- Welcome to our third "virtual" North Skye option appraisal workshop.

- The event will start shortly.

- Please turn your video on (if you are happy to do this) and ensure that the name you are displaying is one that we will all recognise.

- Also, ensure that your microphone is muted when you are not speaking and use the "raise your hand" function if you want to speak.

- Please note: The session will NOT be recorded.

- Thankyou

# North Skye Option Appraisal Session 3

Norman Sutherland

# Introduction & Objectives

Norman Sutherland

# Who I Am

**Norman Sutherland, RN, MBA**

- HGHCP Director (Healthcare)
- Associate Director (Healthcare Planner)
- NHS Head of Capital Projects/Planning
- NHS Hospital General Manager
- NHS Clinical/FM Services Manager
- NHS Modernisation Consultant
- Clinical Professional
- (Independent Facilitator)

# Wider Introductions

- NHS Highland
- GP Practices
- Hospital staff
- SAS
- Highland Council
- HIE
- 3rd Sector
- Private sector
- Elected members

- Sir Lewis Ritchie Leads
- Community groups
- Community councils
- Community rep's
- Churches
- Community trusts
- Lay representatives
- NHSH facilitators
- HGHCP facilitators
- …

# Video-conferencing (VC) Protocols

- Turn your video on if you are happy to do so – but be prepared to use audio only if there are broadband issues

- (Consider "background blur"!)

- Put your mobile/other devices on silent

- Respect the role of the chair (Use the "raise your hand function if you want to say something)

- Stay on mute when you're not talking*

- Speak clearly

- NB The main discussion room will NOT be recorded

# Welfare Considerations

- The issues we are talking about today are emotive

- We want this workshop to be a positive experience for everyone

- We have built a break into the session

- Please feel free to leave or re-join the discussion at any time if you feel you need to

# Ground Rules

- Keep questions (and answers) concise and aligned to objectives

- Let people speak – whether you agree with them or not

- Don't get "bogged down" with detail – be prepared to "park" issues if necessary

- Keep behaviours respectful

- Respect everyone's opinion

- Respect my independence

# Objectives of this session

- Provide a VERY brief summary of Sessions 1&2

- Reflect on wider public feedback after Session 2

- Discuss and agree main elements of the "service model" we are proposing

- Agree how our developing service model defines the "long-list" of facility options available to us

- Refine these potential options into an agreed "short-list" of options for detailed evaluation & assessment

- Consider what else we need to be clear on before we can agree and formally evaluate (score) a short-list of options

