

Lochaber Health & Social Care Redesign Stakeholders Group

Thursday, 22nd December 2022 at 2pm – 3pm
Via MS Teams



Present:	Alan Wilson, Director of Estates, Facilities and Capital Planning, NHS Highland (chair)
	Louise Bussell, Chief Officer Community Services, NHS Highland (in part attendance)
	Heather Cameron, Senior Project Manager, NHS Highland
	Lyn Kilpatrick, Voluntary Action Lochaber
	Stephen Gilbert, Consultant Anaesthetist
	John Grafton, Highland Councillor
	Patricia Jordan, Secretary, Fort William Inverlochy & Torlundy Community Council
	John Hutchison, Chair, Kilmallie Community Council
	Michael Foxley, University of Highlands & Islands
	Gordon Bell (on behalf of Kate Forbes)
	Stuart MacPherson, Head of Strategic Projects, LSWR, Highlands & Islands Enterprise
	Carmen Morrison, Local Officer, Community Engagement & Improvement Support
	Brian Murphy, Chair of the Transport and Access Sub-Group
	Flora McKee, Voluntary Action Lochaber
	David Sedgewick, Belford Appreciation Group representative
	Josie Thomson, Clinical Advisor, Estates Team, NHS Highland
	David Campbell, eHealth Facilitator
	Thomas MacLennan, Highland Councillor
	Louise White, Urram
	Eachainn Miller
	Karen-Anne Wilson, District Manager
	Stan Arnaud, Morrison Media
	Jo McBain, Director of Allied Health Professionals
Apologies:	Martin Culbertson, Highland Council
	Denise Anderson, Sunart Community Council representative
	Helen Fairlie, Chair, Glencoe and Glen Etive Community Council
	Lydia Rohmer, UHI West Highland
	John Gillespie, Chair, Caol Community Council
Minutes:	Anna Chisholm, PA/Meeting Administrator, Corporate Services

1.	Welcome and apologies Alan Wilson welcomed everyone to the meeting and noted the apologies above.
2.	Minutes from previous meeting of 25th November 2022 and matters arising: John Hutchison asked that there be an addition to Section 4 of the previous minute: Mike Hayward confirmed that NHS Highland is committed to building the highest standard of modern hospital possible and said that it will be a full spec rural general hospital, with a fuller range of services than at present. Certainly an upgrade, with consultant-led services, working with other professionals as necessary.

On being asked about Highland Hospice's involvement in providing palliative care, Mike Hayward confirmed that NHS Highland works with partners on what will be provided in the new hospital and more detail will be given at a future meeting.

While Rob Cargill had offered experts to give greater detail the stakeholders doubted whether that would be necessary, since they had to understand the proposed services and be able to explain to others in lay terms.

The group acknowledged his request and noted the points made.

Bus Link

Alan confirmed the latest position with the bus link and that a number of questions were raised by the GPs which have been fed back to PHP who have responded. A site meeting will be arranged to find a resolution to the questions raised. John Hutchison requested he attend the site meeting in his capacity of Community Council Chair.

Action: Alan will arrange for John Hutchison to attend the site meeting.

There are ongoing discussions with PHP and the Council regarding how the land would be valued.

3. Update on workshops – Jo McBain

A presentation of the Rehabilitation Briefing was provided by Jo McBain which included:

Current Provision

Benefits

- Inpatient and community services delivered by the same team for Physiotherapy and Occupational Therapy provides continuity for patients and their families.

Challenges

- Limited rehabilitation spaces.
- Same team providing inpatient and community service limits the responsiveness for patients in both parts of the system and limits opportunities for joint working between professions.
- Overall capacity does not meet demand.
- Potential for longer hospital stays due to need for ongoing rehab beyond acute episode of illness.

Principles of Rehabilitation Delivery

- The model will support prevention, pre-habitation and supportive self-management.
- We will adopt digital health technology to support the delivery of the optimal model. And work "Digital first" wherever practicable.
- The model will support the development of transforming and emerging roles.
- It will help optimise physical, mental and social wellbeing and have a close working partnership with people to support their needs.
- The team will recognise patients as "people" and those who are important to them, including carers, as a critical part of the interdisciplinary team.
- The team will instil hope, support ambition and balance risk to maximise outcomes and independence for service users; and
- We will use an individualised, goal-based approach, informed by evidence and best practice which focuses on people's role in society.

