NHS Highland

Highland Health and Social Care Partnership

Modernisation of community and hospital services for communities in Skye, Lochalsh and South West Ross

Initial Agreement

Version 26 (October 2016)

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1 EXECUTIVE SUMMARY AND PURPOSE

1.1 Overview and strategic direction

The purpose of this Initial Agreement (IA) is to clearly demonstrate a strategic case for change to the provision of health and social care services in Skye, Lochalsh and South West Ross. The IA is the first of three documents which are required to be prepared as part of the Scottish Capital Investment Manual (SCIM) business case process. Once it has been approved by the Scottish Government Capital Investment Group (CIG) the project would progress to Outline Business Case (OBC) and Full Business Case (FBC) as part of a bundle with a parallel project in Badenoch and Strathspey. This document details our thinking in terms of the most important issues that shape our strategic priorities and how these align nationally and across NHS Highland.

The focus is on having strong primary care and community services with less reliance on hospital beds. NHS Highland is actively following the policy of more care being delivered at home or in a homely environment, and is working with key partners in the independent and voluntary sectors to build models fit for the future. For some time we have recognised the need to change the service model to ensure sustainability of safe and effective local services and this was one of the key drivers to integrate adult and social care in April 2012. Significant re-design of services has already been made since integration.

Population projections, service projections and a detailed bed modelling exercise were carried out to determine the shape and scale of services required for the future. The implementation of the new GP contract provides further opportunities to refocus time, effort and resource to reshape local care.

The new model of care in Skye, Lochalsh and South West Ross builds on the work already in train to fully integrate services and to maximise the potential of the localism agenda, effective community planning and best use of all available resource in the public sector, key partners and communities themselves. This approach moves away from dependence on hospital beds to a more person centred community based service. The new and developed premises will facilitate this model of care by freeing up resources from old buildings on two sites and providing modern support facilities that will bring together the wider integrated teams and will enhance cross team working.

Although the key philosophy is care in the person’s own home as far as possible, it is acknowledged that a homely environment in local care homes is also necessary and so NHS Highland is working with providers with a view to increasing care home capacity and in commissioning step up/ step down beds as well as ensuring that there is sufficient respite capacity.

1.2 Location and delivery of existing arrangements

This proposal covers services delivered to the communities of Skye, Lochalsh and South West Ross of which there are 14,680 registered patients, with a significant increase in summer months due to the popularity of the area with tourists and outdoor sports enthusiasts. The area is served by ten general practices and three Integrated teams each of which include social workers, care at home workers, physiotherapists, occupational therapists, community nurses, and community mental health teams, working out of a number of different locations. There is also a community hospital located in Broadford and one in Portree.

Dr McKinnon Memorial Hospital, Broadford, was built in 1914 and is currently a 20 bedded facility which is supported by a small team of Rural Practitioners (RPs). RPs are trained as GPs but with enhanced skills in emergency, resuscitation and anaesthetics. The medical model in Dr MacKinnon is unique in Highland and it offers a higher level of acute care than community hospitals including Portree Community Hospital.

Dr MacKinnon Memorial Hospital is supported by 24 hour on-site medical and nursing cover providing the Urgent Care Centre. Radiology services including ultrasound are available on site and a range of visiting specialist outpatient services is also provided. Palliative care is provided for those patients with a terminal illness who are no longer able to be cared for at home.

The condition and layout of the building is not fit for the delivery of modern health and social care services. The hospital is located 25 miles south of Portree. Raigmore District General in Inverness is a distance of 90 miles (travel time by road is approx. 2 hours 10 minutes)

Portree Hospital was built in 1964 and is currently a 12 bedded community facility located adjacent to the Portree Medical Centre. It is supported by 24 hour nursing cover and access to 24 hour medical cover. The medical cover is provided by GPs from Portree Medical Centre from 08:00 to 18:00, Monday to Friday. There is no on-site medical cover after 18:00 with out-of-hours cover provided by the RPs in Broadford, supported by a North Skye on-call practitioner.

A minor injuries service is available from 0800-2300. This is provided by GP's from Portree Practice 0800-1800 Monday to Friday and by Advanced Practitioners (Nursing and Paramedic), from 1800-2300 Monday to Friday and 0800-2300 at weekends and on bank holidays. There is part time x-ray facilities (four days per week between 10:00 and 15:00), care of the elderly physician input and a community midwife base. A small range of visiting specialist outpatient services are also available. Although parts of the building have been refurbished the inpatient facilities are not in a good condition.

The cost of delivering services across two hospital sites is high and the redesign will allow better utilisation of all available resource in order to meet the greater needs of people at home.

1.3 Case for change

The key driver for change is the need to strengthen community infrastructure to support the care and treatment of as many people as possible at home for as long as possible. It is also important that the benefits of the Lead Agency integrated model of health and care are realised and that all available resource is used to best effect. This means transferring resources currently tied up in hospital buildings, for use in the community

NHS Highland considers that while steady progress has been made to redesign services since integration in April 2012 further investment in and development of community services is required to increase the number of people who can be cared for at home or in a homely setting. In addition continuing to split inpatient services across the two hospitals on Skye is not sustainable and is causing some confusion over clinical pathways. Over and above this there is currently £5.5million of backlog maintenance with the majority of that relating to Dr MacKinnon Memorial.

The end point of the proposed re-design would see a strengthened, robust community service designed to be a local, timely response to need and all inpatient care provided from one new purpose built facility in Broadford. By co-locating inpatient services it will provide a

safer and more sustainable model of care including allowing an expansion of community services, co-location of integrated teams and some further provision of palliative and respite care.

There continues to be a strong clinical consensus supporting the proposed new arrangements and significant progress has already made to embed new ways of working since integration and the conclusion of the public consultation including:

- Three fully integrated teams are in place and functioning but there is a need for further development and investment gained from the reduction of cost in the hospital service. In addition, effective team working is hindered at present by lack of ability to co locate. This will be addressed in both the Hub and Spoke facilities.
- Single point of access in place
- Enablement approach embedded in the local teams and better cross working across community and hospital services. Investment is required in health and social care support workers to fully embed an enablement approach.
- Integrated team leads and health and social care co-coordinator appointed. This means that there is a single point of contact for patients/clients and families. The Integrated Team Leader has an overview of all the needs in the area of their remit and can deploy the most appropriate team member/s. He or She will appoint a Lead Professional for individuals who are referred. The health and social care coordinators are the first point of contact and they pull together all the necessary information for the team in order for decisions to be taken.
- Virtual Wards and hospital at home approaches being developed. Virtual wards are for patients who remain at home but who are frail, vulnerable or who have increased needs and are at risk of admission. The team, which in future will also include a Consultant, carries out a virtual rounding and check on these patients on a daily basis if required. Hospital at Home is used mainly for an acute on a chronic condition to prevent an admission or to facilitate early discharge. Home visiting is increased by professional staff and support staff may be deployed up to 24 hours if that is necessary. Both schemes will use enhanced home health monitoring.
- A redesign of care at home underway and this will lead to embedding care at home in the local teams to improved responsiveness and professional supervision.
- Daily integrated team huddles underway to improve co-ordination and communication. The huddle brings together all team members either in person or virtually if the distance is prohibitive. They use a production board to keep track of their caseload, workload, priorities and actions.
- Community geriatrician appointed with input to care homes, hospitals and in future to huddles, virtual wards and hospital at home.
- Rural Support Team being developed. This is a new concept and was originally intended to create an internal locum service for remote and rural areas. Members are Advanced Nurse Practitioners, Paramedic Practitioners and GPs. Other local staff have since joined this team to create a sense of belonging and branding. It now needs to expand and develop utilising resource currently tied up in expensive locum cover, especially out of hours. The concept and the excellent skills and competency framework can now be explored with other staff groups.
- Confirmation that Portree Practice will move into Portree 'Spoke' facility
- Workforce Planning process is well developed and is presented as part of this submission. It is a dynamic document however and will continue to develop as the new model is evolved.

A statement of intent has been agreed with local care home providers to work collaboratively to increase capacity and develop flexible use beds in north of Skye. It is proposed that the care home capacity will significantly increase and four beds will initially be commissioned for

step up/down and end of life care. Block and spot purchasing for respite care will also be negotiated.

1.4 Investment Objectives

It was in seeking to address the issues outlined above that our Investment Objectives (person centred, safe, effective, value and sustainability) were agreed to underpin the proposed new model of service provision:

Current Provision	Proposed Solutions
Community hospital beds sometimes used as safety net due to lack of alternatives	Working in an integrated way will support patients to be better managed at home, but if admitted, being discharged in a more timely manner
Poor condition of hospital buildings	Build a new modern centre and hospital 'Hub in Broadford and redesign 'Spoke' facility in Portree
Not able to invest in community services while inpatient services split across two sites	Co-locate inpatient services and re-design to further invest in community services
Out-of-Hours medical in-patient cover not optimal	All in-patient beds (24to be in proposed new 'Hub' facility in Broadford, with on-site 24/7 enhanced medical cover via Rural Practitioners (RP) and diagnostics
Some confusion over clinical pathways	Clear clinical pathways removing any confusion for Ambulance Service and patients. Opportunities for RPs, GPs and other practitioners to work more collaboratively across all settings
The space available for day case care in Dr MacKinnon is not suitable	A dedicated day case unit in new facility with improve quality of care, experience and overall better use of facilities Develop appropriate clinical areas for infusion service and recovery post minor-surgery
Currently different standards in both hospital clinical rooms and diagnostics. This can cause confusion for ambulance service and patients	Modern clinic facilities in new Hub with appropriate diagnostics would allow potential for more people to be seen locally. Reduce confusion for patients and Ambulance Service who turn up at the wrong hospital

1.5 Stakeholder involvement

The Board has undertaken extensive engagement with key stakeholders including formal public consultation (19th May to 29th August 2014) in line with Informing, Engaging and Consulting People in Developing Health and Community Care Services (CEL4 (2010) from 19 May to 29 August 2014. This included holding a formal public consultation (see below – 1.7). Stakeholder engagement is ongoing.

1.6 Options appraisal on service model and location

The development and appraisal of options was carried out in line with the principles outlined in HM Treasury Guidance – *The Green Book* and *The Scottish Capital Investment Manual*. This process is to ensure a consistent and systematic approach to determine how best to address the current service issues and to deliver clear benefits. Initially a long list of options was created and reviewed from which the short-list of options, including a 'do minimum'

option was agreed. A set of non-financial benefits criteria were agreed with stakeholders, ranked and each was given a weighting. A scoring event was carried out to assess the extent to which each of the three short-listed options met each of the criteria. Sensitivity analysis was also applied and financial appraisal to assess costs was carried out, before agreeing a preferred way forward. A similar exercise was carried out on where to locate the Hub and Spoke (Broadford or Portree) and that process and the results are described in the document.

The preferred option which emerged was Option 2a – a Community Hospital and Resource Centre with the 'Hub' in Broadford and the 'Spoke' in the Portree. The 'Hub' would provide a full range of services in a new modern purpose built facility. It would have in-patient beds, enhanced diagnostic services (including x-ray and ultrasound), emergency outpatient and day-case facilities. Other features would include co-location of staff, spaces for third sector organisations and would be the main base for Scottish Ambulance Service.

The 'Spoke' would house the Portree Medical Practice, Urgent Care Centre and Minor Injury Unit, outpatient clinics, and co-location of some staff.

Development of integrated care, care-at-home services community care, respite, palliative and end of life care is already underway as part of the wider service redesign to improve local services.

1.7 Formal public consultation and approvals

In summary the Board consulted on three service model options with option 2 having two possible locations for the Hub and Spoke:

Option 1	Do minimum
Option 2a	Community Hospital and Resource Centre with the Hub in Broadford and and the Spoke in Portree (preferred option)
Option 2b	Community Hospital and Resource Centre with the Hub in Portree and the Spoke in Broadford
Option 3	Community Hospital and Resource Centre in one location either in Broadford or Portree

The consultation was extensive and inclusive, providing local people and partner agencies with opportunities to hear about the proposals through local meetings and written material. A consultation document and survey form with freepost envelope was also distributed to every house and business in the area (nearly 10,000).

The Board received over 2000 completed responses indicating strong support for the preferred option of a 'Hub' and 'Spoke' model, with 86% selecting that option. The 'do minimum option' scored very lowly (1%) confirming agreement on the significant case for change. In terms of location, 57% favoured Broadford as the 'Hub' and 29% supported Portree.

While communities in Skye South, Lochalsh and South West Ross were in favour of Broadford (80%) only 19% and 23% of those in Skye North and Skye Central respectively were in favour of Broadford. Notably, however, all communities supported the model.

It was the view of the Scottish Health Council (SHC), as the independent arbiters of how consistent the Boards' activity was with the above guidance, that NHS Highland has conducted the process in a meaningful and inclusive way, providing local people with a reasonable and proportionate opportunity to express their views.

Highland NHS Board considered the full consultation report on 2 December 2014 and endorsed the preferred way forward. The Board recognised that there were concerns expressed by some communities but considered that it needed to be set in the context of the overwhelming support for the preferred option.

Approval from the Cabinet Secretary for Health and Wellbeing was received on 5 February 2015.

Since approval there has been a petition which is still being considered by the Petitions Committee. To date the Cabinet Secretary has not been persuaded by the arguments put forward as set out in her response to the Committee. NHS Highland will continue to engage proactively with the local communities throughout the process and most recently drop-in events in Portree (March 2016) and Kyleakin (July 2016).

1.8 Benefits and risks

The benefits of the proposed service change were also developed through a series of workshops, providing a framework to assess how successful the project will be at delivering the expected benefits. The benefits to be realised will support the need for change and will be tangible for patients, staff, and partners. Benefits will be both qualitative and quantitative and will deliver a service model that is safe and sustainable, value for money and affordable. This work continues to be developed as part of the Outline Business Case process through a series of workshops which have taken place this year.

Strategic and project risks were also considered and are underpinned by a Risk Register. A key requirement to facilitate the changes are for NHS Highland to ensure that there is the right balance between community capacity and the number of hospital beds and that alternative arrangements are in place prior to transferring inpatient services from Portree to Broadford. Any transport and access issues will also be required to be addressed.

As part of the work already underway to progress the Outline Business Case the service model and workforce plan will continue to be developed. This will include an external review of demographic projections programmed for late 2016 and further external clinical challenge to test assumptions around the workforce and balance between community services and hospital beds to meet future requirements. This is following a similar methodology to Badenoch and Strathspey. An independent needs assessment into transport and access is also in the process of being commissioned.

1.9 Constraints and dependencies

The chosen procurement route (HubCo) creates a dependency between this project and the Badenoch and Strathspey redesign. The Capital Investment Group approved the Badenoch and Strathspey Initial Agreement in September 2015. Bundling has positive benefits as it increases the financial viability of both projects and overall delivers better value for money.

In line with the Scottish Capital Investment Manual, work on the National Design Assessment Process (NDAP) is underway. The Design Statement sets out the non-negotiable performance specifications for the project. It was supported by NDAP on 10 August 2015 and the involvement of a diverse range of stakeholders was highlighted as an example of good practice.

Not surprisingly with a re-design of this scale and complexity there are several constraints and dependencies and these are detailed in the document, including various financial considerations (summarised below).

1.10 Financial considerations

In November 2014, the First Minister announced over £400m of investment in health through the NPD programme, including £30m earmarked for community health projects in Skye, Lochalsh & South West Ross and Badenoch & Strathspey. If, as is expected, the preferred procurement route is through a revenue solution by way of HubCo then a unitary charge will be payable. It has been assumed at this stage that the unitary charge will attract revenue support from Scottish Government as a pipeline project. This has not yet been confirmed and will be developed in further detail in the Outline Business Case.

A high level financial appraisal has been carried out and the detailed resource implications will be worked through the Outline Business Case stage. For the purposes of the Initial Agreement figures have been calculated. The operational running costs of the new model are estimated to reduce from current £4.2million to £3.8million. This includes an investment of £400,000 to support additional community infrastructure to increase capacity in care-at-home, community mental health and transport). Over and above this additional capital costs associated with developing the Portree Spoke will be in the region of £0.9m and will be funded through NHS Highland capital.

Investment in the project will also eliminate the current £5.5m of back-log maintenance costs associated with the current facilities at Dr Mackinnon Memorial Hospital and Portree Hospital. There is a wider review ongoing of space utilisation across all properties, leases and contracts which will be complete by Outline Business Case.

1.11 Project management and governance

A project team is in place with significant experience and understanding of both the strategic and operational overview. This has recently been strengthened to provide additional project management capacity to both the estates project team and the operational unit. Robust project management plans have been developed to undertake the New Project Request, the production of the Outline Business Case, Key Stage and Gateway Reviews, Full Business Case, Financial Close and thereafter to supervise construction and prepare for commissioning and occupation of the building. Project roles have been identified and appropriately experienced personnel are in place. Project management, governance arrangements and the high-level project programme are also described. It also provides the clear governance framework including the role of the NHS Highland Board, Asset Management Group and Project Board. The overall requirement to bundle Badenoch and Strathspey and this project, is being actively managed and includes very close collaboration and learning across both projects. The project boards for each project are both led by the same Senior Responsible Officer and are expected to be combined following issue of the joint New Project Request to HubCo.

2 OVERVIEW AND STRATEGIC DIRECTION

2.1 National Strategic Context

When NHS Highland set out proposals to redesign local services they were underpinned by The Scottish Government's 2020 vision, published in 2010 which articulates the ambition that "everyone is able to live longer at home or in a homely setting." This vision was underpinned by the Healthcare Quality Strategy, 2012, which calls for accelerated quality improvement which is person centred, safe and effective.

While these documents remain the central vision for the Health Service in Scotland, the Scottish Government recognised that there was a need to for more rapid and transformational change. This was a key recommendation from Audit Scotland Report NHS in Scotland 2015 which assessed NHS Boards progress in redeveloping services to meet future need. It was highlighted that there would need to be an increase in the pace of change if the 2020 vision is to be achieved.

Two reports published early in 2016 further reflected the compelling case for change: Realistic Medicine - The Chief Medical Officer for Scotland Annual Report for 2014/15, published in January. The CMO reflected that with a larger number of older people in society, many of whom now live with one or more long term conditions it poses new challenges in the context of how best to manage co-morbidities and how to recognise the need for, and to provide, appropriate end of life care.

The same theme has been picked up in the subsequent publication of the National Clinical Strategy for Scotland 2016 published in February 2016. It sets out a framework for the development of health services over the next 15 years, and followed an extensive consultation exercise. In particular the strategy acknowledges substantial challenges for a transformed future health service and sets out the key drivers:

a) Demographic changes in our population
b) The changing patterns of illness and disability
c) The relatively poor health of the population and persisting inequalities in health
d) The need to balance health and social care according to need
e) The need to manage the skilled workforce in a way that makes best uses of their skills, allows further changes in roles, and provides sustainable services despite the current recruitment challenge
f) Financial considerations
g) Developments of new treatments
h) Remote and rural challenges
i) Opportunities from increasing, better, and more joined up use of Information Technology
j) Reducing waste, avoidable harm and variations in treatment.