# Workshop 3 (20/01/21): Agenda

- 1200 – 1210      Summary of Sessions 1&2
- 1210 – 1230      Wider Public Feedback
- 1230 – 1245      Emerging Service model
- 1245 – 1345      Group Work Session:
  - Emerging Service Model & Options (Including break)
- 1345 – 1430      Group Feedback Session
- 1430 – 1455      Emerging facility options
- 1455 – 1500      What happens next?
- 1500 -              Close
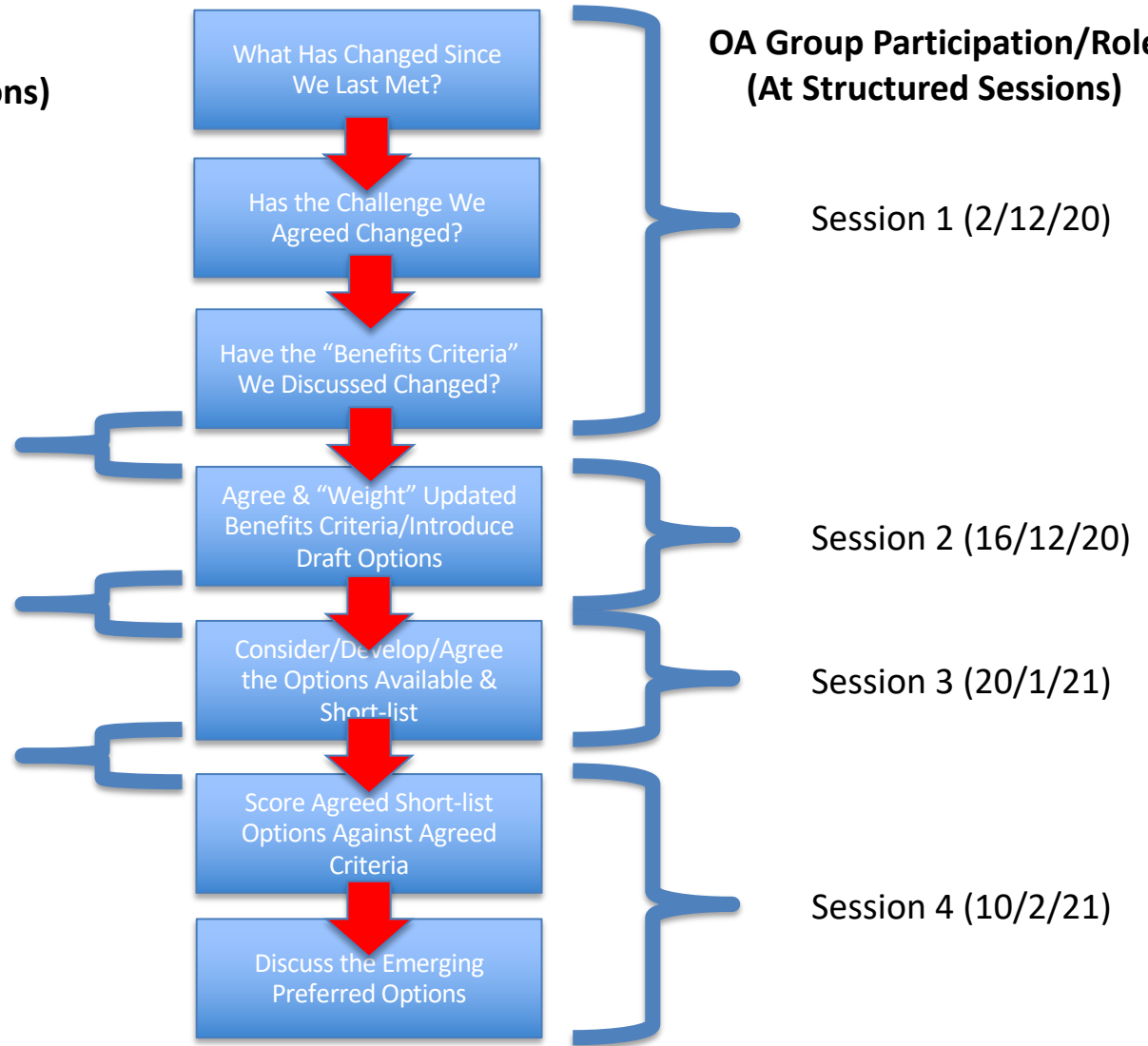
# Summary of Sessions 1&2

**Wider Community Role (Between Structured Sessions)**

**OA Group Participation/Role (At Structured Sessions)**

What Has Changed Since We Last Met?

Has the Challenge We Agreed Changed?

Have the "Benefits Criteria" We Discussed Changed?

Session 1 (2/12/20)

Do we agree with the challenge and benefits criteria discussed?

Agree & "Weight" Updated Benefits Criteria/Introduce Draft Options

Session 2 (16/12/20)

Do we agree with benefit criteria weighting and emerging options?

Consider/Develop/Agree the Options Available & Short-list

Session 3 (20/1/21)

Do we agree with the short-listed being scored? How would we assess them against the criteria?

Score Agreed Short-list Options Against Agreed Criteria

Session 4 (10/2/21)

Discuss the Emerging Preferred Options

# Activity at & Between Workshop Sessions

# In summary

- OA supports robust, objective and evidence-based discussion, often relating to complicated problems

- OA is a structured decision-making process requiring discipline, objectivity and continuity

- OA can capture lots of information from lots of people whilst helping everyone to appropriately influence the opinions of others

- OA outcomes are not decisions – but clearly inform the decision-making process

- Our OA is being conducted over 4 virtual sessions with extensive wider consultation between sessions

# Going forward…

- How has the last 9 months affected our thinking/planning?
- Does the relative importance of different parts of the system change now?
- Are the previous benefits criteria still correct?
- Does the acquisition of Home Farm give any new options?
- How do we match the strategy with the service delivery?

