

**Lochaber Health & Social Care Redesign
Steering Group**

**Thursday 18th February 2021
Via Microsoft Teams**



Present:	Louise Bussell, Chief Officer Community Services, NHS Highland - Chair
	Alan Wilson, Director of Estates, Facilities and Capital Planning, NHS Highland
	Andrew Ward, Acute Surgical Representative, Divisional General Manager, Surgical Division, NHS Highland
	Brian Murphy, Chair of the Transport and Access Sub-Group
	Chris Stirrup, Senior Charge Nurse & Emergency Nurse Practitioner, A&E, Belford Hospital, NHS Highland
	David Sedgwick, Belford Appreciation Group representative
	Denis Rixson, Liberal Democrat Councillor, Ward 11, Caol and Mallaig
	Donald Stewart, Director South Lochaber Community Company
	Dot Ferguson, Senior Ward Manager, Highland Council
	Dr Emma Watson, Deputy Medical Director, NHS Highland
	Dr John Goodall, Arisaig and District Community Council
	Dr John Wallace, GP Partner, Lochaber District medical lead (community), Interim Chair NHS Highland CAC leadership group
	Heather Cameron, Senior Project Manager, NHS Highland
	Hugh Wright, Project Manager, NHS Highland
	Iain Macniven, Chair Arisaig and District Community Council
	John Gillespie, Chair of Caol Community Council
	John Hutchison, Kilmallie Community Council and West Highland College UHI
	Karen-Ann Wilson, District Manager Lochaber, NHS Highland
	Lydia Rohmer, Principal and Chief Executive, West Highland College UHI
	Marie McIlwraith, Project Manager for Community Engagement, Communications and Engagement Team, NHS Highland
	Melanie Poduschnik, Secretary of Mallaig Community Council
	Pam Dudek, Chief Executive, NHS Highland
	Patricia Jordan - Secretary, Fort William Inverlochy & Torlundy Community Council
	Rev Sandy Stoddart, Church of Scotland Presbytery of Lochaber and Duror and Kentallen Community Council
	Ross Mackenzie, Area Manager, North & West Division, NHS Highland
	Stuart MacPherson, Head of Strategic Projects - LSWR, Highlands & Islands Enterprise
	Viki Sutherland, Chair Glencoe & Glen Etive Community Council
Apologies:	Alan Grant, Consultant General Surgeon, Clinical Director for Surgery, Anaesthesia and Critical Care, Foundation Programme Director, NHS Highland
	Dr Duncan Scott, Consultant Physician, NHS Highland
	Emma Tayler, Assist Wards Manager

	Gordon Bell, Communications Manager for Kate Forbes MSP
	Jenni Hodgson, Morven Community Council
	Josie Thomson, Clinical Advisor, Estates Team, NHS Highland
	Ros Philip, Head of Finance, North & West Division, NHS Highland
Minuting:	Rachel MacDonald, Management Assistant to Chief Officer, NHS Highland

<p>1. Welcome and apologies</p> <p>Louise Bussell welcomed everyone to the meeting and apologies were noted as above.</p>	
<p>2. Matters arising from previous meeting – 28th January 2021</p> <p>The minutes of the previous meeting were agreed as an accurate record subject to Denis Rixson being added to the attendance list.</p>	<i>R MacDonald</i>
<p>3. Update on key conversations</p> <p><u>NHS Highland, University of the Highlands & Islands & Highlands & Islands Enterprises collaborative working</u></p> <p>Alan Wilson, Lydia Rohmer and Stuart MacPherson met to discuss how the 3 organisations can work jointly regarding an infrastructure plan with workstreams being progressed:</p> <ul style="list-style-type: none"> Physical estates will be explored and where appropriate combined space will be utilised. Heather Cameron leading this piece of work. Opportunities for collaboration regarding the supply and demand for training and development are being explored by Eric Green, NHSH and Lydia who will also liaise with Deborah Jones, Director of Strategic Commissioning Planning and Performance in relation to research opportunities at the new national waiting times elective centre. A sub-group comprising appropriate membership will be formed and a plan will be formulated to progress this piece of work. Modern and graduate apprenticeships will be explored which will provide opportunities within the regions. Pam Dudek advised she has met virtually with Donna Manson, Highland Council, Conrad Trickett, Police Scotland and Donald Wilson, Scottish Fire & Rescue Service to discuss how the redesign can best support the community in terms of career development opportunities Pam has also met with Angela Sutcliffe, Chief Executive Nursing & Midwifery Council to discuss nurse associate roles currently in place in England with the aim of exploring these schemes further and implementing these or similar roles in local terms to provide opportunities for further development. It was recommended to liaise with the local group “Developing the Young Workforce” regarding developing the education agenda Stuart Macpherson is leading on how the business cases sit within the wider context of a place based FW2040 guidance and the wider benefits of making these investments, the commercial business benefits and key sector jobs which could also accrue 	

