and maintenance of the building such as roofing, wiring, plumbing, compliance with regulations and standards.

Functional suitability: How well the building (or parts of the building) supports the delivery of current and future requirements, standards and demand. This includes the number of single rooms; size of the clinical areas, and compliance with infection control for example.

From an estates perspective significant workarounds and fixes are ongoing with large levels of maintenance required. The building does not offer any flexibility to respond to modern medicine and there is no room for expansion. It needs to be replaced to maintain or enhance current service provision.
It is important to highlight that the building is being actively maintained to meet all required standards. However, it does mean that significantly more resources are necessary to keep things going than would be required in a more suitable, modern building. It's a credit to the staff that they provide great quality, safe and person-centred care in an environment that is now not ideal

7.7 Estates | PHYSICAL | Belford

- Site is limited in terms of expansion and flexibility
- Maintenance costs are higher in older buildings in order to comply with statutory legislation and higher levels of failure and replacement
- For instance around £1million has been invested in electrical re-wiring over the past five years
- Access ramps are too steep to meet current standards
- The original lift is too small to accommodate wheelchairs, restricting access to upper floors and proving particularly problematic for patients accessing the renal department when the renal lift has failed.
- Other significant maintenance issues include heating, drainage, windows, floor, fire safety, and decor.
- Not able to comply with requirements for 50% single en-suite rooms
- Challenges to comply with control of infection
- Heavy dependency on paper and storage of notes but lack of suitable storage
- Dining Room difficult for visitors and patients to access.
- Staff facilities and accommodation inadequate
- Parking cannot accommodate throughput creating issues with access for patients and deliveries
- Higher impacts in terms of energy and carbon footprint
- Poor ventilation, insulation, temperature control and limited natural light
- Poor access for those with disabilities and a general lack of wheel-chair accessible facilities

7.8 Estates | FUNCTIONAL SUITABILITY | Belford

- Layout of building and space do not reflect:
  - Increase in activity in Accident and Emergency and day case
  - requirement to have at least 50% single en-suite rooms
  - no place of safety
  - length of stay in hospital now shorter
  - need for more social care and rehabilitation
  - need for more multi-disciplinary and agile working
  - opportunities for greater use in technology
  - aspiration to have conference centre and patient / staff accommodation
  - no short stay unit, waiting area for Ambulance transport

- **Current challenges include:**
  - A&E department too small with a number of linked issues such as no relatives room and lack of privacy
  - Same access for major trauma and walk-ins
  - Poor layout re access to CT from A&E and inpatient areas
  - X-Ray department not fit for modern care
  - No place of safety
  - Inpatients mostly four-bedded bays, few single rooms and only one isolation room
  - Not dementia friendly
  - Size of outpatient department does not reflect number and range of outpatient clinics and procedures now taking place
  - Treatment options for physiotherapy sometimes dictated by the environment as opposed to clinical need
  - Lack of storage space (general)
  - No widespread Wi-Fi with potential issues re 'smarter' working and for patient experience?
  - Many offices spread across the site (inefficient and is a barrier to collaborative working)
  - Staff and public share toilets

6.9 Financial Matters

6.9.1 NHS Highland

££	Description
£810m	NHS Highland budget for 2017/18
£15m	Overspent in 2017/18
£6.1m	Amount of the total over-spend attributed to Adult Social Care
£12m	Investment in care at home since 2012/13
£29m	Annual cost for packages for young adults (131)
£27m	Amount forecast to be saved in 2018/19 against a target of £51m
£16m	Amount saved in 2015/16, £28m in 2016/17 and £35m in 2017/18
£95m	Amount required to be saved over the next three financial years
£20m	Spend on supplementary staffing in 2017/18 including bank, overtime and agency.
£15m	Amount of spend on locums in 2017/18

Place of care	Cost per week
Rural General Hospital	**£4,200**
District General Hospital	**£3,500**
Community Hospital	**£2,500**
NHS Highland Care Home	**£1,000**
Private Care Home	**£649 (*)**
Care at Home	**£200**

(*) – Self funding residents may pay significantly more

6.9.2 NHS in Lochaber

£	Description
£35m	Annual budget for Lochaber in 2017/18
£34.2m	Annual budget for Lochaber in 2016/17
£8.6m	Annual budget for Belford General Hospital in 2017/18
£2m	What we overspent by in Lochaber by in 2017/18 (*)
£1.4m	What we overspent in Lochaber by in 2016/17
£1.1m	Total over-spend attributed to Adult Social Care in 2017/18
£1m	Investment in care at home since 2012/13