# The Challenge

"To suggest the "preferred way forward" for services across North Skye, where:

- "North Skye" includes all of the areas and communities in the North of the island; and

- "Services" specifically refers to those 12 beds identified in Portree Hospital or those services that represent a credible alternative to them

# The Benefits Criteria

- Accessibility and the Minimisation of Social Costs
- Connectivity, communication and integration
- Environmental sustainability
- Flexibility
- Personal experience
- Service sustainability
- "Value-adding"

| Benefits Criteria | How easy an option makes it to access services and how little negative impact accessing these services has on everyone. E.g. The ability of an option to: |
|---|---|
| **Accessibility and the Minimisation of Social Costs** | • Deliver/maintain care as close to home as possible<br>• Locate/deliver services and facilities where they are easy to get to<br>• Deliver facilities that are accessible/easier to access internally<br>• Support inclusion of everyone, including effective disabled access<br>• Be supported by/have a positive impact on transport links<br>• Deliver appropriate disabled and wider parking requirements<br>• Minimise the need to travel out of North Skye for health/social care<br>• Minimise the financial and non-financial costs associated with travelling to receive healthcare for patients and significant others E.g. Travel, accommodation and meals<br>• Minimise the trauma and risks associated with travel<br>• Minimise the need for emergency transfer<br>• Keep families physically together for as long as possible<br>• Maximise opportunities for families to actively participate in care delivery<br>• Deliver a consistent access to services, E.g. Eqpt loan<br>• Give ready access to training<br>• Promote equity of access to all services<br>• Respond to the geographical and socio-economic reality of North Skye (See Needs Assessment data)<br>• … |

# Relative Priority of the Agreed Benefits Criteria

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **A** | Accessibility & Social Costs | | | | | | |
| A | **B** | Connectivity, Communication & Integration | | | | | |
| A | B | **C** | Environmental sustainability | | | | |
| A | B | D | **D** | Flexibility | | | |
| A | B | E | D | **E** | Personal experience | | |
| A | F | F | F | F | **F** | Service Sustainability | |
| A | B | G | D | E | F | **G** | "Value-adding" |
| 6 | 4 | 0 | 3 | 2 | 5 | 1 | **TOTALS** |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | |

| Group | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| **CRITERIA** | Weight | Weight | Weight | Weight | Weight | Weight |
| **Accessibility & Social Costs** | 20 | 27 | 44 | 30 | 20 | 22 |
| **Connectivity, Communication & Integration** | 20 | 18 | 17 | 16 | 20 | 16 |
| **Environmental sustainability** | 5 | 6 | 1 | 3 | 10 | 3 |
| **Flexibility** | 20 | 16 | 7 | 13 | 17 | 11 |
| **Personal experience** | 10 | 11 | 15 | 13 | 10 | 10 |
| **Service Sustainability** | 20 | 16 | 13 | 15 | 18 | 37 |
| **"Value-adding"** | 5 | 6 | 3 | 10 | 5 | 1 |
| **TOTALS** | **100** | **100** | **100** | **100** | **100** | **100** |

# Key questions to support option development?

- What are "the pieces" that make up options?
- (Which of these might be new/different?)
- What are the places that make up options?
- (Which of these might be new/different?)
- What will be different about options?
- What will be the same within options?
- How might options relate to what we have already identified as important to us? (Benefits criteria)
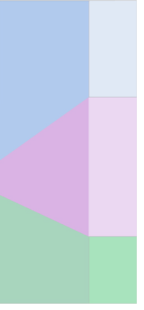
# Any questions?

