



Issue  
30 September 2020

## 1 GENERAL ISSUES

### 1.1 Why is it necessary to replace the St Brendan's Hospital and Care Home and the Castlebay Community School?

St Brendan's Hospital was built in the 1980s and can no longer fully support the development and delivery of clinical models that will care for the community in the future, is costly to run and maintain, and hinders rather than enables health and social care integration.

The Community School comprises several buildings built in the period from the early to late 20<sup>th</sup> century and were designed for an earlier approach to educational provision. The current school no longer reflects the needs of the community for the integration of education, skills and jobs that will support long-term island resilience.

### 1.2 Why has it been decided to bring health, social, education and community services for Barra and Vatersay into a single community campus in Castlebay?

The need to replace the St Brendan's Hospital and Care Home and the Castlebay Community School was recognised by NHS Western Isles and Comhairle nan Eilean Siar and provided the impetus for the consideration of the development of a single campus project that integrates the wide range of public services on one location.

The outcomes of the [Barra and Vatersay Community Campus Feasibility Study](#), published in October 2019, supported the principle of an integrated community campus, and identified the development of the site of and adjacent to the existing Community School as the preferred option.

### 1.3 What facilities are going to be provided as part of the community campus?

In terms of health and social care, the Community Campus will be part of a wider redesigned patient and community-focused service that responds to population growth, demand increases, and cost pressures.

The feasibility and design work carried out so far shows that the health and social care elements of the Community Campus will include:

- Two resuscitation and retrieval bays for emergency care
- Three in-patient beds to enable stabilisation and observation
- Multi-purpose consulting rooms
- General practice facilities
- Dental suite
- S.A.S Base

GP, hospital, social care, dental and ambulance services would, therefore, all be located together on the Community Campus. In addition, there would be social care housing comprising eight fixed tenanted units, and two living units for flexible use. Also included would be mortuary facilities.

Educational provision on Barra and Vatersay is also changing to reflect the different needs of how pupils learn, what is expected by employers, and what would be beneficial to build a vibrant, resilient economy on Barra and Vatersay. The traditional, centralised classroom style of teaching that was experienced by many is now being challenged by the expectations of learners, availability of technology, innovation from teachers, and needs of future employers.

The Community Campus offers an opportunity to design an approach to integrated education that goes from early years to life-long learning, from early learners to adult returners.

Included within the Community Campus will, therefore, be nursery and preschool children's education and development, primary and secondary education, college courses, and life-long learning opportunities for adults.

The project will also include the provision of a new games hall, swimming pool, fitness suite and external playing areas including a full-size football pitch and multi-use games area (MUGA).

## **2 HEALTH AND SOCIAL CARE**

### **2.1 Why is Stornoway getting a new care home while ours is being removed?**

The provision of a new care home would not adequately meet the needs of the community due to the variety of care needs within its small population. The housing with extra care model allows support to be provided for a range of different care needs, tailored to the individual, providing a level of flexibility and individual choice that would not be possible in a care home setting.

The decision to build extra care housing was based on the need to provide a more person-centred service for the population of Barra. The care housing will be able to support individuals requiring 24/7 care with more personalised space and opportunities to choose how their care is delivered. The development in Stornoway reduced the care homes beds being replaced through the provision of extra care housing.

### **2.2 How will people with long term illnesses that require more than the four points of care, e.g. advanced dementia, be cared for on the island? Are we to expect that these people will be sent away from their home and families up to the new Stornoway Care home?**

The care model is for 24/7 care on site. It will not be staffed through a visiting care at home service. A more personalised environment helps support people with dementia and other residents to have their care environment suited to their needs. The services available on island will be able to care for individuals as they currently do, with off-island treatment for specialist interventions, as is currently the arrangement.

### **2.3 How would this affect the health and quality of life of these individuals? Given that people with dementia are already losing their memories would it not be right and proper to keep them situated on their home island surrounded by loved ones to help preserve what is left of who they are?**

Housing With Extra Care allows for people to remain on island providing whatever extra care is needed based on an individual's needs in what is their home, rather than the more institutionalised setting of a care home, in close proximity to their loved ones and their community.