The Clinical Strategy is clear that the focus going forward must be to provide an emphasis on holistic primary and community based health and social care wherever possible.

The National Conversation on the long term future of health and social care, which was launched in June 2015 by the Cabinet Secretary for Health and Wellbeing, confirmed that there is an appetite for change and for new and innovative ways of delivering care across the traditional primary, secondary and social care boundaries. Over time this will see new models of care being developed across the country (**Box 1**).

Box 1	
Existing Model of Care	**Future Model of Care**
Geared towards acute conditions	Geared towards long term conditions
Hospital centred	Embedded in communities
Doctor dependent	Multi-disciplinary team based
Episodic care	Continuous care
Disjointed care	Fully integrated care
Reactive care	Preventative care
Service user as passive recipient	Service user as partner
Self care infrequent	Self care encouraged and facilitated
Carers undervalued	Carers supported as partners
Low use of technology	Greater use of technology

The Community Empowerment Act 2015 is also potentially relevant to future shape of services and offers alternative opportunities for communities to consider. Most of the Act is still under consultation and therefore not yet in force, however key elements of the Act are:

- *Participation requests* - a new way for communities to enter into dialogue with public bodies on their own terms. Community bodies might use the act to discuss with service providers how they could better meet the needs of users, to offer volunteers to support a service, or even propose to takeover delivery of the service themselves. Notably, these participation requests are to supplement and not replace consultation and engagement processes

- *Asset transfer requests* - a process to allow a community organisation to apply to buy, lease, manage or use publicly-owned buildings or land.

These documents are consistent with, and build on, earlier reports such as the Commission on the Future Delivery of Public Services (Christie Report), 2011 which called for a focus on public service reform to:

- Empower individuals and communities;
- Deliver a programme of social change; and
- Make best use of all assets and resources.

The Scottish Government Health Directorate's Capital Planning and Asset Management Division Policy CEL 35 (2010) require that all NHS Boards have a Corporate Asset Management Strategy and Plan that reflects the following policy aims:

- To ensure that NHS Scotland Assets are used efficiently, coherently and strategically
- To provide, maintain and develop a high quality sustainable asset base that supports and facilitates the provision of high quality health care and better health outcomes

2.2 NHS Highland

2.2.1 Organisational overview

NHS Highland is one of the fourteen territorial boards of NHS Scotland. Geographically, it is the largest and most remote and rural board covering an area of 32,500 km² and serves a resident population of over 320,000. Our annual budget for 2016/17 is around £800 million and we employ some 10,000 people, making it one of the largest employers in the region. NHS Highland works with partners to improve the health of local people and the services they receive and to ensure that national clinical and service standards are delivered.

Since April 2016 services are planned through two health and social care partnerships, working with two local authorities (Highland Council[1] and Argyll and Bute Council[2]).

This proposal falls under the Highland Health and Social Care Partnership, which is a committee of the NHS Highland Board. Covering the same area as the Highland Council, the Partnership is made up of two operational units: Inner Moray Firth which includes Raigmore Hospital, and North and West (the unit that this proposal falls within).

2.2.2 Strategic overview

NHS Highland is committed to providing high quality, effective care to the population of the Highlands in a safe, efficient and person centred way. This was initially set out in August 2014, when the board endorsed ***"The Highland Care Strategy: NHS Highland's Improvement and Co-production Plan"***.

The Care Strategy outlines NHS Highland's vision for the future delivery of health and social care services for the people of Highland for the next 10 years and sets out a number of goals including:

- Provide services and facilities which meet 21st century health and social care needs and are acceptable to both staff and patients;
- Provide high quality, integrated and cost-effective services;
- Reduce waste and inefficiency across services; and
- Ensure services are sustainable.

The requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act"), which puts in place the framework for integrating health and social care, places a duty on Integration Authorities to develop a "strategic plan" for integrated functions and budgets under their control.

The Highland Council and NHS Highland entered into the Partnership Agreement in 2012 heralding the beginning of service integration and the lead agencies, it was also the start of a five year plan which set out the vision and expected outcomes. Within the Partnership Planning process, a Strategic Commissioning Plan for Adults, complete with commissioning intentions for 2015/16 is already in place, and this is being updated for 2016/17.

Our rolling five year Asset Management Strategy was most recently approved by the Board in August 2015 and describes key actions to reduce back-log maintenance, modernise facilities and reduce our carbon foot print. The proposals covered within this Initial agreement are set out in the strategy.

The relationship between this project and the various committees, strategies and plan is summarised **(Figure 1).**

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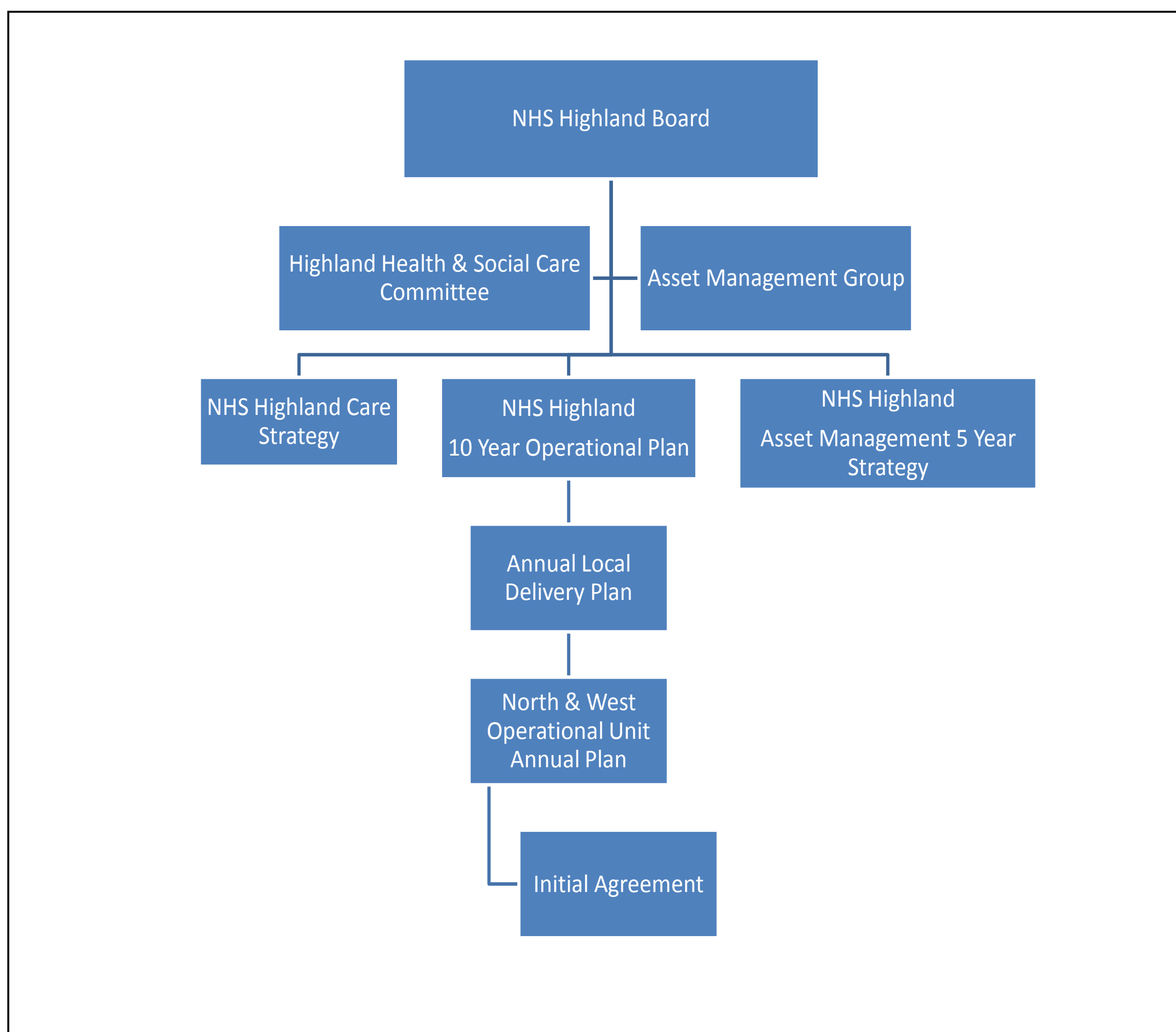
[1] Since 1st April 2012, health and social care in the Highland region has been formally integrated with NHS Highland the lead agent for the delivery of adult services across health and social care and the Highland Council the lead agency for children's services

[2] In Argyll & Bute an Integrated Joint Board between NHS Highland and Argyll and Bute Council was established on 1st April 2016

Figure 1 – Relationship between project and NHS Highland Committees



2.2.3 Service Redesign

In the Highland Health and Social Care Partnership area (**Map 1**) there are currently three major service change proposals underway.

In May the Board endorsed a move to formal public consultation of a redesign of services on the north coast (Sutherland). This would see a new build care home being developed as part of a 'Hub' facility to replace to existing care homes as part of a wider redesign. The consultation is planned to get underway in July and will last for three months.

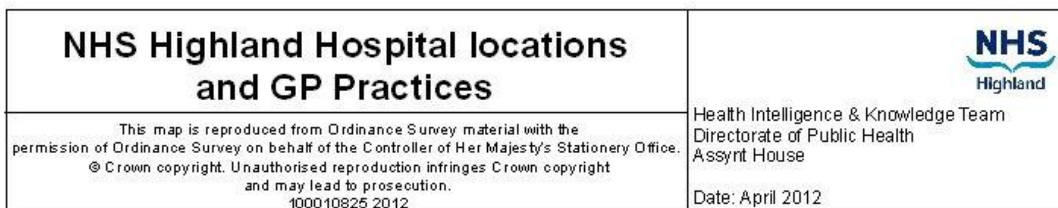
There is also a redesign of hospital and community services in Badenoch and Strathspey in South Highland. This will see the development of integrated service and infrastructure, care-at-home and community services, enhancement of care homes services and co-location of all inpatient beds and services in a new hospital 'Hub' proposed for Aviemore. Once the new arrangements are in place it will see the closure of two community hospitals (Ian Charles in Grantown and St Vincent's in Kingussie). The Initial Agreement for this project was approved by the Scottish Government in September 2015.

The third is this proposal; the redesign of services in Skye, Lochalsh and South West Ross in West Highland which is planned to bundle with Badenoch and Strathspey at Outline Business Case.

There is also a proposed replacement for the Belford Hospital in Fort William included in NHS Highland Capital Plan and new Elective Care Centre proposed for Inverness.

It is within this strategic context that the current review and redesign of adult health and social care services across the communities for Skye, Lochalsh and South West Ross was undertaken.

Map 1: NHS Highland Health and Social Care Partnership Area

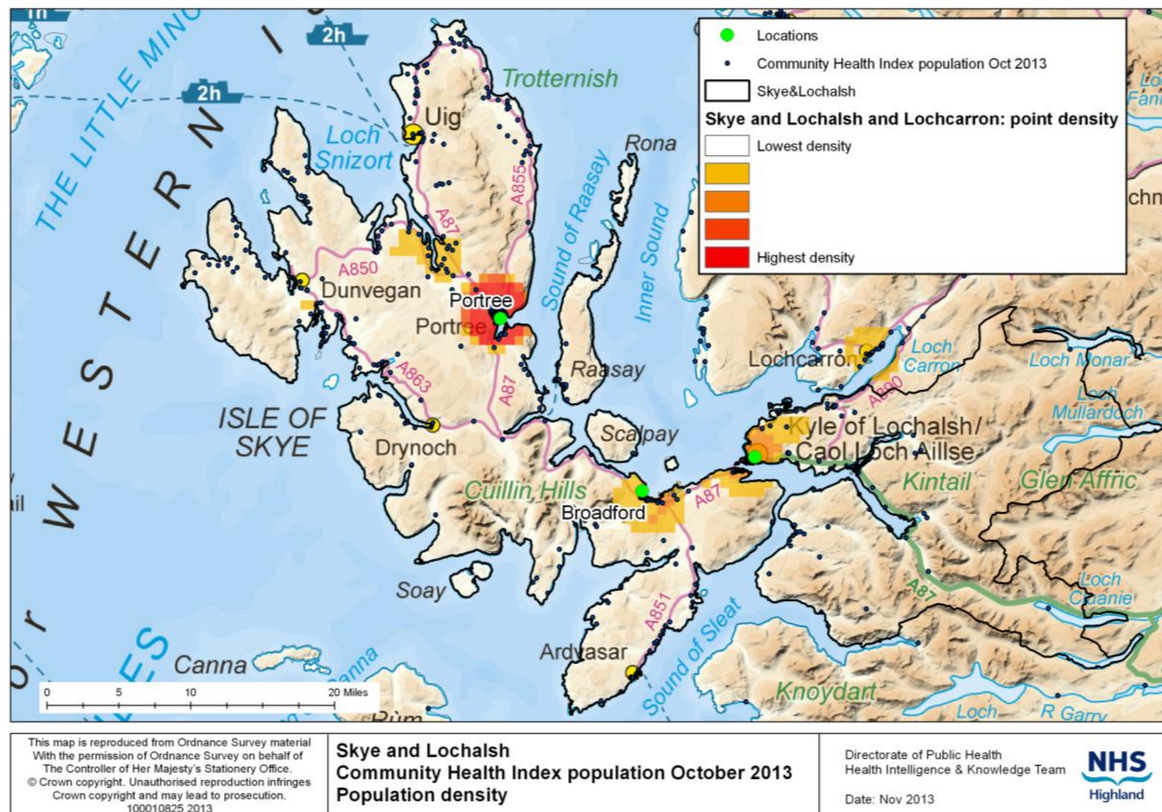


3 LOCATION AND DELIVERY OF EXISTING ARRANGEMENTS

3.1 Location of service users

This proposal covers the communities of Skye, Lochalsh and South West Ross and there are 14,680 registered patients. The population is sparsely distributed, with the majority of located in the settlements of Portree, Broadford and Kyle (**Map 2**).

Map 2 - Skye, Lochalsh & South West Ross population distribution and density 2013

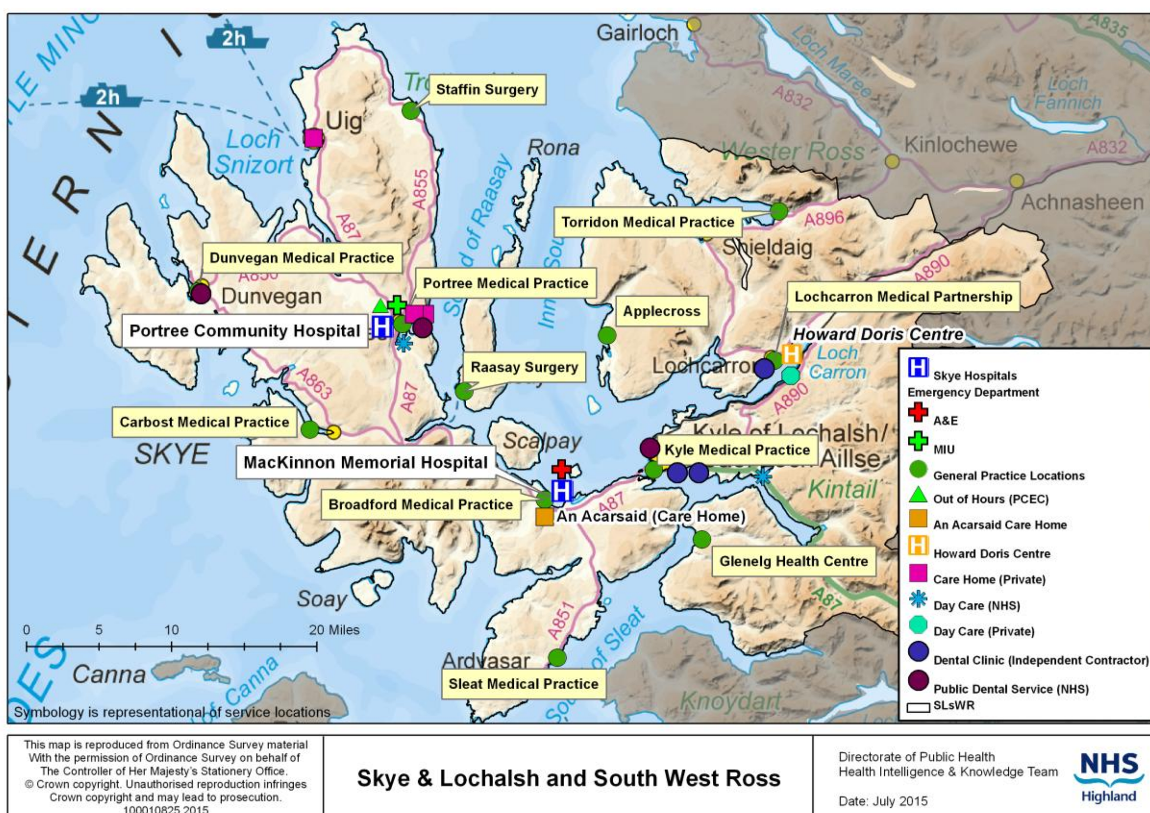


Source: Community Health Index, NHS Highland Health Intelligence

3.2 Location of services

There are 10 GP Practices covering 12 locations due to the distances between key settlements. The practice in Portree has three branch practice locations: Trotternish, Uig and the Island of Raasay. The other main services provided from facilities are shown **(Map 3).**

Map 3 - Location of services within Skye, Lochalsh and South West Ross locality

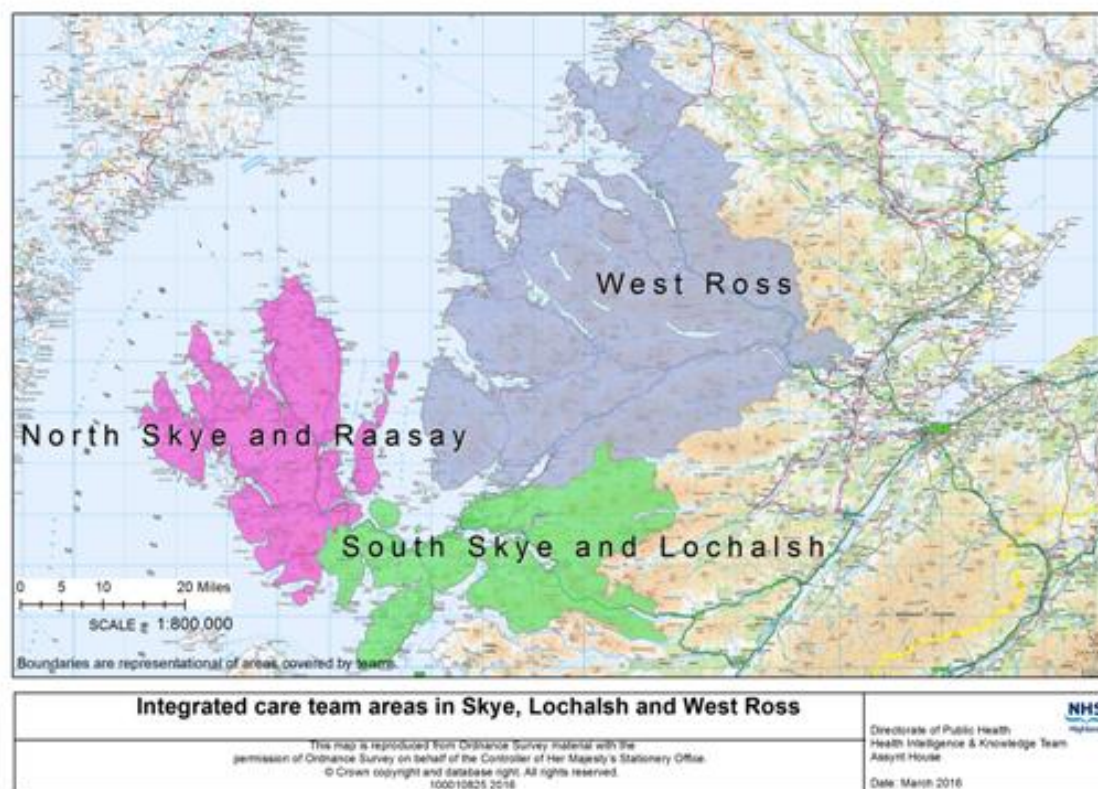


In terms of delivery of health and social care in the community the area is split into three Integrated Community Teams: West Ross, South Skye and Lochalsh, and North Skye and Raasay **(Map 4).**

There are two community hospitals: Dr Mackinnon Memorial Hospital in Broadford and Portree Community Hospital in Portree; one NHS Highland care home (An Acarsaid in Broadford) and NHS Highland day care services (Tigh na Drochaid in Portree and Airdferry in Dornie). There are also two privately run care homes in the area: Budh Mhor in Portree and The Haven in Uig; a private nursing home (Home Farm in Portree) and The Howard Doris Unit in Lochcarron which is a privately run facility providing residential and day services.