Core components

- End to end service, from primary care, supporting prevention, pre-habilitation and early intervention.
- Consistent input throughout unscheduled care admission through acute, sub-acute and post-acute phases.
- Support to elective pathway pre-habilitation.
- Post admission support.

Multi-disciplinary and agency team provision

Health and social care team

Core team functions will include:

- OT, Physio, SLT, dietetics, podiatry
- Specialist nurses cardiac/ pulmonary rehab etc.

With support as required from:

- Nursing and medical staff
- Psychology & CPN team
- Pharmacy support
- Macmillan and Marie Curie
- Social care staff

Partner Agencies

The core team will work to bring in and/or liaise with partner agencies where patient needs dictate, including:

- Third and independent sector organisations
- Housing
- Volunteers
- Advocates
- Carer support
- Charity sector e.g. foodbanks, funded lunch clubs etc.

What is it:

- Delivered on basis of home first as the primary consideration
- Only where agreed criteria dictates as appropriate
- Person-centred
- Goal oriented
- Addresses multiple complex rehab needs
- Where there is a multi-disciplinary/ multi-agency rehab input need for individuals
- Where input frequency required is higher than feasible at home with travel; and
- Where the approach is negotiated between team and patient.

Who is it for:

- All adults whose needs and criteria fit the above requirements and who can tolerate it;
- People who have the capacity to return home/ homely setting;
- Patients with potential for improved function;
- Patients who have a goal to reach and need support to reach and maintain it;

- A patient whose care set-up no longer meets their safety requirements, and they have the ability to reach a rehab goal to remediate this (Step-up function).

Next steps

- Agree target operating model (TOM)
- Map individual clinical pathways and agree function of the "rehab unit" in each.
- Workforce plan

It was expressed of the importance of having a rehabilitation facility. It was asked if the facility will be located on the same site or within the main building and what staffing and parking provision will be allocated. It was confirmed of the 2/3 remaining workshops with a focus on the service model.

4. OBC progress – Heather Cameron / Alan Wilson

It was confirmed the timetable is still on schedule. The high level information pack will go out in the week of 9th January 2023. A series of assessments, submissions and interview will take place at the beginning of March 2023 and the PSCP appointment at the end of March 2023 which will allow design work to start thereafter.

It was confirmed of the 2/3 workshops elements remaining with a final crosscheck workshop on 8th February with a presentation from all of the stakeholders in the various workstreams describing what the service plan is and there is no overlap or gaps. A clear service model will then be available for the design team to work with after their appointment at the end of March 2023. Once the design team are on board the service model will be finalised, the start of the building design will take place and more detail can be made on the workforce plan.

Alan agreed to look at opportunities for extra resource to reduce the programme if the funding is available. This will be confirmed once the PSCP is appointed and the programme is reviewed.

Michael Foxley confirmed of conversations with a Government contact who indicated the possible slippage in some projects and capital works. Alan advised that his discussions with Scottish Government was capital allocations would be limited for 2023/24.

Heather reminded the group of the stakeholder survey which was circulated to the stakeholder group members on 16th December 2022 for comments by 9th January 2023.

A proposed structure for the new website was shared with the group for oversight and comments.

Action: Heather will share the proposed structure for the new website with the group for any comments.

5. AOCB

6. Agenda items for the next meeting

7. Date of next meeting

Thursday, 19th January 2023 at 2pm – 3pm

8. Date of future meetings:

Thursday, 16 th February 2023	2pm – 3pm
Thursday, 16 th March 2023	2pm – 3pm
Thursday, 13 th April 2023	2pm – 3pm
Thursday, 11 th May 2023	2pm – 3pm

	Thursday, 8 th June 2023	2pm – 3pm	
	Thursday, 6 th July 2023	2pm – 3pm	
	Thursday, 3 rd August 2023	2pm – 3pm	
	Thursday, 31 st August 2023	2pm – 3pm	
	Thursday, 28 th September 2023	2pm – 3pm	
	Thursday, 26 th October 2023	2pm – 3pm	
	Thursday, 23 rd November 2023	2pm – 3pm	
	Thursday, 21 st December 2023	2pm – 3pm	