**2.4 What would be the emotional impact on family members if they must travel to Stornoway?**

As with residents in care homes in Lewis, Harris, Uist or anywhere else a minority may require to be accommodated in specialist units As is currently the case residents would only be accommodated off island if there is a clinical need for very specialised care; working with families to sustain people living within their own home is a priority across all communities.

**2.5 What would be the economic impact to both the island and individuals if forced to travel to visit loved ones? The cost of the travel and time needed to take of work would have a negative impact on people's income and the general economy.**

As stated above residents would only be accommodated off island if there is a clinical need for specialised care elsewhere.

**2.6 If families are put in a position to either send their loved ones away or care for them at home people may feel forced to choose the latter. This in turn would force them to give up work and rely on state benefits (Carers Allowance) again this would have a negative impact on the economy of the island as it is removing people from our working population. It was promised when looking at the St Brendan's plan no person would be sent away unless there was a medical reason and would be taken home, not to another island at end of hospital care (on discharge). Will this not lead to more bed blocking, which is already an issue?**

As stated above working with families to sustain people living within their own home is a priority across all communities. The Barra and Vatersay Hub model also wishes to enhance the integrated working to support people to stay within their own home for as long as possible.

Should that not be possible, the extra care housing is the service to support those within their own communities. This approach also provides families with different opportunities to support their loved ones as it is a homely setting with private space compared to that of a care home.

**2.7 What measures are in place to keep people privacy protected? Given the huge increase in footfall that is to be expected in and around this building and the close-knit nature of our island this could lead to embarrassing situations and rumour about people's health?**

Final detailed design will be taking into consideration the important issues of privacy, dignity and respect. Such matters will be addressed as far as the buildings/facilities are concerned. The proposal provides an enhanced environment for privacy with communal space for those that wish to use it, and a private flat for those that don't.

**2.8 There are dangers and unpredictable consequences posed by having people with mental health problems situated near children. What measures are going to be put in place to make sure this does not happen? Who will take responsibility if there is a serious incident given that this is a real and identifiable problem?**

Mental Health support, which is community based and has been enhanced, will continue. The campus will have a place of safety to care for those patients with acute mental health presentation that require transfer as happens at present. There is no in-patient mental health facility approved or included in the health facility. Health facilities will have controlled entry and exits. Operational protocols will be in place regarding patient management.

**2.9 If someone is not legally allowed within X distance of children how are they expected to access any of the services on the island if they are situated next to one another?**

An individual's access to services will be subject to a risk assessment and risk management plan. usually be on a planned basis and as agreed with all the relevant services. Emergency access would be in line with clearly set out service protocols.

**2.10 Given the current pandemic worldwide with COVID19 (in addition to other infectious diseases) and the rate at which it is spreading what measures are being put in place to protect the most vulnerable members of our community, mainly the very young and very old.**

We are continually learning about the new Coronavirus and are optimistic that an effective vaccine will be developed. The advent of Coronavirus will bring about further review and enhanced measures in terms of the built environment and we welcome such measures. Single, and only single, rooms in the hospital will allow more effective control and prevention of infection. The extra care housing provides increased personalised space supported by infection control services to address the management of infectious diseases.

**2.11 Will there be a hospice?**

A "hospice" facility will not be provided as part of the Community Campus project.

Palliative and end of life care will be provided in the community, in the housing with extra care, and in the hospital environment, depending on the individual's circumstances and wishes. Assurance has been given that the hospital environment can be enhanced to create a more homely feel whilst respecting the clinical considerations of the care to be delivered and appropriate facilities and environment will be part of the detailed hospital design. We are grateful for the ongoing support and input from the local community.

**2.12 How are people employed by the NHS/CNES meant to raise concerns? I have met as many of them as I could privately and there are some serious concerns about the project but all fear speaking up.**

Staff have been involved since the outset. Staff in both organisations can raise any concerns through their respective organisational formal and informal channels at any time. In addition, staff are encouraged to continue to participate in the development of the proposal and have procedures available to escalate any matter within their organisation.

Consultation took place as part of the development of the original site development, leading to the approved Outline Business Case. Engagement will continue as design and build progresses. Concerns can be raised at these events. It is important to point out that the health and social care outline Business Case closed off the design discussions and therefore in particular hospital facility accommodation and design is not something that can be re-opened.