<p>The estates team are working on a whole area masterplan and exploring the feasibility for an integrated district heating system, commenting on the report which has been issued in relation to this. NHS Highland is committed to working in conjunction with the Highland Council towards their climate change ambitions.</p> <p>Alan, Stuart and Lydia will regroup following the March steering group meeting to progress all workstreams and identify timelines. A paper summarising the benefits of the collaborative working between NHS Highland, UHI and HIE will be produced which can be shared with local communities – Alan, Lydia, Stuart.</p> <p>The steering group thanked Alan, Stuart and Lydia for the update and the progress which is being made.</p> <p><u>Helicopter landing site:</u></p> <p>Dot Ferguson updated the group regarding the helicopter landing site and advised that the Civil Aviation Authority (CAA) are now in the position to carry out a site visit and take forward a feasibility study to identify a suitable helicopter landing site. The most recent guidance received states that any landing site at a hospital must be of sufficient size to accommodate any helicopter which is expected to land there and it was confirmed that the new site will meet this requirement. Chris Stirrup advised he is liaising with the military who have carried out a feasibility study from their prospective and they have confirmed it is approachable and could be used as a landing site. Heather will liaise with Dot and Chris to tie up the work which she has been carrying out regarding the landing site.</p>	<p>A Wilson, L Rohmer & S MacPherson</p>
<p>4. Initial Agreement – Heather Cameron</p> <p>Heather Cameron advised that work is ongoing collating the information for the initial agreement and identifying which is still requiring to be worked on. Previous service changes which have taken place in Lochaber are being mapped and how this will fit into the context of a 10 year+ redesign of services.</p> <p>Following receipt of the recent Scottish Government major investment plan Alan advised that he is exploring whether Scottish Government will accept a whole infrastructure plan for the site which demonstrates the wider benefits to the community and whole area rather than healthcare standing alone.</p> <p>With regards to the likely timescale for the Initial Agreement, Alan advised that this is dependent on a number of factors. Once the clinical input is received and the governance structure is agreed the project team will be established and progress the IA. Alan will discuss with the appropriate personnel and update on approximate timescales at the next meeting.</p> <p>Alan confirmed that he is keen to explore all opportunities available and is happy to be contacted directly by members of the steering group should they have any further suggestions - alan.wilson1@nhs.scot Likewise, Stuart MacPherson is happy to have conversations with anyone should they wish to discuss anything further regarding exploring possible opportunities or any concerns - stuart.macpherson@hient.co.uk</p> <p>Alan clarified that NHS Highland are required to follow the Scottish Capital Investment Manual Process which dictates which stakeholders can be</p>	<p>A Wilson</p>

approached and involved with discussions, including how we liaise with MSPs who are also governed by strict Scottish Government guidelines regarding engagement with local projects.

It was reiterated with a consensus of agreement that the steering group must be included in discussions regarding the master planning on the Blar Mhor. Alan and Louise Bussell confirmed that this would be ensured. This engagement will not delay progress with the healthcare business case.

5. Project Structure

Heather Cameron spoke to the Project Governance Structure document, summarising the role and remit of each group within the reporting structure, with full detail provided in the document and feedback from the steering group was welcomed:

Page 3, paragraph 1:

- insert reference to Fort William and Lochaber uniquely marketed as the outdoor capital of the UK with a thriving tourist economy

Page 4:

- insert reference to a consultant led acute facility

Page 5:

- amend following decision regarding transport and access group. **Heather and Brian Murphy to discuss the Lochaber Transport and Access Group outwith the meeting and amend reference to the group in the noted in project structure following discussion.**

H Cameron & B Murphy

Page 6:

- remove Liberal Democrat from Emma Tayler’s role, noting the correct spelling of her name

Page 7:

- expand role and remit to provide clarity on what the steering group will discuss, whether it is solely service redesign
- amend frequency of meeting to monthly
- add bullet point stating papers will be issued one week prior to the meetings

Page 8:

- reconsider “oversee ongoing engagement and communication with stakeholders” and whether this is an appropriate action for the project team
- **Further discussion and agreement required on how community representatives are selected to maintain a community link**
- **Heather and Ross Mackenzie to discuss project team membership.**

H Cameron & R Mackenzie

Page 10:

- consider an additional bullet point stating the project board will set parameters and the project brief

It was confirmed that project team membership includes Lochaber based NHS Highland staff and discussions are ongoing regarding the project team lead. GP representation will be identified, along with lead stakeholders from key departments with overall responsibility for inputting into the project team.