# Discussion Session:

# Wider Public Feedback on Session 2

**How do our agreed benefits criteria shape our proposed service model and help to define our options?**

# Key questions to support option development?

- What are "the pieces" that make up options?
- (Which of these might be new/different?)
- What are the places that make up options?
- (Which of these might be new/different?)
- What will be different about options?
- What will be the same within options?
- How might options relate to what we have already identified as important to us? (Benefits criteria)

# Current Service Model As it Relates to Facilities?
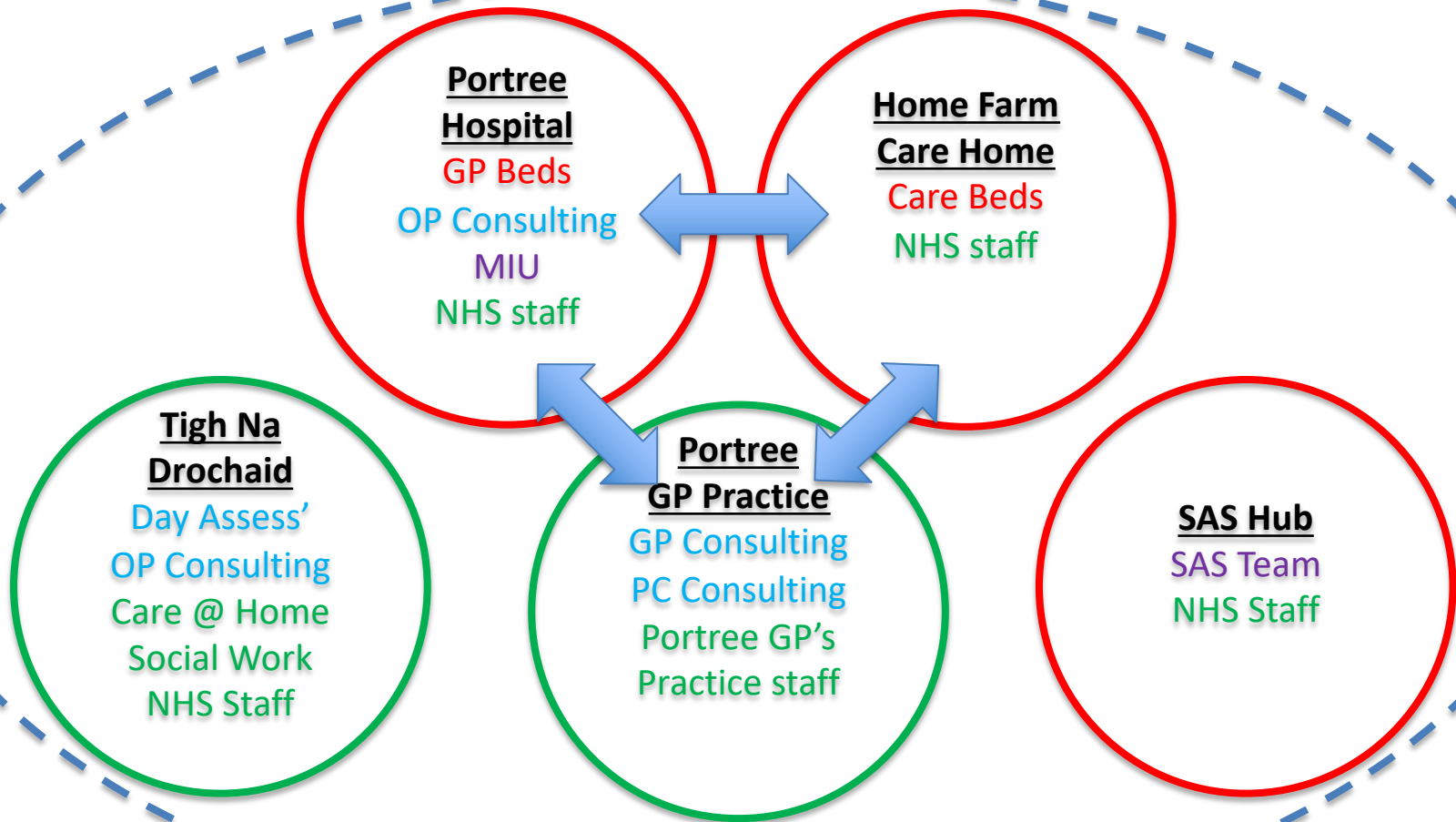
# To maximise accessibility and minimise social costs our service model should:

- Continue to deliver as full a range of services locally as possible:
  - GP beds
  - Care beds
  - GP services
  - Out-patient services
  - Minor Injuries Unit (MIU)
  - SAS resources (in an expanded role)
  - Care at home
  - Day assessment/support
  - (X-ray?)

# To enhance service sustainability our service model should…

- Bring all of our "24 hr" services together including:
    - GP beds and Care beds
    - Out of hours service (OOH)
    - Minor injuries Unit (MIU)
    - Scottish Ambulance Service
- Bring all of our "day services" together including:
    - Out-patients
    - Day assessment
    - Integrated teams
    - Portree GP activity (If the practice support this)
- Include a Centre Of Excellence
- Develop and deliver a <u>credible</u> sustainable housing solution to allow people to stay in their own home for longer

# To support connectivity, communication & integration our service model should:

- Use our available resources more flexibly.

- Operationally and physically co-locate our integrated health and social care teams to aid continuity of care before, during and after hospital admission.

- Have, utilise, monitor and evaluate anticipatory and emergency care plans.

- Prevent admission and/or reduce length of stay and/or accelerate discharge by planning for what me might reasonably anticipate could happen…

- …and present credible alternatives to hospital admission

# To support future flexibility our service model should:
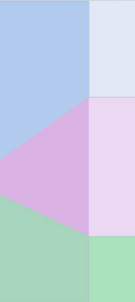
- Re-align or develop services/spaces that can change, grow and adapt operationally (over days) and strategically (over decades).

- Realise an economy of scope and scale.

- Make best use of all available resources and spaces by ensuring that similar activity happens in the same place.

- Minimise duplication of effort/overlaps.

- Have less role boundaries/demarcation and more flexibility.

- Use all of our people to their maximum abilities.

- Optimise the structured use of wider community resources.

# With respect to personal experience our service model should:

- Deliver an experience that suits individual needs.

- Keep people at home as long as reasonably possible.

- Include a structured "housing" element that enables people to stay in a domestic situation for longer as an integral component of our overall capacity model.

- Support the prevention of ill-health through early intervention.

- Deliver services that are better/more appropriately integrated.

# To ensure that we maximise wider value-adding elements our service model should:

- Optimise any wider opportunities associated with change and investment.

- Extend our discussions beyond health and social care once we are clear on the preferred way forward for these.

- Seek to attract specific additional partner/stakeholder interest and investment.

- Maximise the opportunity for community involvement/ contribution.

- Continue to seek additional benefits/opportunities as yet unknown…

# To support environmental sustainability our service model should:

- Make optimal use of those facilities we have before we look for something new/different.

- Retain/invest in a more "green" estate with environmentally sustainable facilities that are "functionally suitable" and in good repair.

- Dis-invest in that element of the estate (buildings) that are not fit for purpose.

- Be mindful of local planning issues and considerations with respect to existing/new physical elements of the estate.

# Current Service Model As it Relates to Facilities?

# New Service Model As it Relates to Facilities?



"Hub"

Service Hub(s)

"Hub"

**24 Hour Hub**
SAS
MIU
All Beds
24hr Outreach

**"Day"Hub**
Out-patients
Day Assess'
Portree GP?
Integrated Team

**"C of E"**

**"Housing" Hub**
(Higher-level!)
Care housing
Support' living?
"Fit" housing?

"Hub"