Current description of services for each of the three Integrated Team areas including those provided at Dr MacKinnon Memorial Hospital and Portree have been described (**Appendix 1**).

Map 4 – Areas covered by three integrated teams



3.3 Existing service arrangements

3.3.1 Access

Access to GP service, integrated teams, Accident and Emergency (Dr MacKinnon Broadford), Minor Injury Unit (Portree), emergencies, dental and pharmacy services in-hours and out of hours were described in a leaflet sent to every home in September 2015 here.

3.3.2 Primary Care Services

The integrated and extended teams, including GPs, will build on excellent achievements on caring for people with long term conditions thus further reducing hospital admissions and length of stay. The implementation of the new GP contract provides further opportunities to refocus time, effort and resource. Work is already underway and phase one work will be completed during 2016/17, with further work, including potential to link practices in 2017/18. Progress to date includes:

- GP Practices forming virtual groupings, working more closely with Integrated Teams of health and social care professionals.
- Increased anticipatory care planning
- Develop Virtual Wards
- Part of Community ‘Huddle’: a means to improve communication
- Improved links between Out of Hours and In-Hours care
- Introducing Advanced Practitioner roles
- Enhanced primary care pharmacist provision being developed

3.3.3 Rural Support Team

The Rural Support Team is a new multi-disciplinary model, providing primary care services in and out of hours using team of professionals from different backgrounds. Led by GPs, the team also includes Advanced Practitioners (nurses and paramedics). These practitioners work autonomously to provide scheduled and unscheduled care across North Skye, Ardnamurchan and Wester Ross. They also work out of the Minor Injury Unit in Portree Community Hospital and Dr MacKinnon Memorial (Broadford). A robust skills and competency framework was developed and individualised learning and development plans put in place. There is an ambition to further develop this approach and there is potential to include other practitioners and to provide support to other areas. The model is already being rolled out on the North West coast.

3.3.4 Integrated Teams

Since integration in April 2012 significant work has already taken place to create the right environment to deliver more integrated care and delivery of the 2020 vision. The integrated teams comprise social work, care at home, therapists, nurses, mental health and support staff, with each team managed through an integrated team lead and social care co-ordinator. Services are accessed through a single point of contact. Other key local enablers which are already being developed include:

- Enablement approach
- Virtual ward
- A redesign of care at home is well underway
- Daily integrated team huddles to improve co-ordination and communication
- Appointment of a local consultant geriatrician

3.3.5 Inpatient care

Portree Hospital is a 12 bedded unit which is located adjacent to Portree Medical Centre. There is 24/7 nursing care and access to 24/7 medical cover. The medical input is provided by GPs from Portree Medical Centre (8am-6pm). The Unit mostly provides care of the elderly and rehabilitation services.

Dr MacKinnon Memorial Hospital is a 20-bedded unit providing intermediate care encompassing assessment, resuscitation and stabilisation of acutely ill patients with medical input provided by Rural Practitioners (RPs). RPs are not common roles in Scotland but have been developed in Skye over the last decade or so in response to particular circumstances. RPs are ‘specialist generalists’. They are GPs with enhanced skills in emergency, resuscitation and anaesthetics allowing the hospital to function at a higher level than most community hospitals.

They have particular advantages in small hospital settings when the volume of work, especially out of hours is low and variable. RPs are able to assess and stabilise patients who come to A&E with trauma, medical or surgical condition. Unlike an A&E consultant they also provide inpatient care. RPs work shifts (not on call) and so are in the hospital 24/7 providing senior medical cover. The medical model in Dr MacKinnon is unique in Highland and it offers a higher level of acute care than Portree Community Hospital, or indeed other community hospitals.

Both hospitals currently face delay in discharging patients due to a lack of capacity in care at home, community integrated teams and care homes. This is especially so at weekends and it is intended that 7 day working will be more possible through disinvestment in hospital care and greater resource invested in the community.

3.3.6 Service providers

Since April 2012 NHS Highland is responsible for the delivery of adult health and social care services. This is supported by partnership working and a number of commissioning arrangements with third and independent sector.

There are two privately run care homes in the area; Budh Mhor in Portree and The Haven in Uig, and a private nursing home (Home Farm) in Portree. The Howard Doris Unit in Lochcarron is a privately run facility providing residential and day services.

The Scottish Ambulance Service is responsible for delivery of emergency (999) services.

3.3.7 Associated Assets

The two main NHS owned assets in scope for the redesign are Portree Hospital and Dr Mackinnon Memorial Hospital. A £5.5million investment in backlog maintenance would bring these facilities up to minimum standards but would not address a lack of compliance on bed spacing or sanitary provision. The buildings are not dementia friendly nor fully safe and secure. Neither hospital is fully compliant with Healthcare Environment Inspection Standards. There may also be challenges to meet future fire and safety regulations. NHS Highland also owns Health Centres in Broadford, Sleat, Kyle and Applecross and runs the residential care home in Broadford. Exploration of better use of all of these buildings is ongoing. For example, the residential home, An Acarsaid, may become dual registered to be able to provide nursing care, this releasing much needed capacity in this sector in the North of the island.

Dr Mackinnon Memorial Hospital was built in 1914 and has been extended a number of times since then. Many of the internal spaces are not sized or laid out for modern healthcare provision. The site is now so landlocked that future expansion is impossible and internal improvements are extremely difficult in terms of space available and disruption to service. The hospital was never designed for the functions it currently carries out. This has resulted in significant compromises for staff and patients in the way that services are delivered. No amount of investment in the existing facility will overcome these challenges.

The staff are working in a difficult physical environment making it increasingly challenging to meet some of the standards. The most recent example is the Joint Association of Gastroenterologists (JAG) standards which led to the suspension of endoscopy services in October 2014. Challenges included:

- Not meeting decontamination standards;
- Not having a proper recovery area; and
- Not being able to maintain privacy and dignity.

The total capital cost of addressing back-log maintenance at Dr Mackinnon Memorial is £5.1million. It is very inefficient in terms of heat, light and utilities and therefore running costs are expensive.

Portree Hospital was built in 1964 and was most recently upgraded in the mid 2000's, which included significant extension and replacement of all mechanical and electrical services. Parts of the facility are in good condition but overall the lay-out and constraints of space are far from ideal for the delivery of modern inpatient services. The total capital cost of addressing back-log maintenance is £0.4million.

The condition of the current facilities is reflected in the development group's Achieving Excellence through Design Evaluation Toolkit (AEDET) review carried out in April 2015 **(Table 1).**

Table 1 - Summary of AEDET scores for current facilities

Benchmark	Score	Notes
Use	1.3	Inpatient services split across facilities 26 miles apart; bedrooms non-compliant
Access	1.1	Limited public transport options; parking provision poor; patient dignity compromised; pedestrian routes not safe; no dedicated cycle routes
Space	1.8	Disabled access poor; two thirds of bedrooms are shared; isolation, privacy and dignity compromised; circulation routes poorly lit but efficient; inadequate storage space
Performance	1.2	Ageing facilities; difficult to clean
Engineering	1.6	Can't control heating (on or off); heating not zoned; construction works impact on clinical service
Character & Innovation	1.2	NHS ethos let down by poor accessibility
Form & materials	2.0	Small facilities so have a human scale; building design could make better use of surroundings; shelter is a high priority due to harsh weather conditions; buildings are difficult to maintain
Staff & patient environment	1.2	Two-thirds of bedrooms not en-suite; limited number of accessible bathrooms; WCs off main corridor; privacy and dignity compromised; opportunities for views not always maximized; limited safe access to outdoor space; wayfinding difficult for those with cognitive, visual or physical impairment
Urban & social integration	2.1	Facilities do not lift the spirits due to accessibility issues; ethos of original designs eroded over time due to extensions and redesign

4 CASE FOR CHANGE

NHS Highland considers that while steady progress has been made to redesign services since integration in April 2012 further investment in community services is required to increase the number of people who can be cared for at home or in a homely setting. In addition continuing to split inpatient services across the two hospitals on Skye is making it increasingly difficult to provide a safe level of medical and nursing cover, especially during the out-of-hours period. Over and above this there is currently £5.5million of backlog maintenance with the majority of that relating to Dr MacKinnon Memorial.

There is a need to modernise services both in terms of care models reliant on hospital beds and in buildings that are no longer fit for purpose. The challenges facing health and care services now and into the future will not be addressed by buildings but by new ways of working. The building is an enabler that will enhance the new model by providing opportunities for co location, true integration and the hub approach, as well as providing a greatly improved environment for patients, visitors and staff. A modern, purpose built facility will provide the flexibility required to meet changing needs and changing modality of care and treatment, and will also release funding for community infrastructure development.

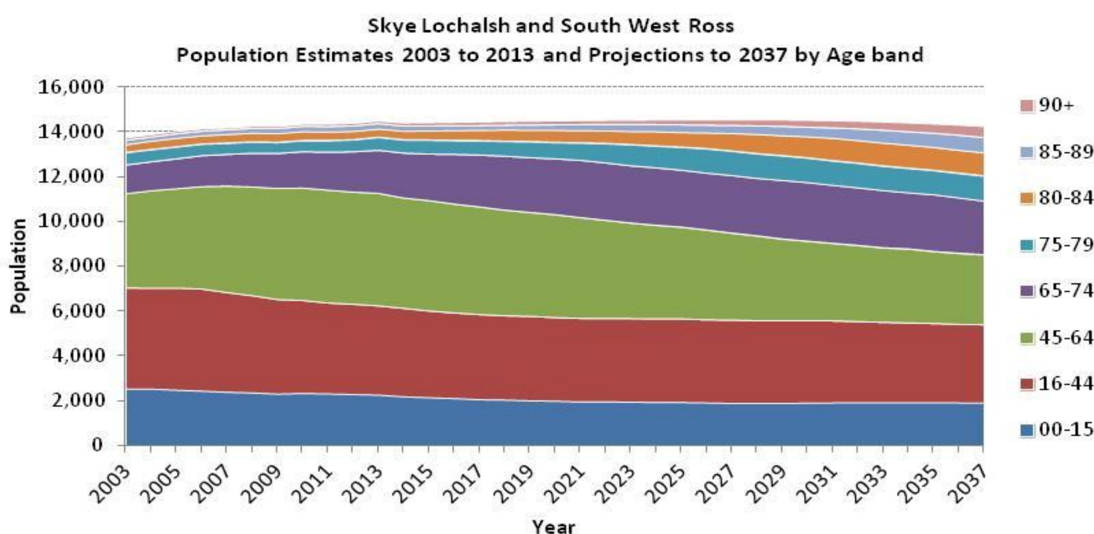
The case for change is underpinned by a number of factors as follows:

4.1 Population Projections

The population in Skye, Lochalsh and South West Ross has been growing steadily over the last ten years, with an increase in the population from 13,747 in 2003 to 14,510 in 2013, a rise of 5.6%. This is projected to remain relatively stable into the future with only a slight (0.4%) increase by 2025.

The population is projected to continue the trend of the past ten years by a further shift in demographic towards the older age groups as shown in **Figure 2** below. The percentage of the population aged 65 and over has increased in the past decade from 18% to 22% and a further increase to 40% of the population in this age band is projected from the current position up to 2037.

Figure 2 - Trend in population estimates (2003 to 2013) and projections to 2037 by age band, Skye, Lochalsh and South West Ross



Source: NRS Small Area Population Estimates 2013, NHS Highland Service Planning

4.2 Service Projections

Information on the age structure of the population is important because the use of health and social care services increases with age. However it is only one factor that needs to be considered when planning future services. The population has been ageing over the last decade, yet during this time the number of hospital beds in the area has reduced from 41 in 2006/07 to 32 in 2012/13. This has been achieved through changing models of clinical care and improved efficiency of hospital services with more care being delivered in the community. Whilst there is some evidence that service change has kept pace with demographic change to date, the rate of increase in people aged 65 and over is expected to exceed that observed over the last decade and the service model will need to take account of this.

Over the five years from 2008 to 2013 the number of inpatient discharges has fallen from 1613 to 1362 per year. There has also been a reduction in the number of occupied bed days over this time period from approximately 7,950 to just over 7,400. These changes reflect the changing clinical model and bed reductions.

4.2.1 Bed Modelling

Benchmarking suggests that relative to other areas in Highland and for the population aged 75 and over, the area has adequate provision of NHS beds and the number of care home places are on a par with the Highland average. Bed occupancy taken across both community hospital sites is currently below the optimal level recommended for planning services.

Historical admission thresholds for General Practices differ across Skye, Lochalsh and South West Ross and consideration needs to be given as to how a relocation of hospital services in the district may affect the observed admission patterns.

Although the outcome of the bed modelling exercise will be confirmed by Outline Business Case, early indications suggest around 19 to 27 beds for the area, depending upon the forecast occupied bed day rate and population projection used. Clearly the extent to which community services are developed will significantly impact on hospital bed use. In addition, as part of the overall development of the model, the appropriate use and links with Belford and Raigmore Hospitals will be considered to ensure that people are seen in the most appropriate setting and as close to home as possible. The current costing and workforce plan are based on 24 beds. The detail is set out in the full report “Skye Hospital Services Review” **(Appendix 2),** however, in addition to this, there is a plan to commission 4 beds from the Independent Sector Care Homes for end of life and step up/step down purposes.

4.3 Other factors

There are a number of relevant local factors which further support the case for change as well as highlight the need to speed up the pace of change.

The opening of the Skye Bridge in 1995 and removal of tolls in 2004 has transformed ease of access onto and off the island which in turn has changed access to services. The second key issue is integration of adult health and social care services in April 2012 which makes major redesign of services more effective. Another key enabler is that there is clinical consensus on the need for change, which in part is shaped by the challenges around recruitment and future sustainability. Finally the suspension on endoscopy services in 2014 brought into sharp focus that the current facilities in Dr MacKinnon Memorial Hospital are not fit for the delivery of modern and integrated care.

4.4 Business need, impacts and why action now

A review of the business need, impact and why action now is summarised **(Table 2).**

Table 2 Business need, impacts and why action now		
Business need	**Impacts**	**Why action now:**
Future service demand	Existing capacity in community services is unable to cope with future demand to support more people to be cared for at home	There is a requirement to increase capacity for community services and to achieve this requires some re-organisation, new ways of working and reinvestment from hospital into community services. The current configuration of buildings and resource allocation is hampering the opportunities to fully optimise the benefits of Lead Agency Model and develop different commissioning arrangements
Dispersed service locations	Dispersed communities mean that there is a need to maintain services provided from existing primary care centres and keep people as independent and at home for as long as possible	In order to maintain services within the area in scope there is a need to consolidate primary care services and implement new model to support in hours and out of hours care. The new GMS contract provides an opportunity to refocus resources. Integrated ways of working are also supporting more people to be at home
Ineffective service arrangements	The current model of having two inpatient facilities is not effective as it could be or sustainable in the near future. There is a recognition that people should only be in hospital if there is a clinical need Withdrawal of endoscopy due to current arrangements and challenges in staffing two 24/7 services	Continuation of the existing service performance is unsustainable. Currently significant numbers of inpatients are in Portree Hospital who would be better cared for at home or in a non hospital setting. Failure to modernise now could result with progressive withdrawal of services and ultimately less access to local services (i.e. outside of Skye, Lochalsh and South West Ross.
Service arrangements not person centred	Service is not meeting current or future user requirements to provide more care at home and reduce the need for people having to travel. Two-thirds of inpatient bedrooms are shared and/or have no en suite facilities. No dedicated day case facilities	Opportunities to change ways of working with new GMS contract. Current inpatient facilities not fit for purpose.

Accommodation with high levels of backlog maintenance and poor functionality	Increased safety risk from outstanding maintenance and inefficient service performance. Dr MacKinnon is over 100 years old and not designed for the delivery of modern health and social care. Portree Hospital also has a number of building constraints	Building condition, performance and associated risks will continue to deteriorate if action isn't taken now. Having two hospitals relatively close together with £5.5m backlog maintenance is not sustainable

4.5 Potential business scope

A review was undertaken with stakeholders to agree the boundaries and limitations of what the project is seeking to deliver. It must be stressed that the driving force is service and people and not new buildings, Considerable effort has been invested in developing a service model which is focused on the development of community infrastructure in order to support more people at home or in a homely setting for as long as possible.

