

## Lochaber Health & Social Care Redesign Stakeholders Group

Thursday, 17<sup>th</sup> February 2022 at 2pm – 3pm  
Via MS Teams



<b>Present:</b>	Louise Bussell, Chief Officer Community Services, NHS Highland – Chair
	Alan Wilson, Director of Estates, Facilities and Capital Planning, NHS Highland
	Stephen Gilbert, Consultant Anaesthetist
	David Sedgwick, Belford Appreciation Group representative
	John Hutchison, Chair, Kilmallie Community Council
	John Gillespie, Chair, Caol Community Council
	Patricia Jordan, Secretary, Fort William Inverlochry & Torlundy Community Council
	Maureen Cameron, Manager, Lochaber Care & Repair & Handyperson Service
	Neil Simpson, Service Planning Analyst
	Tina Webster, Lab Manager, Belford Hospital
	Karen-Ann Wilson, District Manager Lochaber, NHS Highland
	Kate MacLennan, Communications Coordinator
	Malcolm Gillespie, Chair, Ewen's Room – Promoting Wellbeing and Mental Health
	Josie Thomson, Clinical Advisor, Estates Team, NHS Highland
	Donald Stewart, Director South Lochaber Community Company
	Heather Cameron, Senior Project Manager, NHS Highland
	Robert Cargill, Deputy Medical Director (Acute)
	Brian Murphy, Chair of the Transport and Access Sub-Group
	Bryan Gregg, Voluntary Action Lochaber
	Denis Rixson, Liberal Democrat Councillor, Ward 11, Caol and Mallaig
	Iain Macniven, Chair Arisaig & District Community Council
	David Main, Project Manager, Estates
	Stuart MacPherson, Head of Strategic Projects, LSWR, Highlands & Islands Enterprise
	Melanie Poduschnik, Secretary of Mallaig Community Council
	Gordon Bell, Communications Manager for Kate Forbes MSP
	David Campbell, eHealth Facilitator
	John Taylor, Highlife Highland
	Lydia Rolmer, University of Highlands & Islands
	Katherine Sutton, Chief Office Acute Services, NHS Highland
<b>Apologies:</b>	Carmen Morrison, Local Officer, Community Engagement & Improvement Support
	Jo Cowan, Highland Senior Citizens Network and Age Scotland
	Simon Jeffrey, Practice Lead (Schools) Childrens Services
	Denise Anderson, Sunart Community Council representative
	Alan Grant, Consultant General Surgeon, Clinical Director for Surgery, Anaesthesia and Critical Care, Foundation Programme Director, NHS Highland
	Emma Tayler, Assistant Wards Manager
<b>Minutes:</b>	Anna Chisholm, Meeting Administrator, Corporate Services

### 1. Welcome and apologies

Louise Bussell welcomed everyone to the meeting and apologies were noted as above.

2.	<p><b>Minutes from previous meeting – 20<sup>th</sup> January 2022</b></p> <p>The minutes of the previous meeting were agreed as an accurate record of the meeting.</p>
3.	<p><b>Matters arising</b></p> <p><u>Transport and access</u></p> <p><b>Action: Alan Wilson to ask Council Transport Department and PHP for a copy of drawing to circulate to stakeholders for input and comments.</b></p> <ul style="list-style-type: none"> <li>• AW stated that nothing has been received from the Transport or PHP.</li> <li>• Michael Foxley will arrange a meeting with GP's. There had been an initial meeting before Christmas for drawings to be shared in due course.</li> </ul> <p>AW confirmed this has been followed up with the Council and HC will show a drawing in the meeting. Feedback has been received from John Hutchison, NHS Highland GP's, landowners and others from the project team. This item will be discussed further in today's meeting.</p> <p><u>Communications and Public Engagement Planning</u></p> <ul style="list-style-type: none"> <li>• AW confirmed the communication plan will be updated.</li> <li>• Marie McIlwraith confirmed that she and Heather Cameron are in communication regarding community engagement and would update at the next meeting.</li> </ul> <p>Louise Bussell confirmed that this item will be discussed further in the meeting.</p> <p><u>Transport review</u></p> <p>LB confirmed that she has had a meeting with Neil Macrae and work has commenced on the plan. There is ongoing communication with Neil Macrae, Alan Wilson, Heather Cameron and the team. Once we have this plan of work it will be shared with this Group so there is awareness of it.</p>
4.	<p><b>IA Development Update</b></p> <p>AW confirmed there is an update on ongoing work with UHI regarding the site location, workshops and option appraisals.</p> <p>HC confirmed the resubmission of the initial agreement and the structure of the two clinical workshops. The details are:</p> <ul style="list-style-type: none"> <li>• 25<sup>th</sup> February - 1<sup>st</sup> session will agree the core services that should be delivered. 2<sup>nd</sup> session is looking at what services might be delivered in a community setting rather than an acute setting.</li> <li>• 11<sup>th</sup> March - will look at what we may want to deliver in the future together, what should be considered when we are future proofing and what work might need to happen.</li> </ul> <p>The submission dates to the Capital Investment Group are well in advance of the group meeting but the board has been advised to submit the Initial Agreement as soon as possible with the hope that this will be considered in the April meeting. The additional step is to convey a group of local stakeholders including public members to slim the original list of 4 options to 2. The date should be out for this soon. There was a large group involved in the initial meeting and these may be invited to be involved in the next.</p>