"Hub"
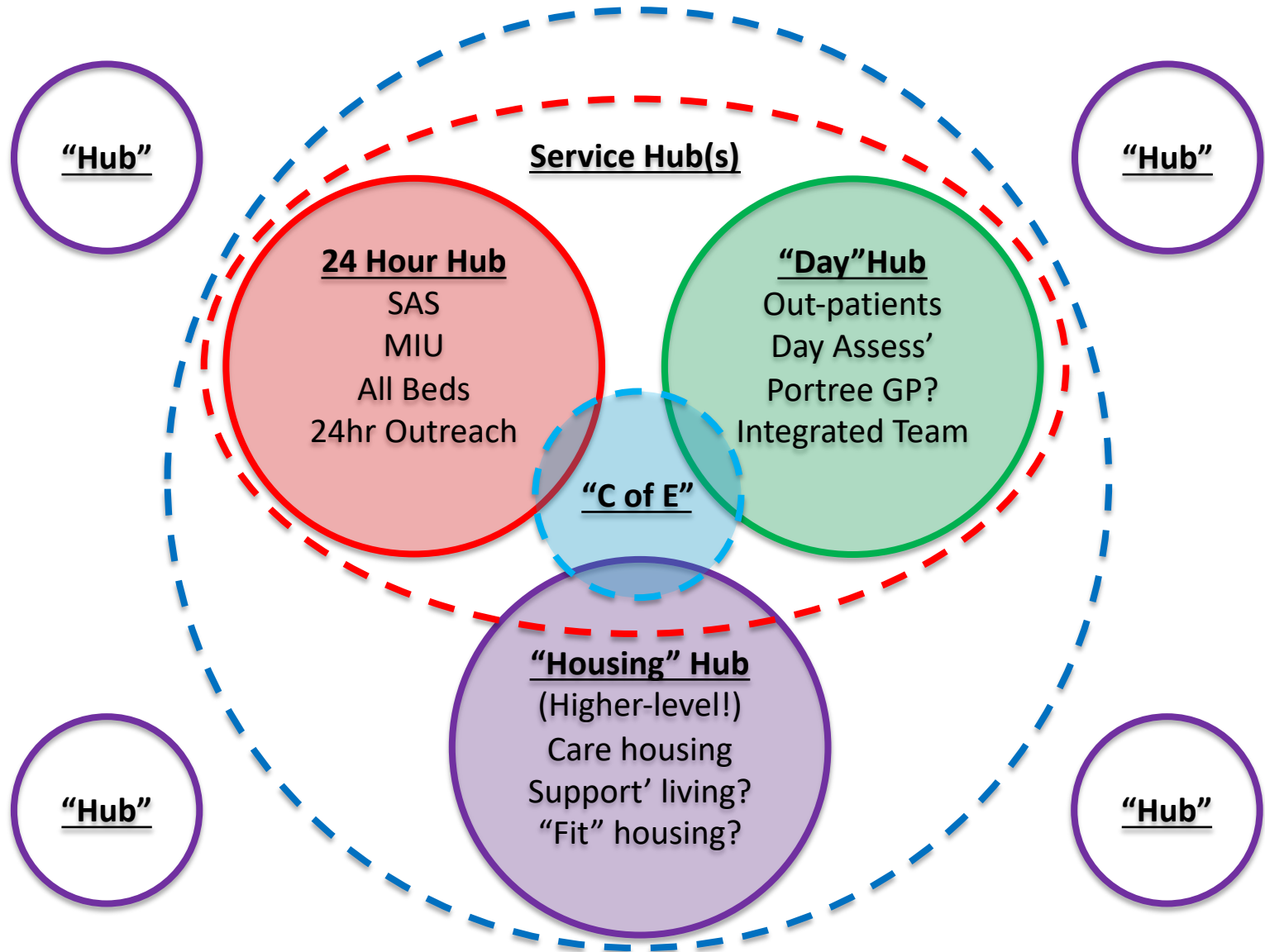
# GROUP WORK SESSION

*You have heard the independent facilitators assessment of the impact all discussions to date on a new emerging <u>service</u> model for North Skye. In your group please:*

1) <u>Identify</u> any areas within this summary you disagree with or that concern you.
2) <u>Identify</u> any elements within the future service model that may have been missed.
3) <u>Discuss</u> the impact of this developing service model on the buildings (facilities) required to support it moving forward.