<p>To ensure two-way communication between the steering group and community groups further discussion is regarding what input is required from community groups and what information the community groups would like to receive from the steering group.</p> <p>Heather will update the project governance structure document with the above amendments and circulate to the group for final agreement.</p>	<p>H Cameron</p>
<p>6. Clinical Care Model</p> <p>Emma Watson advised the next Highland General Hospital Programme Board meeting is due to take place in March. The programme board liaises closely with Public Health regarding the current needs of the Belford hospital providing data regarding A&E attendance and hospital admissions along with future projections in terms of care needs for both a growing population and also an aging population to ensure the care being delivered is designed around this data. As previously confirmed, it will be a clinically led model with an augmented medical team with rural physicians in addition to the consultants. Also, the multi-disciplinary team will expand with additional nursing and AHP staff to ensure the populations needs are met. Within the model there is room for partnership working around wellness, working closing with mental health colleagues.</p> <p>The clinical model will be road-tested to ensure the requirements of the community are met and the service is future-proof.</p> <p>A further update on the clinical model will be provided at the next steering group meeting, with a focus on the health and care system model for Lochaber. A discussion to explore the fears of the community will also take place at the next meeting to gain full understanding from a community aspect and for NHSH to provide reassurance on concerns.</p> <p>Emma, Louise and Alan to meet before the next meeting to agree what information Alan requires to progress with the business case.</p> <p>A written update regarding the clinical model from the NHSH Rural Hospital Group was requested, to update the steering group on current discussions taking place at their meetings which the group can feedback and provide community input into the discussions.</p> <p>Emma will circulate the minutes of the RGH Programme Board once these are available.</p>	<p>E Watson, L Bussell & A Wilson</p> <p>E Watson</p>
<p>7. Communication and Engagement Plan</p> <p>Marie McIlwraith advised that once information regarding the clinical model and structure of the capital investment manual process is received community engagement will restart to seek the views of the public and road-test plans. Previous engagement work which has been undertaken will be built upon and developed further to ensure all communities are liaised with, in particular the most vulnerable communities.</p> <p>Marie, Emma and Alan to discuss timescales which will allow Marie to draft an engagement plan and an update will be provided at the next</p>	<p>M McIlwraith, E Watson & A Wilson</p>

meeting with the aim of providing a community statement regarding progress.																			
8. Agenda items for next meeting <ul style="list-style-type: none"> • Clinical model update • Communication and engagement update 	E Watson/A Ward M Mcllwraith																		
9. Date of next meeting 12pm – 1pm, Thursday 25 th March – please note amended time																			
10. Date of future meetings: <table border="1" data-bbox="204 607 919 920"> <tr><td>1.00pm – 2.00pm</td><td>Thursday 29th April</td></tr> <tr><td>3.00pm – 4.00pm</td><td>Thursday 27th May</td></tr> <tr><td>3.00pm – 4.00pm</td><td>Thursday 24th June</td></tr> <tr><td>2.00pm – 3.00pm</td><td>Thursday 29th July</td></tr> <tr><td>2.00pm – 3.00pm</td><td>Thursday 26th August</td></tr> <tr><td>3.00pm – 4.00pm</td><td>Thursday 30th September</td></tr> <tr><td>3.00pm – 4.00pm</td><td>Thursday 28th October</td></tr> <tr><td>3.00pm – 4.00pm</td><td>Thursday 25th November</td></tr> <tr><td>2.00pm – 3.00pm</td><td>Thursday 16th December</td></tr> </table>	1.00pm – 2.00pm	Thursday 29 th April	3.00pm – 4.00pm	Thursday 27 th May	3.00pm – 4.00pm	Thursday 24 th June	2.00pm – 3.00pm	Thursday 29 th July	2.00pm – 3.00pm	Thursday 26 th August	3.00pm – 4.00pm	Thursday 30 th September	3.00pm – 4.00pm	Thursday 28 th October	3.00pm – 4.00pm	Thursday 25 th November	2.00pm – 3.00pm	Thursday 16 th December	
1.00pm – 2.00pm	Thursday 29 th April																		
3.00pm – 4.00pm	Thursday 27 th May																		
3.00pm – 4.00pm	Thursday 24 th June																		
2.00pm – 3.00pm	Thursday 29 th July																		
2.00pm – 3.00pm	Thursday 26 th August																		
3.00pm – 4.00pm	Thursday 30 th September																		
3.00pm – 4.00pm	Thursday 28 th October																		
3.00pm – 4.00pm	Thursday 25 th November																		
2.00pm – 3.00pm	Thursday 16 th December																		