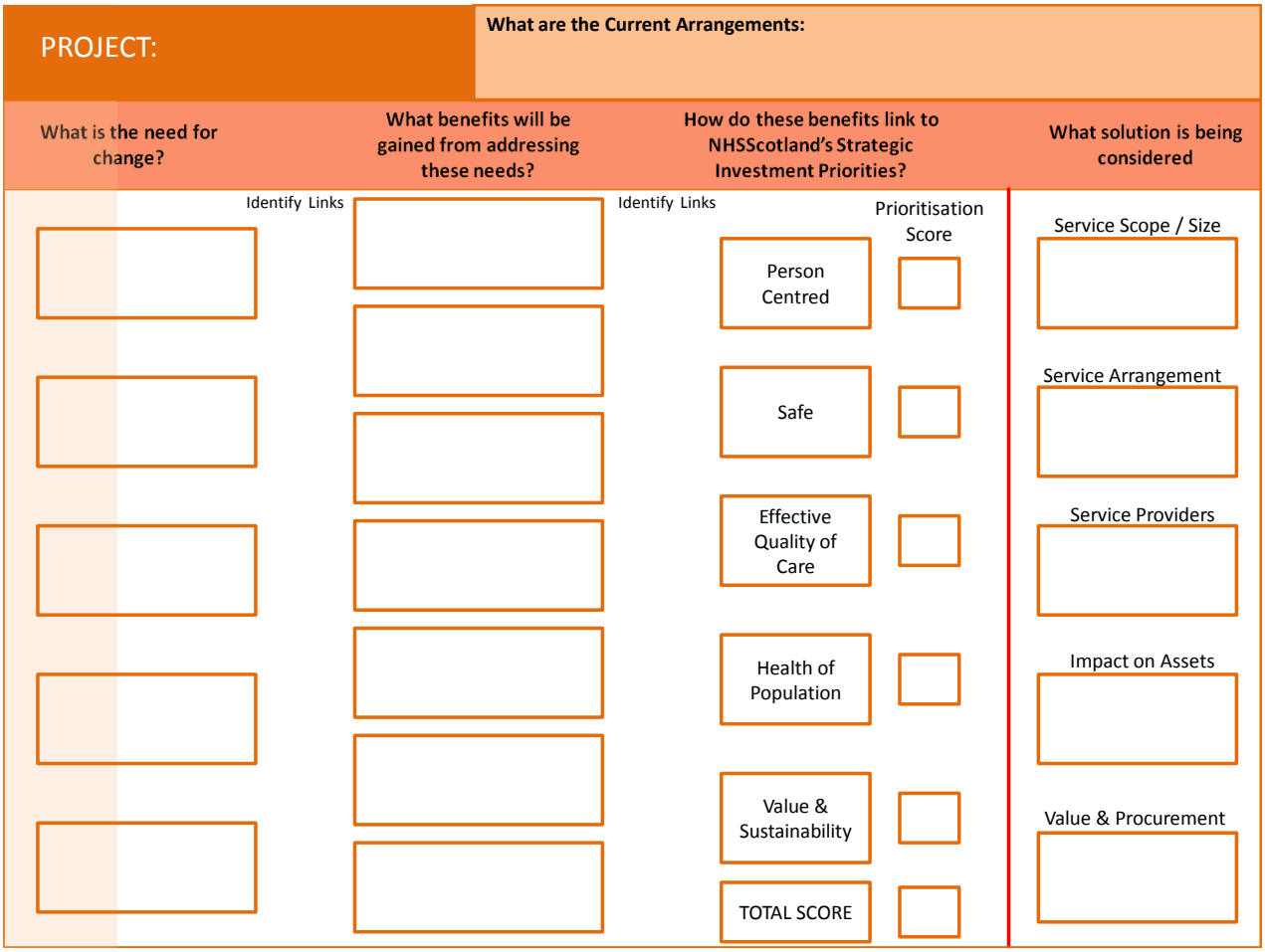
(*)The main areas of overspend in Lochaber are Adult Social Care, Laboratories, Ward 1, Out of Hours, Abbeyfield and Medical Staffing

Within Belford Hospital, medical locum and agency spend has increased from £425K in 2012/13 to **£1.7m** in 2017/18.

Average weekly spend in Lochaber
• £392k on pay • £51k on locums • £22k on supplementary staffing • £6.5k on supplies • £5.9k on drugs

7. Strategic Assessment Template

All the work supports our completion of the Strategic Assessment template



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