4.5.1 Geographical

The new arrangements will continue to serve the communities registered with the existing ten GP Practices which cover the communities of Skye, Lochalsh and South West Ross.

4.5.2 Population / user base

14,680 people are registered with ten General Practices covering the communities of Skye, Lochalsh and South West Ross and this is projected to increase **(Appendix 2).** In addition there is a significant influx of seasonal visitors to the area.

4.5.3 Functionality

The proposed redesign will include General Medical Services (GMS), wider primary care, community health and social care, enhanced community hospital provision including inpatient, day case and outpatient hospital services, Accident and Emergency and Minor Injury Unit, flexible use bed capacity, expansion of care-at-home, mental health, learning disability, allied health professionals, district nursing, midwifery, extra care housing provision, training and education facilities are in scope.

The buildings most affected will be Portree Hospital, Mackinnon Memorial Hospital, Portree Medical Practice and Broadford Service Point. However, a review of all premises will be undertaken to ensure that the new service model is delivered in the most effective and cost efficient manner possible making appropriate and best use of all NHS Highland assets in the area.

4.5.4 Organisations

All members of the Health Housing and Social Care Forum (Am Fasgadh, Alzheimer's Scotland, Crossroads, Skye and Lochalsh Council of Voluntary Organisations Skye and Lochalsh Access Panel, Chest Heart and Stroke, Lochalsh and Skye Housing Association, Carr Gomm, Citizens Advice Bureau, Young Carers, Key Housing, and Sense Scotland, Highland Hospice, Marie Curie, Scottish Ambulance Service, Scottish Fire and Rescue service, private and independent sector and Scottish Care and Home.

4.5.5 Hours

The proposed re-design covers both in-hours and out-of-hours.

4.5.6 Locality-based staff

As part of the workforce plan a review across all services has taken place to look at current and planned staffing by payroll band and by profession. This amounts to some 260 whole time equivalent (WTE) staff who are directly or indirectly impacted by the change.

With all the inpatient care to be provided in Broadford (**section 7.10**) this has implications for the Portree Medical Practice. The Portree Practice (22 staff) will move to the Spoke in Portree, and will no longer provide in patient medical cover in Portree.

4.6 Service Solution

4.6.1 Overview of proposed new model of service 'Hub' and 'Spoke'

The model will be fully integrated and will concentrate on care in the home, or as close to home as possible, thus development of the community infrastructure including the Integrated Community Team, Primary Care, Care at Home and Third Sector partners, is crucial. This work is already underway and will continue to develop during the next three years in advance of the new facility which will further enhance the service model. However, release of staffing and funding from the two inpatient facilities will not be able to be achieved until the new building is operational.

The preferred option involves setting up a new modern health and social care resource centre 'Hub' in Broadford, and redesigning some services in Portree ('Spoke') as part of a wider redesign to support enhanced community services, including care-at-home and flexible use beds in the area **(Figure 3).** The service model is detailed in the clinical and care specification **(Appendix 3**) and was approved by the Project Board in January 2016 .

The arrangements build on the progress made since integration, however, the current infrastructure and need to invest in community services in particular is hampering more transformation change.

The whole ethos is to have integrated teams working flexibly providing both in-reach and out-reach. This will be supported through co-location, single point of contact and the development of the integrated health and social care 'Hub' as part of the new facility in Broadford.

The co-location of inpatient facilities will be the main mechanism to release resource which will be re-invested in community services to deliver an expanded care at home service, enhanced handyperson service to provide adaptations to people's homes and Technology Enabled Care to allow safe monitoring in the home environment.

A detailed workforce plan is included in **Appendix 8.** This also includes a review of skill mix and analysis of the roles which are hard to fill and therefore new ways of working are being considered. The workforce plan will therefore be a dynamic document and will develop as new opportunities are explored.

Figure 3 - Strategic overview of new model of health and social care services

4.6.2 Health and social care resource centre 'Hub' in Broadford

The new 'Hub' **(Figure 4)** will provide all inpatient care, diagnostic and accident and emergency facilities for the area, and will be open 24 hours a day. The medical input to the inpatients will be predominantly by Rural Practitioners (RPs).However, there is a visiting service by a Community Geriatrician and a Consultant Surgeon. Other specialists visit regularly.

The out of hours service will continue in the Hub, co-located and integrated with accident and emergency, and will also provide on-site medical cover for the inpatient beds. The Hub will be equipped to provide stabilisation, assessment, initial management and treatment or transfer as required.

The Scottish Ambulance Service will be co-located, as they are at the moment. The Hub will be the main base for integrated health and social care teams in the area.

The preferred site for the Hub is owned by NHS Highland and is adjacent to the new Broadford Health Centre.

Figure 4 - Outline of services to be provided from 'Hub' – Broadford

4.6.3 'Spoke' Portree

The 'Spoke' in Portree **(Figures 5 and 6)** will house the existing minor injuries unit (0800-2300), out of hours service and outpatient services that are currently provided from Portree Hospital. It will also be the main base for the North Skye Integrated Teams and the Portree Medical Practice. There will be no inpatient beds in the Spoke, however there is ongoing negotiation with two local Care Homes in the Portree area, to provide additional appropriate bed capacity. This could create an additional ten to fourteen care beds.

Day hospital services will be an addition and will provide enhanced day assessment services by providing access to the integrated team in a single visit. The range of other services that will be provided include intravenous therapies and rehabilitation. This is at planning stage and will be further developed over the next few months. Active consideration is being given to co-locating the Scottish Ambulance Service (North Skye) team in the Spoke to further support integrated working, sharing workload, skills maintenance and professional support.

Figure 5 - Outline of services to be provided from 'Spoke' – Portree

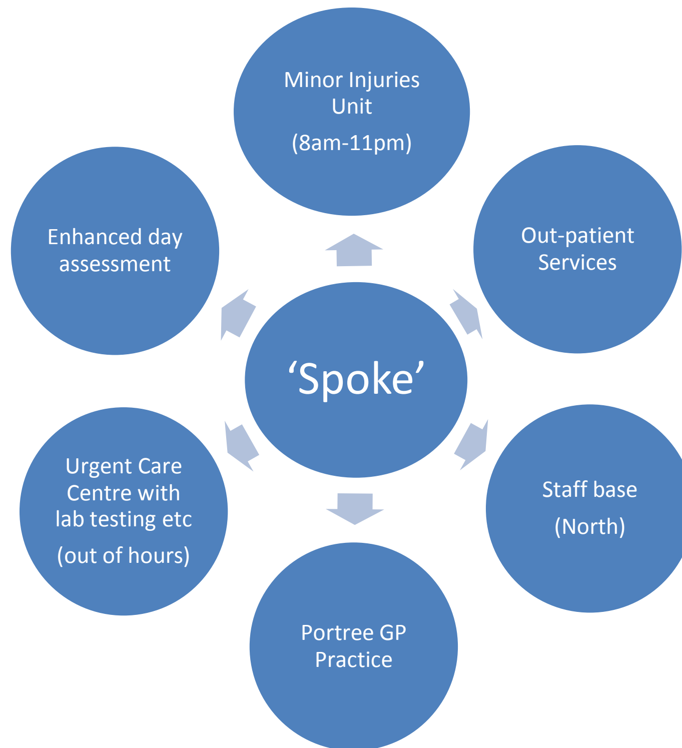


Figure 6 – What the Portree Spoke could look like

WHAT MIGHT THE PORTREE 'SPOKE' LOOK LIKE?

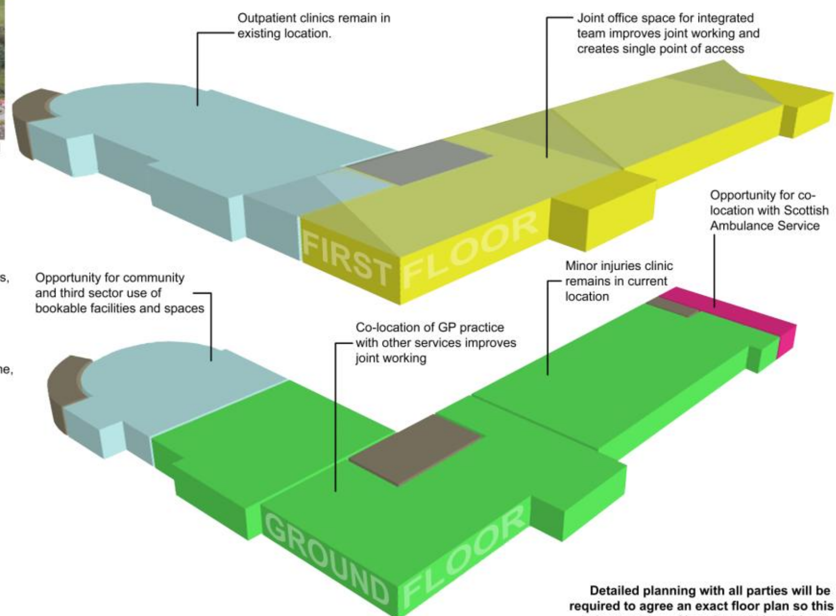
A bird's-eye view of the exisiting Portree Hospital

Services to be provided from the Spoke in Portree:

- GP surgery
- Minor Injuries Service, 7 days per week, 8am to 11pm
- Out of Hours Primary Care Emergency Centre 6-11pm weekdays, 8am – 11pm weekends
- Outpatient services
- Office and clinical space for North Skye teams which includes Community Midwives, District Nurses, Social Work, Care at Home, Community Mental Health, Community Learning Disabilities Nurses, Allied Health Professionals (Physiotherapy, Podiatry, Dietetics, Occupational Therapy and Speech and Language Therapy)
- Potential for Scottish Ambulance Service base
- Potential expansion of day case activity
- Outbuildings demolished to increase car parking

Wider Service Improvements:

- Improved use of telecommunications
- Enhanced and expanded Care at Home and Community Mental Health Services
- Discussions are underway with Portree care homes to provide additional bed capacity including step up / step down / palliative care / respite beds



Detailed planning with all parties will be required to agree an exact floor plan so this is just an idea of how it could be laid out - watch the newsletters for more details!

LEGEND:

GP Surgery | Scottish Ambulance Service | Outpatient Services | Integrated Team Offices

4.7 Service delivery

Integrated health and social care teams strongly linked to third and independent sector and Scottish Ambulance Service, taking accountability for local delivery of non-hospital based services. Based on the principles from the Christie report, NHS Highland works with key partners to maximise the time, talents and resources of the public sector and the possibility of community and social enterprise development is being explored with communities. Successful examples such as Boleskine or Black Isle Cares, whereby local communities have assumed responsibility for care at home services in their local area, are being explored with communities in Skye, Lochalsh and South West Ross.

The new model of care will encompass Scottish Ambulance Service, third sector and independent service providers, building on existing close working relationships but allowing co-location and shared working where possible, to further enhance this. The community services will be expanded and developed. In particular, the local teams have identified a gap in the health and social care support worker capacity and have prioritised the recruitment of this type of post as part of the workforce planning exercise.

4.8 Implementation

An implementation and transitions plan is in the process of being prepared to deliver the new model, and has been the case since integration, as much as possible of the new model will be put in place as the opportunity arises. This will ensure that, in line with the Cabinet Secretary’s recommendations, enhanced community care at home, community services and an integrated transport and access plan are in place and fully tested prior to closure or moving of any of existing services, where finances allow. The success of integrated teams is already evident in terms of supporting people at home, reduced admission rates and reduced length of stay. One example is the team’s involvement with an older couple, one of whom, the carer for the other, had become ill and as a consequence both were at risk of hospital admission. At the team ‘huddle’ all of the professionals involved discussed the situation, pooled resources to support the couple and avoided admission.

Integrated teams are already blurring the boundaries between professions and reducing duplication of effort and indeed the footfall in people’s homes. The need for protracted local referrals to different teams has been removed and action by a relevant professional can be much faster. The Integrated Team Leader has oversight of the workload of the entire team and can prioritise response accordingly. The Health and Social Care Coordinator provides a single point of access to the entire team, this obviating the need for people to make several calls in order to speak to the right person or to receive the right service. This model of care will continue to be developed, barriers will continue to be removed and person centred care will be one of the most important outcomes.

For the purposes of the workforce planning exercise, the names of professions within the team has been given but the integrated approach means that people receive the right care at the right time from the right person and that additional professional advice is immediately available when required. Everyone who requires care will be allocated a Lead Professional who will coordinate all input and will ensure timely review.

4.9 Critical success factors

In addition to the Investment Objectives for the project there are a number of factors which, while not directly objectives of the investment, will be critical for the success of the project, and are relevant in judging the relative desirability of options. The five Critical Success Factors agreed at the Steering Group workshops are shown (**Table 3).**

Table 3: Summary description for each critical success factor

Critical Success Factor	Description
Strategic fit	Fits with NHS Scotland's Quality Strategy ambitions for patient centred, effective and safe services and the Scottish Government's 2020 vision. The plans have been further assessed against the National Clinical Strategy and Chief Medical Officers Annual Report both published earlier this year and the Community Empowerment Act Fits with local and national strategies as set out in **Section 2** captured in our over-arching strategic document "The Highland Care Strategy: NHS Highland's Improvement and Co-Production Plan."
Value for money	Will enhance service delivery and achieve the project investment objectives from an efficient cost base, while at the same time reducing service delivery risks. Overall will deliver a good balance of bringing benefits, while reducing costs and risks
Achievability	The key service providers and service users are able to adapt to the proposed service changes and deliver an enhanced service from identified resources
Supply-side capacity and capability	Service providers have the resource capacity and capability to deliver the proposed service model and facilities; and the scheme will be able to attract the necessary investment.
Affordable	Capital and/or revenue funds available within the Highland health and social care economy will be sufficient to deliver the proposed option.

5 INVESTMENT OBJECTIVES

A description for each objective was discussed and agreed with the local development group at an initial workshop. This was attended by a wide range of stakeholders and facilitated by an independent expert. **Table 4** illustrates how the project investment objectives align with NHS Scotland's Strategic Investment Objectives and how this proposal responds to these. Overview of the benefits and associated measurement is described in **Section 9.1**.

Table 4 - Description of Project Investment Objectives

Investment objective	Description	How proposal responds
Improve user experience **(Person centred)**	Services which focus on the individual, their preferences and choices. Respects peoples' dignity and privacy and provides services which demonstrate compassion, continuity and shared decision-making.	Implementation of new GMS contract and integrated teams with single point of access will support more people to be managed at home. New purpose built facility will be more person centred
Improve access to services and care **(Effective)**	Provide easy and convenient access to the maximum range of services that can be safely provided locally	If re-design does not take place progressively more services will not be able to be provided locally. New arrangements will allow endoscopy service to be reinstated. Greater use of VC to support outpatient consultations and reduce the need for travel
Improve quality and effectiveness of accommodation **(Safe and effective)**	Provide modern, fit for purpose, well planned and designed accommodation which supports and facilitates effective and efficient service delivery and provides a pleasant and calming care environment for patients. An appropriate, clean and safe environment will be provided for the delivery of services at all time	New purpose built facility with inpatient services co-located will have single rooms and en-suite facilities and will be easier to clean. It will allow for dedicated day-case facilities.
Improve safety of service delivery **(Safe)**	There will be no avoidable injury or harm to people from health and social care services and this will consistently be provided across the full range of service provision, wherever it is delivered.	Integrated and multidisciplinary approaches with greater co-location will support holistic care and anticipatory care approaches. Re-design will support clarity on clinical care pathways. Co-location of all inpatient services with 24/7 on site medical care will be safer. Better team working and effective communication will reduce admissions and support timely discharges
Make best use of resources **(Value and sustainability)**	Ensures that all available resources (staff, money, buildings, equipment etc.) are used effectively and efficiently to support services and provide good value for money i.e. maximises the benefits to patients from investment in staff time, buildings etc. Minimises waste, duplication and inefficient working practices	Co-location of inpatient services will be safer, more effective and inefficient. The new facility will be more efficient and will reduce running costs. Overall better use made of all facilities and opportunity to reduce a number of leases and buildings. Staff working agile equipped with latest technology allowing them to access information without having to be based in an office

6 STAKEHOLDER INVOLVEMENT

There has been considerable debate and discussion over many decades around how best to re-design services across the Island of Skye. Previous attempts highlighted some contentious issues; in particular the potential location of any proposed new main hospital, and little progress was made

The scope of the redesign was clear from the outset and included all the communities in Skye, Lochalsh and South West Ross. NHS Highland identified key stakeholders including current service users, members of the public, local elected representatives (Community Councils, Councilors, MSPs, MP), partner agencies, local groups, GPs other clinicians and local staff. Initially there was a period of informal engagement with stakeholders about local services and the case for change. A steering group was established and members took part in seven half-day workshops between June 2013 and April 2014. Through this work objectives and benefits criteria were agreed, a long list of options considered **(Section 7.1)** and a short list of three options scored with a preferred model of service identified.

Further options appraisal exercise took place to determine location of services to support the model and site **(Section 7.10).**

The Board then undertook formal consultation (19th May to 19th August 2014) in line with Informing, Engaging and Consulting People in Developing Health and Community Care Services (CEL4 (2010) from 19 May to 29 August 2014. This included holding over 50 meetings and two mail drops to every home and business in the area. It is the view of the Scottish Health Council (SHC), as the independent arbiters of how consistent Boards' activity is with the above guidance, that NHS Highland has conducted the process in a meaningful and inclusive way, providing local people with a reasonable opportunity to express their views. Since the decision on the preferred option, however, there has been a petition which is still being considered by the Petitions Committee

A summary of stakeholders and an overview of engagement which have taken place and level of support is summarised **(Table 5**), It is further described in **Section 8** and fully documented in the report which went to the board in December 2014.

Engagement will continue through all phases of the development until completion and beyond.