# Provisional Options?

# (Based on our developing understanding of an emerging new service model)

# Emerging/Draft (Long-list) of Core Options?

- Do nothing (Everything stays as is!)
- No GP beds in North Skye
- Day hub at Portree Hospital & 24 hr hub at Home Farm
- Day hub at Home Farm & 24hr hub at Portree Hospital
- Day hub at Portree Hospital & 24 hr hub on a new site
- Day hub at Home Farm & 24hr hub on a new site
- Day hub on a new site & 24hr hub at Home Farm
- Day hub on a new site & 24hr hub at Portree Hospital
- Day hub on a new site and 24 hour hub on a (separate) new site
- Single (combined) hub at Home Farm
- Single (combined) hub at Portree Hospital
- Single (combined) hub on a new site

# Rationale Considerations Re: Emerging Options?

- Do nothing must always be considered/scored as a baseline option
- No GP beds in North Skye is not acceptable to anyone
- Home Farm is a credible site for a 24hr hub
- Portree Hospital is NOT a credible site for a 24hr hub (Not big enough)
- Home Farm and Portree Hospital are both credible sites for a day hub
- We do not as yet have a definitive list of potential new sites available
- When we have multiple acceptable options for a day hub – it is not appropriate to argue for a new day hub development in isolation
- There is no credible argument for two separate new build solutions
- No existing site presents a credible location for a single (combined) hub
- Not all options are mutually exclusive – especially over the medium to long-term

# Emerging (Long-list) Options?

- Do nothing (Everything stays as is!)
- No GP beds in North Skye
- Day hub at Portree Hospital & 24 hr hub at Home Farm
- Day hub at Home farm & 24hr hub at Portree Hospital
- Day hub at Portree Hospital & 24 hr hub on a new site
- Day hub at Home Farm & 24hr hub on a new site
- Day hub on a new site & 24hr hub at Home Farm
- Day hub on a new site & 24hr hub at Portree Hospital
- Day hub on a new site and 24 hour hub on a (separate) new site
- Single (combined) hub at Home Farm
- Single (combined) hub at Portree Hospital
- Single (combined) hub on a new site

# Emerging (Short-list) Options?

- Do nothing (Everything stays as is!)
- Day hub at Portree Hospital & 24 hr hub at Home Farm
- Day hub at Portree Hospital & 24 hr hub on a new site
- Day hub at Home Farm & 24hr hub on a new site
- Single (combined) hub on a new site

# What do we need to know about options to be able to evaluate them?

- Site information
- Buildings information
- Location SWOT analysis
- Facilities SWOT analysis
- Services SWOT analysis
- Independent professional opinions
- Anything else?
- …
- …

# Any questions?

# Objectives of this session

- Provide a VERY brief summary of Sessions 1&2

- Reflect on wider public feedback after Session 2

- Discuss and agree main elements of the "service model" we are proposing

- Agree how our developing service model defines the "long-list" of facility options available to us

- Refine these potential options into an agreed "short-list" of options for detailed evaluation & assessment