The other areas are the design statement which has been completed and submitted, ongoing refining of the text on the initial agreement.

JG asked if this would be before or after the clinical workshops.

HC confirmed that this will take place after the workshops. The clinical workshops will add more detail about clinical services and the aspiration. What is safe and good practice and then the views of the local stakeholders. There is a list of investment objectives needing to be looked at.

JG said that it was his understanding from a previously issued project team minutes that the date was February for going back to the Capital Investment Group.

HC confirmed that it was hoped to run the clinical workshops earlier but this had not been possible and it was preferable to get the right people involved.

PJ expressed concern of being advised to submit the IA as soon as possible. Patricia asked if there is a deadline for the end March or the beginning of the financial year or whether it was behind timescale.

HC confirmed that this is not the case and that it was suggested to submit the IA as soon as it was ready. The official deadline for the CIG meeting is mid March and the standardised updates will be done and then the clinical workshop information will be added. It is a resubmission and not a new submission so CIG will not look at every detail therefore it would be expected to be a much quicker process.

DR wanted to endorse the point that had been made about the comprehension of distances and difficulties of travel. Some of the patients at this RGH will be coming from the islands and will have to take a ferry trip first or even a peninsula where there is no road access. DR confirmed that he was pleased of the understanding of that point.

MG asked if psychiatric and mental health clinicians will be included in the workshops.

HC confirmed that they have been invited.

**Action: LB will confirm there will be representation.**

JH asked about process and clarity on the target date for submission of the outline business case. JH asked for assurance that this would not be delayed as November had been mentioned previously therefore a year on from the IA submission.

HC confirmed the from the IA approval the OBC to be within a year and therefore March was the target date. There is ongoing work with this and confirmed the overall programme is approx. 10 pages long. By the next meeting there will be a much clearer programme. It was originally suggested a year for OBC and a year for FBC and then a couple of years for construction is the overall timescale. The plan now is for more time on the OBC, as there is more service planning work to be done there and then the FBC will need less time as less work required, therefore 2 years overall is about right.

AW confirmed that net Zero carbon and NHS Assure were an unknown as these are new areas. The piece of work regarding NHS Assure is ongoing and has taken 12 weeks, this needs to be plotted down on the programme as we move forward. As long as everything is sufficient and moving progress is within the timescales. It is the net zero carbon AW confirmed of the uncertainty as some of the things that are expected to achieve are not currently achievable 'do you have electricity in your hospital?' there is no supply as yet. There is a considerable amount of ongoing work.

JH confirmed of his understanding on the net zero issue with the expectations from Scottish Government.

As discussed at the previous stakeholder meeting, we plan to appraise the service delivery options described in the Initial Agreement, with the aim of reducing these from four to one. This will be done by a mixed group including NHS and public stakeholders from the Stakeholder group.

We propose to finalise membership of this group by the stakeholder meeting on Thursday, but in the meantime please note that this is planned for the 22nd March between 11.30-3.30pm, and will be an online session via Teams.

HC confirmed after the clinician workshops a workshop will take place with community including clinical and community stakeholders. This will be similar to the workshop attended by JH, PJ and others which Gill Bratt-McManus from Buchan Associates led last August around the service model which reduced the model from around 6 service options to 4, this is the continuation of that process.

**Action: AW confirmed that there would be bullet point dates to be confirmed in this minute of all workshops and joint meetings.**

The following dates confirmed in the meeting:

- 25<sup>th</sup> February 1st workshop
- 11<sup>th</sup> March 2nd workshop
- 22<sup>nd</sup> March 11.30am – 3.30pm appraisal of delivery options
- 29<sup>th</sup> March CIG meeting

JH asked how engaged the GP's are in these clinical workshops as there have been varying stories about GPs who do not have any knowledge of them.