Table 5 Stakeholder engagement and level of support		
Stakeholder Group	**Engagement that has taken place**	**Confirmed support for the proposal**
General public including patients and service users	The proposal was considered as major service change and full public consultation was required. This included holding over 50 local events and sending consultation survey form to every home in the areas. Meetings are ongoing including two recent drop-in events ()	Outcomes from the public consultation events have confirmed strong support for the proposed model and the case for change. However there is some variation by locality in terms of where the main Hub facility should be located, some general concern about loss of inpatient beds, some of the clinical pathways and transport. Report on the feed-back from the consultation is available here. Work is ongoing to inform and involve the public through a range of initiatives including Newsletters, events and media releases.
North Skye – Save our Services	After the consultation a campaign group was established, now called Save our Services. They have raised concerns about the process, the consultation and the decision to locate the new facility in Broadford and associated removal of inpatient beds in Portree. They also have concerns about perceived down grading of A&E services in Portree and some of the clinical pathways. Consultation survey forms were sent to all homes in the area and there were various meetings in North Skye and they have been invited to have representatives on the steering group. Engagement is ongoing with a North Skye Working Group established and a drop-in meeting held on 18 March 2016. We plan to establish a clinical pathways group with specialist consultants, GPs, other clinicians and members of the public.	The Group continues to meet and is not persuaded that due process has been followed or supportive of the proposed changes and how they feel will impact on the North of Skye. They have raised a petition with the Petitions Committee which has had one hearing and will be further considered when the new committee established. Not with standing that they feel an Independent Scrutiny Panel should have been called, their concerns include emergency care pathways, the removal of inpatient beds and a lack of clinical consensus for model. There was a workshop to discuss these issues and further work is planned. The workforce planning is underway and will be set out in detail how the new arrangements will work. In approving the proposals in DATE, the Cabinet Secretary made it clear that the alternative arrangements would need to be in place prior to closing of inpatient beds. Through the responses to the Petitions Committee the Cabinet Secretary has continued to support the proposals and has not been persuaded by the issues raised by the Group.

Community Councils	Meetings were held with all community councils and they were all invited to sit on the steering group.	Responses are detailed in the Scottish Health Council's full consultation report and the report to the board. Community Councils continue to be represented on the Steering Group
Staff	Staff affected by this proposal include all health and social care professionals providing services in the area; Their involvement includes participation in developing the clinical and care model, participating in workshops and data gathering to support workforce planning, and involvement in various working groups including the Design Statement.	Staff representatives are part of the Steering Group, working groups and Project Team. They have participated in a series of clinical workshops as part of re-shaping the workforce to deliver proposed model of service. Employee Director has taken an active interest in how the project has developed and is supportive. Staff newsletters are issued after each project team meeting
GPs	There are ten GP practices in scope. Having strong clinical leadership and support from clinical teams and in particular GPs was considered to be very important and they are identified as key stakeholders. They have been involved in all stages of the process.	GPs were involved in developing the service model and the options appraisal on location. They have supported the process and most recently this support was reaffirmed at *clinical forum for Skye, Lochalsh and Wester Ross in May 201*6
Local Highland Councillors	Four local councillors have been actively involved. Councillor Hamish Fraser chairs the Project Transport and Access Group and is a member of the Project Board	Endorsed formal response from Highland Council. Ongoing and active engagement with the project
Highland Council	Various presentations to Area Committee and District Partnership.	Highland Council supported the proposals trough recognised some concerns were expressed in North Skye. Ongoing and active engagement with the project
Partner Agencies and Groups	Key stakeholders identified for this proposal include the Scottish Ambulance Service, Scottish Fire and Rescue, and Police Scotland. Others include Am Fasgadh, Alzheimer's Scotland, Crossroads, Skye and Lochalsh Council of Voluntary Organisations Skye and Lochalsh Access Panel, Chest Heart and Stroke, Lochalsh and Skye Housing Association, Carr Gomm, Citizens Advice Bureau, Young Carers, Key Housing, and Sense Scotland. Their involvement in the development of this proposal includes being part of the Steering Group, public consultation and other local event	Partner agencies have all fed back as part of the consultation including sending letters of endorsement. Responses are detailed in full consultation report. They are represented on the Steering Group and Project Board and are participating in ongoing events

MSPS/MP	Updates to all Highland MSPs as part of regular meetings with Chair and Chief Executive. Meetings have also taken place with constituency MP and MSP. Regular dialogue via phone and email	Constituency MSP and MP are on record of endorsing the proposal. The new incoming constituency MSP attended the recent drop-in event and have met with NHS Highland chair in June 2016.
Scottish Health Council	Scottish Health Council has been fully informed at all stages in the proposal. This has included the options appraisal process and supporting the communications and engagement, proposals to support public consultation.	Scottish Health Council endorsed the consultation process in October 2014. Their report is available on their website. Ongoing dialogue through regular meetings relating to all service change.

7 OPTIONS APPRAISAL ON SERVICE MODEL AND LOCATION

The development and appraisal of options was carried out in line with the principles outlined in HM Treasury Guidance – *The Green Book* and *The Scottish Capital Investment Manual*. This process is to ensure a consistent and systematic approach in determining how best to address the current service issues and to deliver clear benefits.

7.1 Long list of options

As part of the early work a series of workshops were held in July, September and October 2013, facilitated by an Independent Consultant. They were structured around the Scottish Capital Investment Manual (SCIM) process for development of an Initial Agreement and involved:

- Developing a set of investment objectives
- Identifying critical success factors
- Developing a thorough understanding of what is currently happening (existing arrangements); and the associated problems (business needs)
- Identifying a range of possible service options (Long list)
- Undertaking an assessment of the long list against the investment objectives and critical success factors to arrive at a short list of service options.

This process was described in the public consultation document.

The long list of options which emerged from this process is detailed on pages 11 - 13 in the full workshop report. The scope and service solution categories are described under a number of sub-headings which are intended to assist with differentiation between the options.

Each of the long listed options was subjected to a Strengths Weaknesses Opportunities and Threats (SWOT) analysis, which is detailed in pages 18 - 31 in the workshop report.

Using the outcome of the option appraisal three options were short-listed.

7.2 Preferred way forward and short listed options

Shortlisted options were further developed to ensure that they were sufficiently detailed to allow further evaluation and are outlined below:

- Option 1 – Status Quo / Do minimum

- Option 2 – Single Community hospital and resource centre 'Hub' and one 'Spoke', based on existing hospital sites (Reference Project)

- Option 3 – Single Community hospital (Alternative Project)

7.3 Appraisal of short listed options

An Options Appraisal exercise took place to look at the advantages and disadvantages. This was achieved by:

- Ensuring participants clearly understood the scope, service model and differences between each option;

- Agreeing a set of non-financial criteria and weighting these to reflect their relative importance;
- Examining each option and scoring them against the weighted criterion; and
- Computing a weighted benefits score for each option which demonstrates how well the workshop participants considered that the options would deliver the project benefits.

A detailed description of the options is provided in pages 15-17 of the workshop report.

Option 1 – Do minimum

Everything would stay the same but with some investment to look to address some of the regulatory and statutory requirements around Portree Hospital and Dr Mackinnon Memorial Hospital. There would be some opportunities for minor improvements in community based care. Continue to work to integrate services while accepting limitations imposed by the current facilities, IT infrastructure and locations of services and staff.

Main disadvantages	Main advantages
1. Buildings will never be fit for modern integrated healthcare services, even with significant investment	1. It is what people are familiar with
2. Missed opportunities to improve care-at-home and address safety issues and standards	2. Keeps range of services in existing hospital locations
3. Not sustainable - may result in major loss of services from the locality in the longer term	3. No major service change required

Option 2 - Community resource centre and hospital 'Hub' and 'hospital Spoke'

'Hub' – In either Broadford or Portree, a full range of services would be delivered through a new modern purpose-built 'Hub'. It would have in-patient beds, enhanced diagnostic services (including X-ray and Ultrasound), A&E, out-patient and day-case facilities. Other features would include co-location of staff, spaces for third sector organisations and it would be the main base for Scottish Ambulance Service.

'Spoke' – This facility would be in the other town and would support Primary Care Emergency Centre (GP and nurse cover for community casualty/minor ailments and injuries), out-patient clinics and co-location of some staff. There would be no in-patient beds.

Main disadvantages		Main advantages
1. Requires agreement on location of 'Hub' and 'Spoke' and available land		1. Provide services in new modern facilities with enhanced diagnostics
2. Loss of some services (e.g. in-patient beds) in the area that becomes the 'Spoke'		2. Pathways clearer with better medical cover for in-patients with greater clinical governance, especially out-of-hours
3. Still would require investment in two facilities		3. Greater opportunities for integration and staff co-location

Option 3 – Community resource centre and hospital 'Hub'

A new service model would be provided from a new modern purpose-built community resource centre and hospital 'Hub' in either Portree or Broadford.

It would involve the closure of Portree Hospital and Dr MacKinnon Memorial Hospital (Broadford) and a re-organisation of GP Practices, care homes and day care services with many of the services being based at the 'Hub'. There would be opportunities for others to be based in the 'Hub' including Scottish Ambulance Service and third sector. There would be no other hospital services on the island.

Main disadvantages		Main advantages
1. Level of redesign unprecedented in Highland		1. Provide more efficient services in new modern facility with enhanced diagnostics
2. Significant culture change for communities, staff, GPs and others		2. Pathways much clearer and improved medical cover for in-patients and greater clinical governance
3. Requires land of sufficient size to be identified and agreement on location of 'Hub'		3. Unlocks resources across many facilities allowing for alternative investment

7.4 Scoring of options

The appraisal of the options against the non-financial benefits criteria is summarised (**Table 6**).

Table 6 - Summary of scoring of options appraisal (scored out of 1000)

		Weighted Benefits Score			
Option	**Description**	**Optimistic**	**Consensus**	**Pessimistic**	**Rank**
1	Do minimum	438	400	363	3
2	Community resource centre and hospital 'Hub' and 'Spoke'	838	800	763	1
3	Community resource centre and hospital 'Hub'	850	788	675	2

This demonstrates a slight preference for option 2 Community resource centre and hospital 'Hub' and 'Spoke', with option 1 'Do minimum' the least preferred.

7.5 Conclusions

The conclusions from the options appraisal were as follows:

The significantly smaller score for the "Do minimum" option confirms that the proposed investment is expected to produce a step change in the non-financial benefits delivered to patients, service users and staff and that the project is worthwhile. This is supported by options 2 and 3 having relatively high overall weighted benefits scores compared to the maximum possible score (1000);

The relatively small differences in weighted benefits scores between the three scoring scenarios (optimistic, consensus, pessimistic) indicates high levels of consensus across the group, although this was less so with Option 3;

There is very little difference between the weighted benefit scores of Options 2 and 3 indicating that both options could deliver the majority of the non-financial benefits expected from investment in the project. The decision on which of these options to adopt as the preferred way forward will largely depend on the value for money assessment undertaken as part of the economic appraisal.

7.6 Non-financial risks appraisal

The group also appraised the non-financial risks, identifying the risk(s) and assessing each risk in terms of its likelihood and impact to produce a risk score (likelihood x impact). The options were then ranked in terms of non-financial risks **(Table 7**).

Table 7 Results of non-financial risks appraisal

	Risk score		
	Option no.		
Non-financial risks	**1**	**2**	**3**
Political acceptability	10	14	70
Public acceptability	54	45	70
Staff retention	18	40	70
Staff recruitment	81	14	14
Operational problems – service management, logistics etc	72	40	63
Cultural change for staff	4	40	81
Risk of demand not being met	56	21	18
Short term implementation risk	9	35	72
Long term risk of model not being effective	90	27	36
Total non-financial risk score	**394**	**276**	**494**

(scored out of a maximum 900)

The workshop delegates considered Option 2, 'Hub' and 'Spoke' to have the lowest overall risk.

7.7 Financial Risks

The majority of risks will be measured and quantified in monetary terms in the Outline Business Case. This will include planning, design and construction; commissioning, operational; service; and business risks.

7.8 Economic appraisal

An economic appraisal was completed in January 2014 after the stakeholder workshops. The full report which combines the results from the workshop with a cost analysis is provided here. At this very early stage the appraisal looked to identify the option which is most likely to make best use of resources and provide best value for money, i.e. a high benefits to cost ratio. Indicative capital and revenue costs were estimated to produce a net present cost of the investment over 60 years and this was compared to the non-financial weighted benefits score to produce a cost per benefit (**Table 8**).

Table 8 Cost per benefit score

Option	Weighted Benefits Score	Net Present Cost (NPC) over 60 years £million	Cost (NPC) per benefit point £000
1 – Do minimum	400	106.6	267
2 – Hub and Spoke	800	94.2	118
3 – Hub only	788	106.4	135

This demonstrates that the “Do Minimum” option represents very poor value for money as it costs more and delivers significantly less benefits than the other two options. Option 2, “Community Resource Centre ‘Hub’ and ‘Spoke’”, is expected to provide the best overall value for money as it has a very high weighted benefits score, the lowest Net Present Cost over the 60 year life of the project and a Cost per Benefit point which is significantly lower than the next best option “Community Resource Hub” (118 compared to 135).

7.9 Preferred Service Model Option

The results from the appraisals of the short listed options in terms of benefits, risks and costs shows that overall the **“Community Resource Hub and Spoke”** option is ranked highest in terms of its non-financial benefits, has the lowest Net Present Cost over 60 years, is the least risky option and provides best value for money. Hence, at this stage it is the preferred option.

Sensitivity analysis has shown that this outcome is relatively sensitive to small changes in either the weighted benefits score or the net present costs. Further and more detailed work on the costs of both the “Community Resource Hub and Spoke” option and the “Community Resource Hub” option will be needed as the project progresses to Outline Business Case stage to confirm the superiority of the preferred option in terms of its net present costs and value for money.

These results were considered by the Board of NHS Highland on 4th March 2014. The Board accepted the case for change and endorsed the proposed model as recommended. The Board also approved that a further options appraisal exercise should take place to determine the proposed locations for the ‘Hub’ and ‘Spoke’.

7.10 Options appraisal to determine the location of ‘Hub’ and ‘Spoke’

A further option appraisal exercise took place in March 2014 to identify where the ‘Hub’ and ‘Spoke’ could be **located**. Both Portree and Broadford were considered feasible from a location point of view and a land search had determined that sites were available in both areas.

- Option 2 (a) ‘Hub’ new-build in Broadford with ‘Spoke’ in Portree.
- Option 2 (b) ‘Hub’ new-build in Portree with ‘Spoke’ in Broadford.

The two options were scored using the same methodology as the previous workshops and again were independently facilitated. This was to maintain consistency. Members of the steering group identified and agreed the weighting and scoring of criteria relevant to the location. The benefits criteria, weightings and scoring of options are included in pages 2-4 of the location options appraisal report.

Table 9 Weighted benefits score – location appraisal

		Overall weighted benefits score (workshop group's weights applied)			
Option no	**Description**	**Optimistic**	**Consensus**	**Pessimistic**	**Rank**
2a	Hub in Broadford, Spoke in Portree	780	766	751	1
2b	Hub in Portree, Spoke in Broadford	743	717	702	2

Through this process **Option 2 (a)** scored highest (766 vs. 717). The scoring of both options was close, highlighting that both locations would perform well as a 'Hub' or 'Spoke' however sensitivity analysis has shown that this marginal difference remains despite changes to the assumptions (for example allocating equal scores for ease of acquisition does not change the result). This concludes that the Steering Group's clear recommendation was for a 'Hub' to be located in Broadford and 'Spoke' in Portree.

7.11 Site options appraisal in Broadford

Possible development sites were identified through a land search carried out by an external valuer. From this process 3 sites were identified plus a site already in NHS ownership. A **qualitative** appraisal of these sites was undertaken, based on the following factors which were agreed by the stakeholder group prior to sharing any of the site locations:

- Access – Level and approach of access
- Location – Not in an isolated place, close to other amenities, close to the centre of the village
- Transport – Public transport routes, access to main road (A87) and access to car parking
- Environment – View, ambience and landscape
- Public preference on Broadford sites (identified as part of the consultation)

The group then agreed a weighting for each criteria to reflect its relative importance and these weightings were applied to the scores for each site.

This resulted in a clear preference for Site 4 which is land owned by NHS Highland and is located between Dr MacKinnon Memorial Hospital and the Health Centre. Both the public preference and the working group's deliberations came up with the same conclusion regarding the preferred site.

It was recognised by the stakeholder group that in addition to these qualitative criteria, cost would need to be taken into account. The group agreed that the final decision should weight the quality/cost factors as 60:40.

As the preferred site from the qualitative appraisal is already owned by NHS Highland and therefore carries no purchase cost, a desktop **quantitative** assessment was undertaken in-

house. This did not give any indication that Site 4 would be more expensive to build on than any of the other three sites identified. The site is also favourable in terms of access, ground conditions, is zoned appropriately for planning purposes and carries no procurement risk. As this was also the preferred option from the qualitative appraisal it was consequently agreed to adopt site 4 without further formal scoring. A recommendation to use Site 4 for the 'Hub' was supported by the Project Team in November 2015 and endorsed by the Project Board in January 2016.

7.12 Portree Spoke

With regard to the site for the 'Spoke' facility in Portree, options include refurbishment of the existing Portree Hospital or a new build on another site.

The existing Portree Hospital was fully refurbished in 2008 involving renewal of mechanical and electrical services and alterations to the layout to provide new inpatient services. The Hospital has £411k of backlog maintenance and is in category C condition, which means it meets all minimum requirements. While the layout of the building is not well suited to modern in-patient accommodation, the building fabric itself is sound. The Portree GP practice currently rents premises and has recently confirmed their intention to co-locate with healthcare services in the new 'Spoke', recognising the benefits that co-location with other healthcare services would provide. This would avoid underuse of the available space and makes re-use of the current Portree Hospital a viable option.

Any new build would require the purchase of a new site and this is unlikely to be available in Portree town centre. A land search undertaken in April 2014 identified five potentially suitable sites on the outskirts of Portree. These are away from existing transport links to other towns in the locality and relocation to the outskirts of Portree could adversely affect the economy of the town centre. Construction of a new facility would cost at least £2-3 million, which is unlikely to be affordable to NHS Highland.

In November 2015 the Project Board supported in principle the intention to refurbish the existing Portree Hospital to house the 'Spoke' facility. Indicative capital costs are £0.9m but this will be subject to a more detailed investigation at Outline Business Case following finalisation of the clinical service model (**section 4.6**).

7.13 Design Quality Objectives

In line with the Scottish Capital Investment Manual we have commenced the Design Assessment process. Two workshops were undertaken and a Design Statement has been produced and discussed with the development group. This document sets out the non-negotiable performance specifications that any new facility will need to meet and outlines some benchmarks against which this can be measured. The full copy of the Design Statement is available here. This was submitted to the NHS Scotland Design Assessment Process (NDAP) and their formal report was issued on 10 August 2015, fully supporting the Design Statement **(Appendix 4).** The report highlighted areas of good practice through the use of a diverse range of stakeholders in defining the qualitative benchmarks and that, if these are met in full, the facility has the potential to be a model of good practice of a community facility embedded within its setting.

A multi stakeholder AEDET review was carried out in April 2015, which assessed the current facilities to determine a benchmark score **(Section 3.3.7)** against which future design will be measured.

Site selection (**Section 7.11**) is extremely important given this facility will be operational for the next 50 years. In accordance with best practice we have taken into account the potential effects of climate change so that the building will operate free from flooding for its intended lifespan.