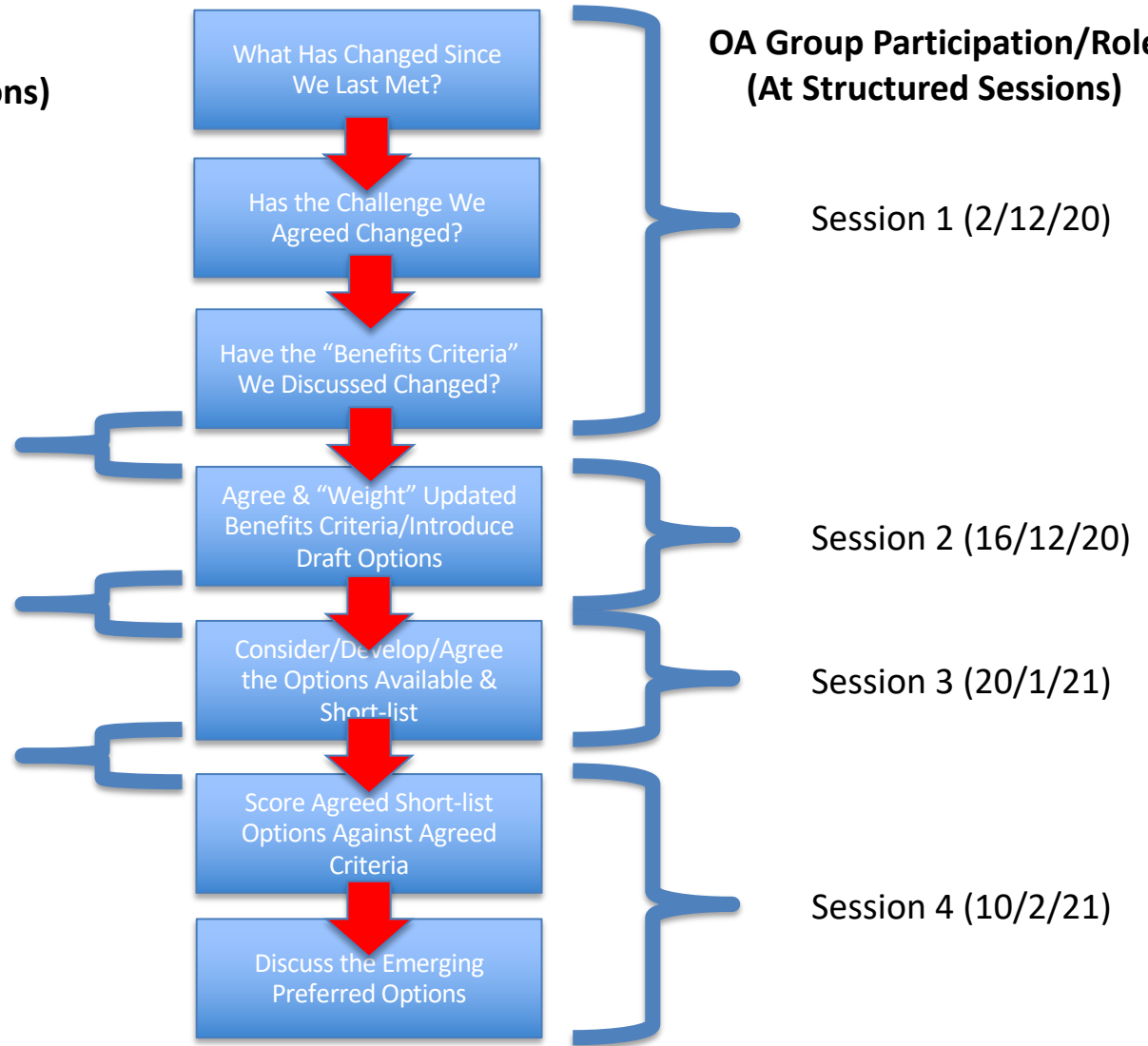- Consider what else we need to be clear on before we can agree and formally evaluate (score) a short-list of options

**Wider Community Role
(Between Structured Sessions)**

**OA Group Participation/Role
(At Structured Sessions)**

What Has Changed Since
We Last Met?

Has the Challenge We
Agreed Changed?

Have the "Benefits Criteria"
We Discussed Changed?

Agree & "Weight" Updated
Benefits Criteria/Introduce
Draft Options

Consider/Develop/Agree
the Options Available &
Short-list

Score Agreed Short-list
Options Against Agreed
Criteria

Discuss the Emerging
Preferred Options

Session 1 (2/12/20)

Session 2 (16/12/20)

Session 3 (20/1/21)

Session 4 (10/2/21)

Do we agree with the challenge
and benefits criteria discussed?

Do we agree with benefit
criteria weighting and
emerging options?

Do we agree with the short-
listed being scored? How
would we assess them against
the criteria?

# Activity at & Between Workshop Sessions

# North Skye Option Appraisal Session 3

Norman Sutherland