AW confirmed that all have been invited and welcome to attend, together with the new Deputy Medical Director for community services.

SG confirmed of a meeting with GP's and that he is keeping them informed of all updates. They are being encouraged to attend the engagement meetings.

DR confirmed that there had been no GP in Mallaig for the last 18 months but that there is one starting part time this month. Further communication needed to engage new GP's particularly in West Lochaber.

SG confirmed that this particular GP works in the hospital therefore can update her. Similarly with the locums in the area, regular contact needed to update them.

## 5. Transport

HC discussed the two sides to this with the work with HITRANS.

The first plan showed the proposed link coming from the rear of the Health Centre Car Park going through to the access for the housing area.

The second plan showed an extension to the first plan, with a bus shelter and bus stops.

AW confirmed that the key point here is not the fine detail, it is showing that availability access is there and that there is not a detrimental effect on the Health Centre and their car parking spaces. A meeting will be arranged with Karen Anne to discuss the finer details.

JH noted the importance of not taking up too much time in this meeting to discuss but it is important to highlight that there could not be a two-way bus link here as this would cause a potential rat run through the new housing area to the High School.

JH shared a proposed plan of the bus link showing the route the buses would take to the Medical Centre, going northwards in an anti-clockwise direction. The inbound and outbound buses to Fort William both take the same route and this will be the way for the future. It is important that the link is a no through road which has been the expectation from the start. Any suggestion that this becomes a two-way road which allows buses through a residential area to achieve a bus timetable is unacceptable and will be opposed by the Community Council. There are ongoing discussions with the Council regarding this.

DS asked if this road has a two-way cycle lane and have adequate car parking.

HC agreed to both points. Planning had been done on the assumptions on how people travel from outlying areas and an adequate provision of car parking spaces.

K-AW clarified that after discussions with PHP and the Highland Council it had been agreed to include the second bus shelter and to have the road widened slightly, also the intention was to put in either cameras or bus gate to stop other traffic other than buses coming through there. After the initial consultation it was agreed to add a footpath which has been included in the drawings issued.

## **6. Communication and Engagement**

LB confirmed that Mairi McIlwraith was unable to attend this meeting however there are ongoing discussions regarding communication.

KM confirmed she has been working with Brian and Val to identify who the key influencers are in the area and has obtained a large list of contacts some of which are critical people in the area. KM is ready to consult with the wider community and thanked Councillor Rixson for his introductions. Jane Young from the Highland Council has made introductions to her connections. KM is building up a network of key people connected in the community so ready to work with them when the proposals are ready from HC.

LB suggested that when ready it would be beneficial to issue press releases.

KM agreed that mapping the local media landscape is worthwhile as sometimes press releases are not picked up by newspapers. Using a wide range of organisations and agencies will be more effective together with Nevis radio and other contacts.

DS asked if there are any connections with South Lochaber. Community work in different ways as some people rely on the Coop, village shop or Facebook etc. A wide spectrum is required so therefore cannot rely on one platform alone.

KM to liaise with DS on her draft list of organisations.

AW confirmed the proposal to run an article on the workshops and the work that is ongoing if in agreement with the Stakeholders group, this will be taken forward after this meeting.

JH added that he and PJ have established many contacts within local newspapers and community contacts with the suggestion of the Lochaber Times. There are so many circulars with so much information this will not be absorbed properly.

PJ noted that the Community Councils are inundated but asked that there be a short update on progress for us to place on our notice boards within Lochaber.

LB acknowledged these comments and recognised the need for positive communication and effective engagement around what is happening to include press statements.

	DR said that given the remit of these discussions regarding Lochaber health redesign he did think that having an Engagement Officer who is engaging with the community is an important feature.																		
<b>7.</b>	<p><b>AOB</b></p> <p><u>Community transformation planning</u></p> <p>LB informed the group of Tara French who is the new Head of Strategy and Transformation in the Health and Social Care Partnership. Tara will look at developing new plans for community services, obviously integrated with the hospital, but very much around where we go with social care, physical health care and mental health care in the community. LB suggested that perhaps there is a focus with Tara on how to progress on the wider remit for the future after work on the IA is concluded.</p> <p>DS asked if as part of the redesign is there a slot for looking at GP surgeries around the communities as the business model does not work in the Ballachulish area.</p> <p>JG asked that it may be worthwhile for Tara with involvement from the community to arrange a meeting in the future.</p>																		
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