In line with Capital Investment guidance we are aiming to achieve BREEAM "Excellent" with this proposed development which will be a new build. This can be challenging on a Greenfield site and further discussion is required with the National Design Assessment team. The design must demonstrate adaptability to meet changing healthcare needs in the future.

8 FORMAL PUBLIC CONSULTATION

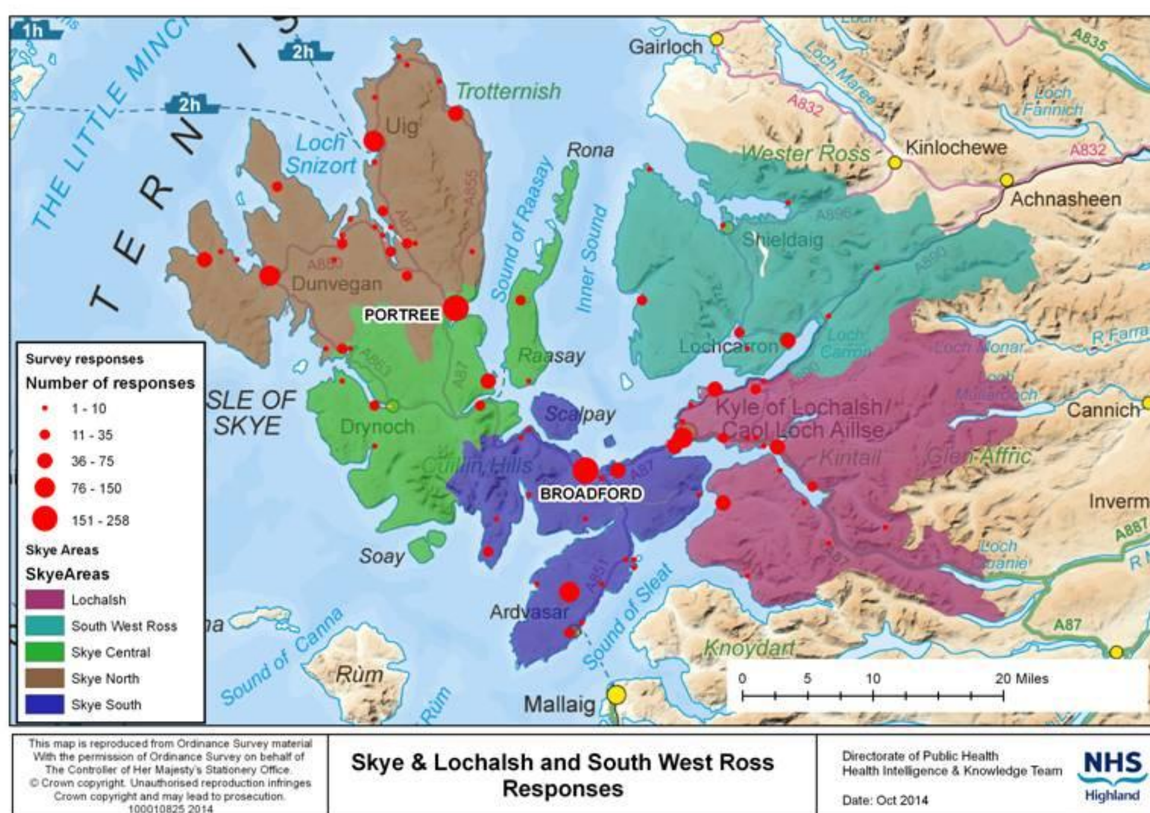
8.1 Background

The Board of NHS Highland considered the proposed changes to be 'major' and therefore were subject to a period of formal public consultation. The Board approved the move to consultation at their meeting in April 2014, and in May 2014 the Scottish Health Council confirmed that NHS Highland was in a position to get the public consultation underway. The formal public consultation was launched on 19th May and ran until 29th August 2014.

8.2 Feedback on service model and location

NHS Highland received 2,273 survey responses, with good geographical spread across the area (**Map 5**). One percent of responders supported 'do minimum' while 86% supported the preferred model of service - 'Hub and Spoke' (Option 2).

Map 5 – Number of responses to consultation by area



In terms of location, overall the majority (57%) favoured the preferred option (**Option 2a**) Broadford for the 'Hub' and Portree for the 'Spoke'; whereas 29% supported Portree (**Option 2b**). It should be noted, however, that support for **Option 2a** did vary by geography. While communities in Skye South, Lochalsh and South West Ross were all strongly in favour of Broadford (80% or higher) only 19% and 23% of those in Skye North and Skye Central respectively were in favour of Broadford.

The responders were also asked to rate twelve different aspects in relation to proposed changes to the NHS Service provision in Skye, Lochalsh & South West Ross. With the exception of only one of these aspects, the majority of respondents were in support, ranging from 59% to 91%. The only aspect not associated with a majority in support was the 'closing

in-patient beds in Portree Community Hospital'. The majority (53%) of respondents did not support this aspect of the proposed change. Notably, however, this is change is a key component of the overall model which as mentioned above was strongly supported. A report on the feed-back on the survey is here.

Positive feedback on the consultation process and the preferred model and location was also received from partner agencies including the Highland Council, Scottish Ambulance Service, Scottish Fire and Rescue, Highlands and Islands Enterprise and the Highland Hospice.

A copy of the full report on the public consultation as presented to the board is here**.**

8.3 External assurance process

The Scottish Health Council produced a detailed report on the process for involving and informing people and highlighting any issues raised by local people during the process. It was published on 24th October 2014 and is available on their website.

In coming to a conclusion as to whether NHS Highland had followed the guidance, Scottish Health Council reported:

> "*We are satisfied that NHS Highland has followed Scottish Government guidance on involving local people in the consultation.*
>
> *"Overall, feedback received indicated that the majority of people had understood the reasons for change, how the proposals had been developed, and felt listened to and that there has been sufficient opportunities to take part in the consultation. Where people have requested further meetings or information NHS Highland has been responsive."*

Throughout the Public Petitions Process the Scottish Health Council continue to be supportive of the options appraisal and consultation process.

8.4 Recommendation considered by NHS Highland board

A paper including the detailed report on the consultation process was considered by the Board at their meeting on 2nd December 2014. The Board endorsed the recommendation in support of the preferred option – to develop a Community 'Hub' in Broadford and 'Spoke' in Portree as part of a wider redesign. This is formally recorded in the minute approved by the board at their meeting held on 3rd February 2015 (pp83-85) here.

8.5 Ministerial approval

NHS Highland submitted the proposals to the Cabinet Secretary on 17 December 2014 and Ministerial approval was received on 5 February 2015 **(Appendix 5).**

Through the Public Petitions Process the Cabinet Secretary continues to be supportive of the proposed changes and the process that NHS Highland has undertaken.

9 BENEFITS AND RISKS

9.1 Benefits

The high level benefits of the proposed service change were developed during a series of early stakeholder workshops, and are aligned to the project investment objectives. A further benefits realisation workshop was held on 18 May 2016 in order to go through these in detail and participants are in the process agreeing relative priorities. The output from the workshop, the draft Benefits Register, was considered by the Project Board on 6 July 2016. The Project Team is now in the process of developing the project Benefits Realisation Plan for inclusion in the Outline Business Case.

The baseline period against which the future delivery will be assessed has been agreed as 2015/16, however there will also be monitoring against 2012/13 which is when health and social care integration formally began in Highland, in recognition that this has been a significant driver for change.

9.2 Risks

A project risk register **(Appendix 6)** was developed and agreed at a Project Team workshop in December 2015 and this is reviewed regularly. Risk is a standing item at each Project Team and Project Board. Most recently the Project Board held a meeting on 14 June 2016 to review the Project's risk register. An outline of what are perceived to be the most significant risks to the project is provided below:

9.2.1 Current capacity in community infrastructure

One of the main drivers for the redesign is to increase capacity in community infrastructure to support the new model. This will be achieved by releasing resources through co-location of inpatient services. The exact shape of the increased capacity is being developed through the workforce plan. Any inability to increase community capacity would pose a risk to the proposed model and/or require a rethink in the number of inpatient beds. Initial workforce proposals include an increase in the number of generic support workers who can be trained locally in order to overcome potential recruitment difficulties with specialist staff.

The provision of flexible use beds is also essential to the implementation of the new service model. Positive discussions are underway with a care home provider who is progressing a new build care home facility in Portree, and they have agreed in principle to include NHS Highland flexible-use beds. Negotiations are underway to agree the number and type of beds NHS Highland will commission.

9.2.2 Funding

At this early stage costs are less certain and therefore affordability and funding availability are key risks.

This project will be delivered as part of a bundle along with the Badenoch and Strathspey redesign under the Hub procurement route. The Scottish Government have advised NHS Highland that there will be a maximum of £30 million to fund the two projects in the bundle. The rate of construction inflation continues to be high at around 10% and achieving the new build Hospital Hub within budget will be a significant challenge. The Project Team will ensure that the scope and service model are tightly defined prior to submitting the New Project Request and that the clinical requirements receive sufficient clinical challenge from an independent expert. We are committed to maximising the flexible use of space in order to

keep the building footprint within an affordable level. The programme will also need to be tightly managed in order to minimise the impact of inflation.

Capital and non-recurring revenue monies also require to be agreed to fund equipment, the proposed refurbishment of Portree Hospital to form the "Spoke", and project development fees. Indicative costs are included in NHS Highland's financial plan however these costs need to be firmed up at Outline Business Case stage.

9.2.3 Delay in approvals process

Going forward any delay in either project (Badenoch and Strathspey and Skye, Lochalsh and South West Ross) getting to Outline Business Case will have knock-on effects on time and costs. This will be managed through sound governance and project management, and ongoing engagement with Scottish Government.

10 CONSTRAINTS AND DEPENDENCIES

10.1 Financial

The Scottish Government preferred route for community facilities is HubCo and it is planned to bundle with the Badenoch and Strathspey redesign. NHS Highland is aiming to align the two projects with a view to producing a single Outline Business Case by August 2017.

It is recognised that bundling does create a dependency between projects meaning that a delay in one will affect the other; however it also increases the financial viability of the projects and delivers better value for money.

This project has been approved as a revenue pipeline HubCo project. The availability of a unitary charge grant is still to be confirmed and this could have an effect on the financial viability of the project. In addition, competing priorities for the use of NHS Highland capital allocation may impact on timescales and financial viability.

The sale and future use of any buildings are subject to regulations on disposal in accordance with Scottish Government Policy.

The scope and potential of the Integrated Transport Plan will influence 'parking spaces' and non clinical elements of 'Hub' including costs.

Any changes required to physical assets not owned by NHS Highland (e.g. Care Homes) would have financial implications.

Any partner agencies requiring space in the new facility would have financial implications.

An appropriate notice period will be required to terminate the lease for the Service Point in Broadford which will have financial implications.

The Medical Practice wrote to NHS Highland in October 2015 to confirm their preference that the practice be located within the proposed Spoke facility. They lease their existing building and this is due to come to an end in 2019.

In-patient medical care is currently provided by Portree GP Practice and this may have an impact on their income under the new arrangements. The practice has indicated an interest in being involved in day assessment services, and this will be explored further for Outline Business Case.

Provisional amounts for the capital elements of equipment and land procurement (as a contingency) are included in the NHS Highland capital plan which was approved by the Board in April 2015. NHS Highland own the land for the preferred site in Broadford.

10.2 Service delivery

The new resource centre and hospital 'Hub' in Broadford and reconfiguration of other services will need to have been trialled and within current resources, n place before the planned closure or transfer of any necessary services. It will not be economically viable to provide double running services for any length of time.

Delivery of any inpatient care provided through General Medical Services will be subject to appropriate contractual arrangements being agreed.

Highland-wide reviews of outpatients, out of hours, remote and rural, surgical and diagnostic services and delivery of the public dental service are ongoing and could influence the final model. Similarly wider National Reviews may have some implications and further reviews may emerge during the life-time of the project.

10.3 Workforce

A detailed workforce plan is attached **(Appendix 8)** to underpin the proposed service model. Any change of base, location or job description will be subject to the NHS organisational change process. There will be no planned redundancy.

10.4 Transport

NHS Highland is not a transport provider but having an integrated transport and access plan is a key requirement as reaffirmed by the Cabinet Secretary (**Appendix 5** - 5 February 2015).

11 COMMERCIAL CASE

Alongside the options appraisal exercise NHS Highland carried out a high level financial appraisal (detailed in page 36 of the workshop report). Both capital and revenue financing routes were considered. This resulted in a clear preference to deliver the project via a revenue solution.

Health Boards have signed up to exclusivity for all schemes in excess of £750k to be offered to HubCo in the first instance and only if value for money cannot be established do they have the option to consider alternative procurement options. This initiative offers a flexible financing and procurement route for community projects which may otherwise not happen because of the decline in available capital.

Hub North Scotland Ltd covering the North Territory is an operational joint venture company formed between the 15 public sector bodies and a private sector development partner Alba Community Partnerships.

Hub North Scotland Ltd can deliver projects through the following procurement routes:

- Design and Build contract under a capital cost option.
- Design, Build, Finance and Maintain under a revenue cost option (land retained by client).
- Lease Plus model: a revenue cost option under which the land is owned by HubCo.

Without prejudice to commitment to any funding route, a “Qualifying Projects Proforma” has been submitted and Hub North Scotland Ltd are currently providing support to NHS Highland during the pre-New Project Request stage to ensure these are developed as effectively as possible. This has included advice on the content of the Authority Construction Requirements and survey requirements, and discussion around suitable benchmark projects and abnormal to inform the Affordability Cap.

Work is well underway in preparation for the joint New Project Request for the Skye Lochalsh & South West Ross and Badenoch & Strathspey project bundle. NHS Highland is aiming to have the document ready for submission to Scottish Futures Trust for Key Stage Review 1 in late August 2016. Assuming this Initial Agreement is approved in line with this timescale the expected timescales for the Hub North Scotland Ltd process are:

- Stage 1 submitted for approval / Key Stage Review 2 – June 2017
- Stage 2 submitted for approval / Key Stage Review 3 – April 2018
- Construction start (20 month build) – January 2019

As NHS Grampian have significantly more experience of delivering HubCo projects, NHS Highland is receiving support and guidance, particularly on commercial aspects, from NHS Grampian through regional joint working. Discussions are ongoing as to how this will be formalised.

Whilst Hub North Scotland Ltd is expected to be the preferred provider for developing the capital projects associated with this Initial Agreement, and the Skye, Lochalsh and South West Ross project has been confirmed as a pipeline project under this scheme, NHS Highland will be required to demonstrate value for money for each project, through an open book approach, benchmarking and/or market testing. This will include comparisons against the other funding routes identified within options in the Economic Case.

12 FINANCIAL CASE

The Initial Agreement is an early stage in the overall development of a business case for the project therefore, in accordance with SCIM guidance, these costs are indicative at this stage.

12.1 Capital costs

Indicative capital costs for each of the shortlisted options are provided in **Table 10**. These are estimates based on average prices for buildings similar to those in this project and have been updated for estimated inflation between now and 2017 in line with the General Building Costs Index (GBCI) at 8%.

This project will be delivered as part of a bundle along with the Badenoch and Strathspey redesign. The Scottish Government have advised NHS Highland that there will be a maximum of £30 million to fund the two projects in the bundle.

Table 10 – Indicative capital costs for shortlisted options

Shortlisted Options	Indicative capital costs (£m)	Assumptions
Option 1 – Do Minimum. (primarily backlog maintenance costs)	£5.5m	Capital costs at both existing hospital sites to bring buildings up to minimum standards.
Option 2 – Community resource centre and hospital "hub" and "spoke". (hub in one town, spoke in the other town)	£15m-£20m	Capital costs for a new build at Broadford and upgrading work at Portree. A range for capital costs is provided as further work is required at OBC stage to identify equipment and potential works required.
Option 3 – Community resource centre and hospital "hub".	£16m-£21m	Capital costs for a new build in Broadford. A range for capital costs is provided as further work is required at OBC stage to identify equipment and potential works required.

There is a provisional amount of up to £1.5 million identified in the NHS Highland Capital Plan to allow for procurement of group 3 and 4 equipment and development of the Portree Spoke. These are estimates at this early stage and detailed costs will be clarified at OBC. It is estimated that the additional capital costs associated with the Portree Spoke will be in the region of £0.9m for option 2.

12.1.1 Other assumptions

The following general assumptions also apply to these indicative costs:

- 4th quarter 2016 cost basis, excludes future cost inflation;

- New build estimated capital costs includes future cost inflation in line with the General Building Costs Index at 8%;
- A relatively high optimism bias has been included at this early stage, in accordance with SCIM (36% Option 2, 33% Option 3);
- VAT is included at 20%.

12.2 Annual Revenue Costs

Revenue costs are estimates which are generally based on existing budgets as at quarter 4 2016 and a broad assessment of unitary charge costs based on 10% of capital cost **(Table 11).**

Table 11 – Estimated annual revenue costs

Annual revenue expenditure £'000			
Revenue description	**Option 1 Do minimum**	**Option 2 Hub and spoke**	**Option 3 – Campus inc. care home**
Direct Care Costs	3,413	2,704	2,825
Hotel Services Costs	393	266	244
Asset Related Costs	418	223	170
Community Infrastructure		400	400
Unitary Charge (HubCo)*		212	241
Total	4,224	3,805	3,880

* Assumes 85% revenue support for pipeline project. Full unitary charge £1,323k and £1,606k respectively for Options 2 and 3.

Workforce planning is currently ongoing as part of the OBC and a more detailed analysis of costs will be projected for both the hospital and community teams.

12.3 Unitary charge

If, as is expected, the preferred way forward is procured through a revenue solution by way of HubCo then a unitary charge will be payable. The unitary charge is the amount of money paid by the public sector procuring body to HubCo over the duration of the contract. Unitary charge payments begin once the project is fully operational or individual phases have been completed. The total unitary charge payment will comprise some or all of the following components:

- Construction costs (including VAT where applicable)
- Private sector development costs (including staffing, advisory and lender's advisory fees)
- Financing interest (which is necessary to fund the project through construction)
- Financing fees
- Running costs for the project's Special Purpose Vehicle (SPV) during construction including insurance costs and management fees.
- SPV running costs during operations, including insurance costs and management fees
- Lifecycle maintenance costs
- Hard facilities maintenance costs

At this early stage in the project it is difficult to accurately calculate the cost of the unitary charge. The final cost will be defined by the components shown above that will be developed as the project progresses. In order to illustrate a broad cost within the financial model, an estimated unitary charge value of 10% of capital costs has been calculated.

It has been assumed at this stage that the unitary charge will attract revenue support as a pipeline project from the Scottish Government. This has not yet been confirmed but will be developed in further detail in the Outline Business Case.

12.4 Staffing and asset related costs

The assumptions for staffing and asset related costs are set out (**Table 12**).

Table 12 – Staffing and asset related cost assumptions

Shortlisted Options	Assumptions
Option 1 – Do Minimum. (primarily backlog maintenance costs)	Existing services to remain on existing sites therefore the revenue costs associated with this option will remain broadly the same as existing costs. There will be a small increase in capital charges associated with the cost of capital to bring the buildings up to minimum standards.
Option 2 – Community resource centre and hospital Hub and Spoke. (hub in one town, spoke in the other town)	Inpatient facilities located at 'Hub' with other site forming a 'Spoke'. Pay costs will reduce through rationalisation of 24/7 wards allowing new investment in community infrastructure such as care-at-home, Older Adult Mental Health services and Community Transport. A new build 'Hub' will be undertaken by HubCo and will be subject to a revenue unitary charge estimated at 10% of capital cost
Option 3 – Community resource centre and hospital "hub".	A new build Hub including re-organisation of GP Practices, care homes and day care services with many based at the "hub". Pay costs will reduce through rationalisation of 24/7 wards allowing new investment in community infrastructure such as care-at-home, Older Adult Mental Health services and Community Transport. Development of the 'hub' will be undertaken by HubCo and will be subject to a revenue unitary charge estimated at 10% of capital cost.

12.5 Backlog maintenance

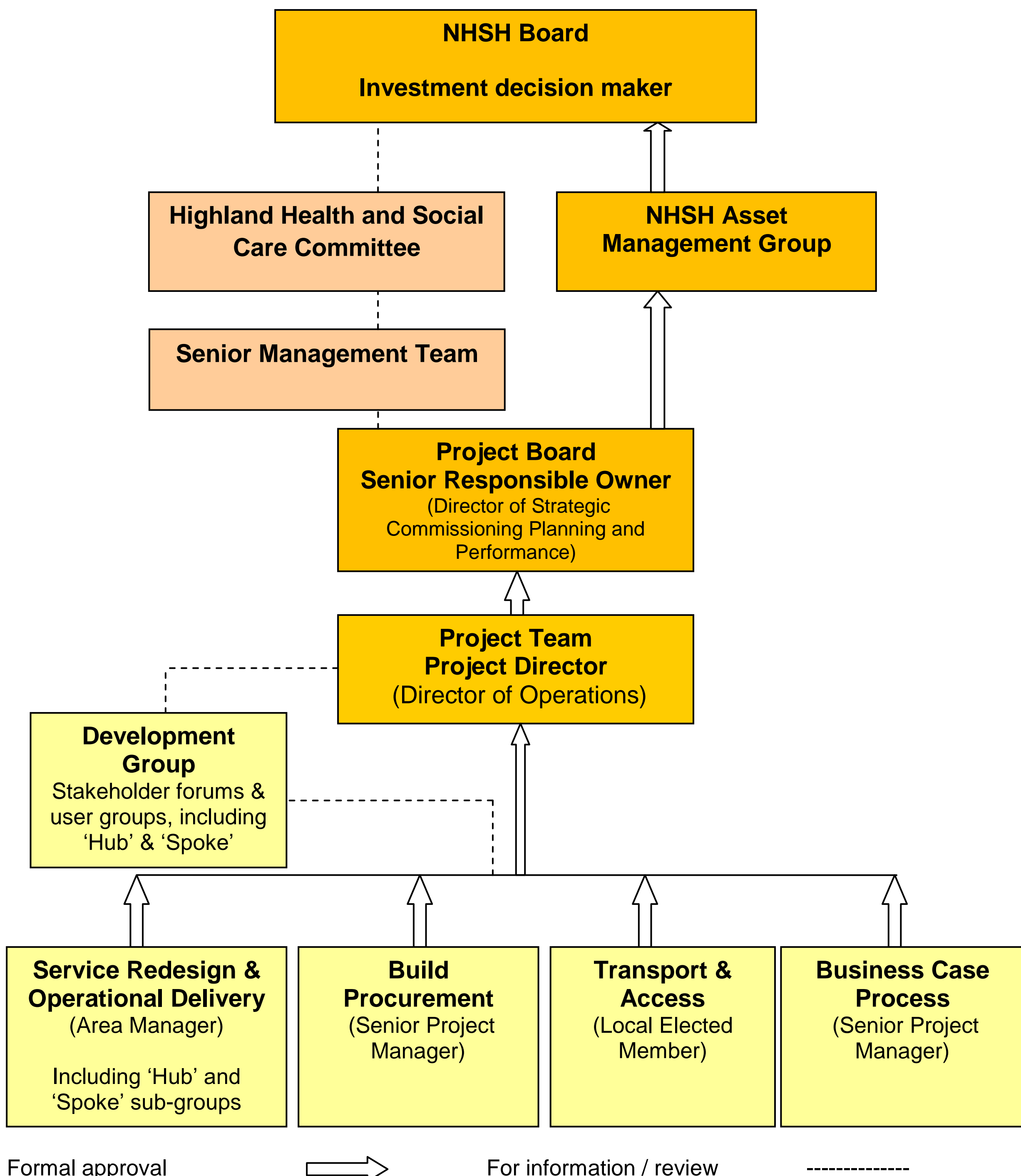
Investment in this project will have an impact on reducing the backlog maintenance in the existing estate by approximately £5.5m (current).

13 MANAGEMENT CASE

13.1 Project Organisational Diagram

NHS Highland has put in place clear governance arrangements to take forward the proposed solution in line with the Scottish Government's Programme & Project Management Approach (PPM) with a structure as outlined below **(Figure 7)**. Each group will have a chair, specified membership, clear remit with frequency of meetings specified. Actions agreed at the various meetings will be specified setting out owners and time-scales. Further details on the remit and membership of key project groups are available here on the project web page.

Figure 7 - Project management and reporting structure



Formal approval ⇨ For information / review --------------

13.2 External advisors, advice and support

The development of the project leading up to Initial Agreement has been supported by an independent adviser who led the process of identifying, scoring and short listing the long list of options. Early clinical modelling work was facilitated by an Independent Health Care Planner.

Some technical specialist advice is available in-house. The Capital Projects Team is led by a Qualified Architect and includes a chartered Quantity Surveyor as well as other staff with architectural and mechanical design qualifications and experience. The dedicated Compliance Team, including qualified Senior Mechanical, Electrical, Water Engineers and Fire Advisors, are assisting with the Authority Construction Requirements and will play a key role in the design review and acceptance process.

Hub North Scotland Ltd are advising on the technical and financial appraisal of the shortlisted sites and site investigation requirements, accessing professional architectural and engineering input as required.

We are working closely with our colleagues in NHS Grampian in respect of the commercial management of the HubCo process (**section 11**). NHS Highland has had relatively limited experience with Hub projects to date, however NHS Grampian has delivered commercial close with North Hub Scotland Ltd on a number of projects (Aberdeen Health Village and Forres / Woodside / Tain bundle). NHS Grampian resource has been identified to support the NHS Highland technical team in this regard.

NHS Highland expects to appoint external Technical (FM / life cycle), Legal and Financial advisors and have agreed in principle to be involved in a joint procurement process for the North Territory area, led by Aberdeenshire Council.

The Project Team are seeking advice and guidance from key individuals at Scottish Futures Trust (HubCo) and Health Facilities Scotland (Business Case and Design Assessment) throughout the development of the HubCo and Business Case documentation.

We are and will continue to work closely with other key organisations in relation to accessibility include Sight Action, Skye and Lochalsh Access Panel and Alzheimer Scotland.

As transport links are crucial to the successful delivery of the services redesign we will be working closely with Transport Consultants and intend to engage an external consultant to independently assess the transport implications of the project.

13.3 High level project plan

Indicative timescales for the development are as follows:

Initial Agreement approved by CIG	Aug 2016
Appoint HubCo	Oct 2016
Outline Business Case approved by CIG	Sep 2017
Full Business Case approved by CIG	Jul 2018
Financial close	Nov 2018
New ‘Hub’ Operational and	Nov 2020
New ‘Spoke’ Operational	TBC

It is assumed that refurbishment of the existing Portree Hospital building will be undertaken once inpatient services relocate to the 'Hub' however there are some dependencies around this in relation to the Portree Medical Practice lease (**section 10.1)** which will be examined in detail at Outline Business Case. A more detailed project programme is included in **Appendix 7.**

13.4 Further work

A plan has been prepared to deliver the management actions to move from IA to OBC. This includes continued development of the workforce plan, agreement on commissioning arrangements with care homes, ongoing stakeholder engagement, and completion of New Project Request and Key Stage and Gateway Review processes.

13.4.1 Readiness to proceed checklist

No.	Checklist	Yes/No	Comment
1	Is the reason made clear why this proposal needs to be done now?	Yes	Business need, impacts and why action now completed (**section 4.4**)
2	Is there a good strategic fit between this proposal, NHS Scotland's Strategic Priorities, national policies and the organisation's own strategies?	Yes	Very good fit locally and nationally, as set out in **section 2.**
3	Have the main stakeholders been identified and are they supportive of the proposal?	Yes	Major service change and has been through public consultation with 2:1 in favour. It was always understood that the location of new hospital would be contentious. Given the support for the model this is unavoidable.
4	Is it made clear what constitutes a successful outcome?	Yes	Delivery of all elements of the model working as proposed and delivering the benefits as set out
5	Are realistic plans available for achieving and evaluating the desired outcomes and expected benefits to be gained, including how they are to be monitored?	Yes	Ongoing work on Benefits Realisation (**section 9.1**). Good progress made.
6	Have the main project risks been identified, including appropriate actions taken to mitigate against them?	Yes	Actively managed risk register in place (**section 9.2** and **appendix 6**)
7	Does the project delivery team have the right skills, leadership and capability to achieve success?	Yes	Experienced team in place. Main challenge has been capacity but this is being addressed.
8	Are appropriate management controls explained?	Yes	Project governance arrangements are outlined in **section 13.1.**
9	Has provision for the financial and other resources required been explained?	Yes	Detailed in **sections 12 and 13.2.**

14 APPENDICES

Appendix 1 – Current and future description of services

Appendix 2 – Skye Hospital Services Review

Appendix 3 – Clinical and care specification to underpin proposed new model (*)

Contents

1. Health centres/ medical practices
2. Primary care services
3. Unscheduled care
4. Care at home
5. Community health and social care
6. Care Home beds
7. End of Life care
8. Day services and day hospital services
9. Hospital-based care
   - 9.1. Inpatient
   - 9.2. Outpatient
   - 9.3. Diagnostic
   - 9.4. Day case
10. Other supporting activities

(*) - For the purposes of the Initial Agreement only the main services are described and listed.

Overview

The overview of the proposed new model of service is supported by the descriptions for existing and proposed future arrangements of services (**Appendix 1**) from each of the integrated team areas (Wester Ross; Lochalsh and South Skye and North Skye and Raasay) and for the Hub in Broadford and Spoke in Portree. The new model, however, is not constrained by buildings. The Hub and Spoke should be seen as enablers for enhanced community services and the model is more about effective team working, service and person centred care that removes duplication and is sufficiently adaptable to meet the changing needs of the population and pathways of care. One of the key enablers is the introduction of more generic roles to support individuals with a range of care needs to reduce the number of contacts that they require. The teams are working on the premise that all people have the potential to be enabled to some extent and that this philosophy of care must be embedded across the system.

The community and Hub and Spoke should be considered to have permeable boundaries across which people will flow according to their need. One of the enablers of this will be an assessment area which will allow for multi professional assessment and diagnostics but not necessarily admission.

Another is the principle that Care at Home staff and Health and Care Support Workers will be able to follow their patients and clients through an episode of assessment or indeed admission so as not to break down care packages and to ensure that the knowledge of the individual that these staff has is available to the wider health and care team. This will mean a more flexible use of staff and will require additional training. Embedding Care at Home into the Integrated Team will facilitate this flexibility. This will facilitate early supported discharge. The principles of Discharge to Assess and Daily Dynamic Discharge will also be applied.

A ‘Learning Zone’ is envisaged that will be used by patients, clients, community, partners and staff and will have learning equipment such as technology, aids and adaptations as well as space for multi professional assessment and work with groups and individuals. An ambition would be to a centre of excellence for rural education in its widest sense. Patients will benefit from being able to be assessed and treated by the multi professional teams with state of the art equipment, to help them to reach their maximum potential. The area will also

be used by staff for their professional development and could be a community resource when not in use by patients and staff. Technology will facilitate access to other specialists and to programmes of rehabilitation.

The model has strong clinical support including from GPs most recently reaffirmed at the clinical forum for Skye, Lochalsh and Wester Ross in May 2016. Work has been ongoing since the completion of the public consultation (August 2014) to put in the building blocks to support the wider re-design. The initial emphasis has been on strengthening the integrated team, improved communication and co-ordination and in discussions with third and independent sector around increasing care home placements, flexible use beds and end of life care. A redesign of care at home is also underway.

This clinical specification is underpinned by a detailed workforce plan. This plan takes account of circa 260 WTE staff who deliver health and social care across the patch. Broadly speaking, the workforce plan describes a continuation and deepening of the work ongoing since integration of health and social care in 2012. Although considerable progress has been made, integration has not yet reached maximum potential, building and co location difficulties being contributors to the delay in this. The change in buildings will foster greater co-location and multi-professional decision-making between community teams, and with the use of technology, linking to specialists, will aid decision making being closer to patients. However, it is important to recognise that the buildings are only part of the wider redesign. In general terms, resource released from the consolidation of inpatient beds into one site will be re-deployed as generic health and social care support within the integrated teams. This will include provision for increased care at home. Flexibility of staffing is the key to building a robust and sustainable model for the future. There is an emerging ‘grow our own’ approach in all disciplines and an example of success of this has been Health and Social Care Support workers recruited in the local communities of the Small Isles and trained to be able to provide a range of care and treatment under the supervision of qualified health and care professionals. This model will be further developed.

Another exciting development is the appointment of a community geriatrician in 2015 to cover Skye, Lochalsh and South West Ross. This role builds on an earlier initiative which saw a consultant physician providing dedicated support to local GPs and Rural Practitioners, visiting once per month and also carrying out virtual ward rounds. It was clear, however, that more capacity was required and supported by Highland wide work on anticipatory care planning and poly-pharmacy review, four community geriatrician posts were created and filled across Highland. These consultants are based in the community but with strong links to secondary care and a focus on supporting primary and community practitioners to maintain older people at home for as long as possible. They work in care homes and in GP Practices as well as carrying out ward rounds in community hospitals, including Skye, Lochalsh and South West Ross.

The final clinical and care model will be informed by two further pieces of external review allowing projections of health care usage and a clinical challenge to the workforce plan and use of clinical space. This will further inform the correct balance between community services and required number of inpatient beds. These actions have already been completed for the Badenoch and Strathspey re-design and have brought significant improvements and refinements to the model.

1. Location of GP Medical Practices

With over 90% of all health contacts being in primary care, maintaining strong and accessible services is a priority in the re-design. For communities in Skye, Lochalsh and South West Ross having clarity about what is **not** changing is of equal importance as to what will change. All 10 GP Practices will remain in their current locations (if not necessarily sites), although there is potential to link smaller Practices and strengthen the support for Practitioners. This is part of NHS Highland's principle of avoiding single handed Practice and ensuring that GPs are part of teams to prevent professional isolation, encourage internal specialisation and to enhance governance.

Services provided from the existing Portree Medical Centre will relocate to the Spoke facility in Portree. The future needs of the Practice are being explored at present and initial drawings have been developed. The new Portree Health Centre will have the benefits of co location for the Practice, Integrated Team, Day Services and visiting specialists. This has hitherto not been possible due to staff being based in several locations in the town.

Broadford Health Centre will remain in its current location which is immediately adjacent to the site for the new Hospital Hub building. There is potential for shared services, access and other linkages to develop and health and care campus. This building is owned by NHS Highland and is a new build.

By Outline Business Case (OBC) the detailed arrangements to co-locate Portree Medical Centre in the Spoke and also the specification of Day Hospital Services will be confirmed.

2. Primary care services

The integrated and extended teams, including GPs, will build on excellent achievements on caring for people with long term conditions thus further reducing hospital admissions and length of stay (case study).

Case study

Now

- Patient with history of Chronic Obstructive Airways Disease with an exacerbation of the condition over 4 days
- Found collapsed at home, 999 call and admitted to hospital
- Average 11 day stay in hospital

New model being developed

- **Anticipatory care plan** in place with treatment plan and rescue medications.
- Possible use of telecare and remote monitoring
- Patient contact **integrated team**/GP during exacerbations,
- **Hospital at home** support to prevent admission
- **Enabling support** if necessary
- **Single point of contact**

The implementation of the new GP contract provides further opportunities to refocus time, effort and resource. Work is already underway and phase one work will be completed during 2016/17 with further work identified for delivery by 2017/18. This will include:

- GP Practices forming virtual grouping, Quality Clusters, working more closely with Integrated Teams of health and social care professionals including consultant geriatrician. This is aimed at continuous quality improvement and maintenance of clinical standards as well as being able to address particular needs of local communities.
- Increased anticipatory care planning and polypharmacy reviews. It has been demonstrated that where people have active plans and rescue medications, admissions to hospital are reduced. Review of medications has also reduced the amount that people have to take, reduce the risk of drug interactions and risk of falls and other reasons for admission
- Develop Virtual Wards and hospital at home approaches
- Further development of Community 'Huddle' - a means to improve communication and planning
- Improved links between Out of Hours and In-Hours care
- Further development of Advanced Practitioner roles such as Advanced Practice Nurses, already proven in other areas to be able to release significant amounts of GPs time, and in some cases replace a GP post.
- Enhanced primary care, practice based pharmacist provision. This has been proven to improve the use of medicines, especially high risk, reduce waste and assist with quality of life issues due to side effects. One example is of a patient who was taking several medicines for chronic pain and suffering significant side effects. The Pharmacist worked with them to reduce and eventually stop some of the medicines and greatly improving quality of life, sense of well being and outlook whilst not affecting the level of pain suffered.

Patient Stories

Now

- Elderly person with Dementia, not known to services, family carers. Condition and behaviour deteriorates, family call GP late Friday afternoon. GP has no option but to admit patient. No real medical need for admission but no care package and so patient becomes delayed in hospital – not best environment for someone with Dementia

In Future

- Through Dementia registers and anticipatory care planning, patient would be known to local team. Post diagnostic support would be allocated, care package to meet changing needs would be in place. Respite/Day Care made available, regular monitoring visits, long term care planning, avoid too many moves and hopefully avoidable admission.
- Carer plan in place

By OBC the work carried out during 2016/17 will be evaluated and work programme for 2017/18 confirmed

3. Unscheduled care services

This section describes the arrangements across the out of hours service, A&E, Minor Injury Unit, Scottish Ambulance Service, community resilience and community first responder schemes.

The current arrangements have the potential for confusion in terms of some clinical pathways. In some cases patients are initially taken to Portree which is not the agreed pathway and therefore current arrangements are not as safe as they could be. These issues will be addressed in the new model, reducing ambiguity and potential for delay in reaching definitive care. Work is being progressed with stakeholders to ensure public and staff understand the clinical pathways and any remaining concerns are addressed.

A series of clinical and public workshops is planned beginning with Cardiology in November 2016. These will explore existing and possible future pathways, self care management and support, rescue medication and links to specialist services. In the example of cardiology, a patient with chest pain is assessed by a paramedic who is able to transfer vital signs and electrocardiograph tracing straight to the Cardiac Care Unit in Raigmore. Advice of the best initial treatment and definitive place of care is given, avoiding unnecessary delay in routing the patient through units that are not equipped to treat the condition.

NHS Highland is increasingly moving to a skills and competency framework against which all staff working in unscheduled care are assessed. This is to ensure that the workforce is adequately trained and supported to carry out the responsibilities of the role. This is especially important in remote and rural areas where access to other professionals may be at a distance. The use of technology and clinical decision support mechanisms is being developed.

3.1. Accident and Emergency

24/7 Accident and Emergency services will continue to be provided within the Hub facility in Broadford. This will provide a fully integrated Unscheduled Care service encompassing the primary care out of hours urgent care service, emergency department, inpatient bed cover, safe stabilisation and transfer service and senior medical clinical decision support for the district. The development of Emergency and Advanced Nurse Practitioners is in progress and will be further developed in the new unit.

3.2. Scottish Ambulance Service (SAS)

SAS will be co-located in the new Hub facility in Broadford, as they are currently. We will explore the potential to co-locate SAS in the Spoke in Portree to further support integrated working, sharing workload, skills maintenance and professional support.

Joint working can extend to NHS Highland staff accompanying patients on patient transport vehicles as appropriate to expedite transfer.

Development of clinical-decision making support across SAS/NHS Highland will reduce level of conveyance to hospital and enhance primary care urgent response.

Scottish Ambulance Service is also exploring see and treat and other alternative to collection and transfer.

Current arrangements in outlying rural areas will continue where Ambulance staff are home-based but could rotate by negotiation to the busier, better connected hub facility for mutual professional benefit.

Scottish Ambulance Service, with the support of NHS Highland is working to develop additional Community First Responder Schemes to improve the resilience of communities, especially those in remote and rural areas. Through Transforming Urgent Care in Highland, funding has been allocated to develop an additional 5 schemes, 2 of which are in Skye, Lochalsh and South West Ross. These schemes will also use new technology to transmit vital signs to Paramedic Advisors and other healthcare professionals as necessary. SAS would encourage communities to consider such schemes in other parts of the District.

3.3. Minor injury services

The Portree "spoke" facility will provide a consulting area and treatment room for assessment of minor illness and minor injury patients both in and out of hours. This is consistent with the existing minor injuries and illness services provided at Portree Hospital at present. There will be no change to current provision. The minor injuries services will be available from 0800-2300 as is currently the case. Out with those times, a primary care Urgent Care service is provided in the north.

Currently this service is provided by GPs from Portree Practice 0800-1800 Monday to Friday and by Advanced Practitioners (Nursing and Paramedic), from 1800-2300 Monday to Friday and 0800-2300 at weekends and on bank holidays.

Mackinnon Memorial Hospital also provides minor injury and minor illness services alongside its Accident and Emergency role, this is a 24hr service. There are no barriers to any patient in the district attending either Portree Hospital or Mackinnon Memorial Hospital whichever is more convenient and appropriate to their care needs.

In addition, some of the more remote GP practices provide a weekday minor injuries service in the district. These include Dunvegan Practice, Carbost Practice, Sleat Practice, Kyle Practice, Lochcarron Practice, Applecross Practice and Torridon Practice.

By OBC, the intention for co-location of SAS in Portree will be confirmed; work on clarifying specific clinical pathways will be complete and plans to develop community first responder schemes agreed with relevant communities and partners.

4. Care at home

Care at home currently lacks flexibility and at times capacity. Strengthened and responsive care at home is a key component of the new model and will contribute to less reliance in hospital beds. Care at Home is currently being embedded within the Integrated Teams to provide greater support, responsiveness and adaptability.

Implementation of the new service model will be enabled by additional capacity and flexibility. This will be delivered through a redesign of current arrangements and greater investment.

A senior member of staff was appointed in February 2016 to lead this redesign. Currently staff are being moved onto NHS terms and conditions. This will take place from July to November 2016.

This part of the redesign will create capacity which will allow the Care at Home Officer to concentrate more on establishing and reviewing packages, and allow closer integrated working with the district teams. This will be supported by additional generic support workers via resource released through the redesign. We will then look at the need for additional senior care at home workers.

In addition the in house service will work as part of the integrated team to provide an enablement service that seeks to help clients maintain an independent life at home. Our overall approach will be supported by technology enabled care.

By OBC the level of additional service enhancement and delivery mechanisms will be specified across in-house, independent sector and self directed support, as part of the development of the workforce plan and wider commissioning arrangements

5. Community health and social care

Historically this has been patchy and disjointed with poor joint working across communities, GPs and hospital services. Significant progress has been made since Integration in April 2012 including the establishment of three integrated teams:

- North Skye and Raasay
- South Skye and Lochalsh
- Wester Ross

The teams include midwifery, district nursing, social workers, care at home, community mental health, AHPs (physiotherapy, OT, podiatry etc) and community learning disabilities nurses. Integrated team leads and health and social care co-ordinators are now in place (February 2016) and provide a single point of access for all community services within each area including:

- Provision of urgent equipment to avoid acute hospital admissions
- Assessment for domiciliary (at home) therapy
- Liaising with GPs to manage effective clinical/social care at home
- Sign posting to community services and advice
- One-off nursing or care interventions
- Day Care
- Telecare and assisted technologies (basic and enhanced)
- Skilled multidisciplinary team assessment and intervention
- Handyperson scheme

The integrated team for North Skye and Raasay will have its main base in the Spoke in Portree and the team for South Skye and Lochalsh will be based in the new facility in Broadford. Staff within these teams will be co-located as far as possible.

There will be enhancement of the current handypersons service and a satellite equipment store with equipment budget within the new Hub facility.

Patient story

Now

- Patient admitted with history of falls at home. Neighbour had contacted GP who was worried about patient's safety
- Physio assessment done and classes on falls prevention initiated
- Patient now delayed in hospital at risk of loss of independence, infection etc

In future

- GP would have access to multi professional community team including Physio who would carry out assessment and falls prevention training at home. Care at Home would be used for enabling the patient to regain confidence and independence. Patient would be monitored daily at the team huddle.
- Day Hospital or Step Up step down beds might also be required but short term this supporting the person to be in their own home for as long as possible

5.1. Mental health

There are a number of opportunities to improve the services. Primarily, enhancement of the community mental health service will be through integration of the Community Mental Health Teams into the wider community teams. This will enable Community Psychiatric Nurses to access the resource of a strengthened cohort of generic support workers, and also promote multi-disciplinary working with other professionals (such as OTs) whose work has a significant mental health impact.

The new (Hub) and upgraded (Spoke) facilities will support greater co location of mental health services with GP Practices as part of overall improvements to extended team working and communications.

There are currently no specialist mental health inpatient beds in Skye (and none are planned). Specialist assessments and specialist care will continue to be provided by staff at New Craig's Hospital. Visiting psychiatry services sometimes suffer from lack of continuity. In the new arrangements this will be addressed.

By OBC the specifics of enhanced community mental health Services for Older Adults will be established.

- A review of existing contracts will be completed with third, independent and private sector and work in place to agree new arrangements
- A review of the specification of the Handyperson scheme will be completed and agreed
- The impact of new arrangements already in place will be monitored in terms of impact on length of stay and admissions
- This work is all being progressed as part of the workforce planning exercise which is almost complete

6. Care home provision in Skye, Lochalsh and Wester Ross

Current arrangements				
Care Home	**Location**	**Single rooms**	**Beds in shared rooms**	**TOTAL**
An Acarsaid (NHS)*	Broadford	10	0	10
Budhmor (Private)	Portree	29	0	29 (**)
Home Farm Nursing Home (Private)	Portree	36	2	38
Haven (Private)	Uig	6	4	10
Total number of care home beds (***)				**97**

* *The building is owned by Highland Council but leased, operated and maintained by NHSH*
*** Proposed new build*
**** The Strathcarron Project (Howard Doris Centre) provides day services, individual tenancy support, medical beds and respite*

The new model requires an investment in care home capacity including flexible-use beds, particularly in the North. This will be delivered through commissioning additional beds from the independent providers in Portree (Home Farm and Budh Mhor). Positive discussions are underway with Budh Mhor who are progressing a new build facility in Portree, and they have verbally agreed in principle to include NHSH flexible-use beds. Negotiations are underway to agree the number and type of beds NHSH will commission.

The establishment of flexible use beds is an important part of the clinical model to enable the removal of inpatient beds from Portree. The beds will be staffed by appropriately trained existing care home staff supported by members of the integrated team, GPs and community geriatrician.

The enhanced service provision will be put in place in advance of the new hospital opening to allow a phased reduction in beds in Portree.

In addition, consideration is being given to dual registration of An Acarsaid in Broadford to provide increased nursing home bed capacity and greater flexibility in bed use.

By OBC, the location and numbers of additional care home beds including flexible use will be confirmed and agreed in principle with local providers.

7. End of life care

Current arrangements are disjointed with patchy cover and poorly co-ordinated making community hospitals often a default more than a choice. Although 24 hour care at home is currently possible, there is not always capacity to deliver this.

The new model of care will support increased capacity to improve greater choice for people at end of life to die in their own communities, at home, in a care home or in community hospital.

Enhanced capacity will be put in place for the District Nursing Team, Marie Curie, Macmillan Nursing and Care at Home teams to provide seven day and 24 hour service when required.
Macmillan has expressed an interest in supporting the project, and will be able to contribute to service design to build on current provision of chemotherapy and end of life services

locally. It is expected that they will contribute to the implementation of these services both in terms of advice and financial support, as they have done in the past locally.

The Highland Hospice is also developing their service model to support a Virtual Hospice which supports patients and families at home through assisted technologies and community based staff.

By OBC the level of additional support will be specified. Links and input of Macmillan and Hospice into final design will be formally confirmed.

8. Day Care services

Day care services, that is for people living at home who may have additional care needs or whose carers need respite, will be provided from the existing facilities (see table below) but a review is underway to ensure the resources are being fully utilised to support service users with the greatest needs. The review is also encompassing space utilisation to ensure that use of accommodation is being maximised.

Discussions are underway with Portree Medical Practice to develop day assessment services in the North of Skye. The aspiration is to provide access to the multidisciplinary team (nurse, social work, AHP, GP etc) addressing patients' medical and social care needs in a single visit. This will reduce the likelihood of the patient having to be admitted to a hospital bed.

Current arrangements			
Name of Service	**Location**	**Providers**	**Description**
Aird Ferry	Dornie	NHSH Alzheimer Scotland	Resource centre for older adults and people with dementia. Work in partnership with Alzheimer to provide service.
Tigh na Drochaid	Portree	NHSH	Resource centre for people with learning disabilities and older adults
Oronosay Court	Portree	NHSH	Shared tenancies for people with learning disabilities. Needs vary from 24 hour support to daily contact safety checks. All aspects of personal, social and health care are delivered within the unit. Tenancies supported by NHS Highland Support Workers who also provide outreach service to a number of other tenants in the area.
*The Strathcarron Project (*The Howard Doris Centre)	Lochcarron	Private	Provides day care (36-45 places) and accompanying sheltered housing units

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By Outline Business Case, a review of Day Services will be completed.

9. Hospital based care

9.1. Inpatient care

Hospital	Current No. of beds	Av length of stay	Future beds
Dr MacKinnon Memorial (Broadford)	20	3.5 days	24plus beds commissioned in Care Homes
Portree Community Hospital	12	12 days	Nil

In order to determine the appropriate number of hospital inpatient beds a bed modelling exercise has taken place (**Appendix 2**). This has looked at current use; future demand and future model of service delivery.

The models present bed numbers in the range between 18 and 40 depending upon the bed day rate and population projection used. In the new Hub facility there will be 24-, all configured as single rooms as required by the Scottish Government CEL 27 (2010) . In addition, 4 beds will be commissioned in North Skye for the purposes of step up/ step down care and end of life. A further independent piece of demographic profile and projected health and social care need is being commissioned. This exercise is to further check planning assumptions based on needs assessment and will support a final determination on bed numbers in advance of OBC.

The medical provision will primarily be provided by Rural Practitioners. Specialist medical and surgical advice, including joint inpatient assessment, will be available to the Rural Practitioner team in Broadford and the local health and social care teams from consultant teams in Belford and Raigmore Hospital, plus the older adult psychiatrist consultant service based at New Craigs Hospital. This is currently provided by a variety of means including visiting face to face services, videoconferencing (VC) clinics or telephone clinical support.

In addition there will be far closer working, co-ordination and communications between hospital and community teams supported by having staff co-located and other opportunities provided through developments of GP contract.

Virtual Board Round
Dr MacKinnnon Memorial

	Name	Admission date	Reason for admission	Progress	Discharged
Dunvegan & Carbost					
Portree & Raasay					
Broadford & Sleat					
Kyle & Glenelg					
Wester Ross					

To enable more effective communication and community team 'pull' the Charge Nurse updates the template and sends to the Single Point of Contact for the Integrated Community Team. Team members call into the 'Huddle. These arrangements are currently being tested.

By OBC the number of inpatient beds will be confirmed

9.2. Outpatient Services

Outpatient clinics will be provided from the Hub or Spoke as appropriate but access will be improved, including through increased tele-medicine. Fracture clinics will be provided by the local rural practitioner team supported by an improved radiology service in the Hub and links to Orthopaedic specialists in Raigmore. Further discussions will be undertaken to identify whether additional consultant-led outpatient activity could be reasonably delivered. Tele health clinics are also happening successfully on Skye and the range of these is being extended to reduce the need for travel In addition, discussions are required to identify clinics that can be provided by specialist nurses including diabetes, heart failure and COPD. Clinical space will be designed to allow each consulting room to be used flexibility.

By Outline Business Case discussions will be concluded with specialist services to agree the final specification for outpatient clinics (following an NHS Highland wide review), including telehealth in the ‘Hub’ and ‘Spoke’.

9.3. Diagnostic services

Diagnostic imaging services will be centralised to the Hub in Broadford and the Radiology department in Portree will close. Ultrasonography will be continued in Broadford.

The clinical team currently has full access to PACS and thus the support of Raigmore colleagues when making clinical decisions based on imaging.

A single facility provides greater flexibility for staffing and use of equipment.

There is an ambition to have the capacity for Computerised Tomography Scanning in the new build to support the A&E service, however current activity levels do not justify the need both for the equipment and the specialist staffing required. This may change in the future and so the building design will allow for extendibility of the Imaging Suite should the demand, activity and staffing allow.

9.4. Day case services

A number of day case services are already provided (venesection, blood transfusion, chemotherapy, outpatient parenteral antibiotic therapy, minor surgery and procedures) but not always in the most appropriate clinical setting. Under the new arrangements these services will be provided in the Hub and Spoke facilities within accommodation that is fit for purpose. We currently provide some chemotherapy services at Broadford Hospital and are looking to enhance this through discussion with Macmillan to ensure that we are meeting quality clinical standards.

The future of endoscopy services across Highland is under review and therefore the ability to include an endoscopy suite remains part of the clinical specification.

Additional work is ongoing to consider what other services might be transferred from Raigmore that are sustainable and clinically safe. This is a dynamic process. If such services can be transferred they will have the added benefits of reducing travel for patients and staff while reducing demand on Raigmore.

It is proposed that appropriate near-patient testing and blood analysis activity will continue and be enhanced through improved state of the art minilab equipment in the new Hub facility in Broadford. In the new model shared-care protocols will be reviewed and implemented including input from specialist nurses, consultants and GPs.

By OBC Case the delivery model will be specified and the future of local endoscopy services agreed (following NHSH wide review)

10. Other supporting activities

Discussions are also under way around the other supporting services for the Hub including catering, laundry, mortuary, office accommodation, training facilities, car parking and facilities to host mobile units e.g. Breast Screening. These are being progressed as part of the workforce plan and are at an advanced stage.

A detailed review of all contracts and joint working with third, independent, private sector and other partners is also underway.

An action plan has been prepared to ensure work progresses in a planned and co-ordinated way to ensure timely delivery of the Outline Business case.

10.1. Workforce plan

The workforce plan being developed outlines the changes in workforce required to support the agreed clinical services model, provided. The plan is being developed in line with the "Six Steps to Workforce Integrated Planning" methodology (Skills for Health), and has been informed by lessons learned in Badenoch and Strathspey.

In addition to earlier meetings with clinicians, recently four separate workshops have been held with local teams to translate the high-level clinical model into a service-by-service plan. Engagement from colleagues across all three integrated teams within the wide scope of the redesign has been extremely positive.

In line with the process in Badenoch and Strathspey, this plan remains a live document, and will continue to develop through further whole-team workshops, and external clinical challenge. Two workshops have recently been independently facilitated and have been useful in challenging thinking and considering future proofing of the workforce plan. The outputs from these have informed the latest version of the plan and the developing clinical model specification. Detailed costings are in progress of being prepared.

10.2. Current working assumptions and co-dependencies

- Inpatient nursing requirements have been initially calculated using only the professional judgement tool, and on the basis of 24 beds. A formal establishment review is underway, with staff side involvement, to fully evidence the required establishment as per national best practice. A similar piece of work is being progressed for Badenoch and Strathspey

- A national review of community midwifery is expected in Summer 2016, which may impact upon the workforce outlined here.

- The required catering workforce is dependent on an options appraisal around the proposed meal provision. This piece of work is underway. The staffing of the chosen model will be determined by the catering shift planner currently in development across Highland. There is wider work ongoing across Highland as part of developing new catering strategy and in consideration of any national direction.

- Domestic staffing will be calculated in line with the domestic workforce planner, once an initial schedule of accommodation has been articulated. This may be further impacted by the Highland approach to move away from Band 1 roles. This is currently in development.

Appendix 4 – National Design Assessment Process Formal Report

Appendix 5 – Cabinet Secretary Approval of Major Service Change

Appendix 6 – Risk Register

Appendix 7 – Project Programme

Appendix 8 – Workforce Plan