**2.13 What will happen to existing buildings owned by NHS/Social care? Could they be sold onto HHP for housing? How could they be reused in some way? What would the environmental impact of demolition be?**

The current building is jointly owned by NHSW1 and the Comhairle. The organisations have not, as yet, taken any decision regarding the future of the existing building.

**2.14 Is there a specific aim for the community benefit clause from the NHS side of things?**

There is always a community benefit clause in such health developments.

**2.15 What capacity will the new hospital have in terms of beds?**

Three inpatient beds, two resuscitation/retrieval spaces.

**2.16 Given how remote our island is, the lack of ferry coverage, air service dependent on the tides, would it not be prudent to have the services required (CPN/mental health care, elderly care, dentist etc) situated on the island? We are frequently cut from these services. The island still needs to function during these times of disruption which seem to be getting longer rather than shorter.**

As a result of the COVID-19 pandemic, there has been a national move to undertake consultations and healthcare appointments virtually (i.e. via Near Me or telephone) where this is safe and effective. It is anticipated that this will continue into the future. Therefore, many of the appointments attended by patients in Barra are likely to be held remotely in the future, where possible to do so. This will increase availability of appointments for Barra patients, who will be able to access an increasing range of services from their own homes.

In terms of services which require face to face contact the placement of all services/resources is driven by evidence of evolved need and levels of demand. All services, that following such an assessment, can be safely, effectively and efficiently delivered from Barra will be.

Mental Health services have been enhanced and a Dental surgery is part of the facility.

**2.17 What laundry provisions are being made for the new hospital/home with infection control procedures especially if ferry goes 4-5 days without sailing? Will laundry services be retained in new build?**

There is no hospital scale laundry within the proposed investment case. Laundry will be provided by the Westerns Isles Hospital laundry in Stornoway.

**2.18 There has been a commitment from Bernard Chisholm that when it comes to the education side of this project, jobs will not be lost and instead, he promised that the CNES were committed to decentralisation and that jobs will be relocated from Stornoway and relocated here. Can NHSWI make a similar commitment? People from Barra and Vatersay are expected to travel off island for almost all medical treatment, would it not be fair for this burden to be spread throughout the islands**

There are no such plans for NHSWI staff to relocate, however as stated above the opportunity to undertake consultations and healthcare appointments virtually, where this is safe and effective, will mean that Barra patients will in the future be able to access an increasing range of services from their own homes, so greatly reducing the need to travel off island.

NHSWI has no plan to reduce NHS posts in the new facility. NHS staff have pre-existing terms and conditions of employment. In the event of change emerging, NHSWI staff are subject to a no redundancy policy.



- 2.19 Right now, the people in the care home are catered for with fresh food cooked on the premises. With what we know so far it looks as though this is to change to the 4 points of care style where they will be given microwave meals? Would this not:**
- (a) Mean a lessening in the quality of food**
  - (b) The loss of a job?**

As stated earlier the model is not one of a visiting home care service. The extra care housing residents will have the opportunity to decide how their meals are arranged with the community campus offering the opportunity for a meals service on site. The original site plan was to have meals provided as described. The quality of the meals is assessed nutritionally from a dietetic/nutritional perspective and residents who require assistance with eating, as per their Care Plan, will receive such assistance.

- 2.20 Can the design brief given to the architects be supplied and made freely available? This is a project being funded by public money, to help the people of Barra and Vatersay so a more transparent approach might help gain some of the trust that has been eroded thus far. In addition to the brief, could the people of Barra and Vatersay also be supplied with the reasoning behind why certain decisions are being made and for these to be in detail?**

NHS Western Isles has a dedicated page to the Barra and Vatersay Community Hub at:

<https://www.wihb.scot.nhs.uk/get-involved/current-consultation-engagement/barra-and-vatersay-community-hub/>

The original design brief for St Brendan's is being incorporated onto the new site. The accommodation schedule is agreed. The new site may offer different architectural design options.

Details of the community campus project can also be found on the CnES website at:

<https://www.cne-siar.gov.uk/your-council/investment-delivery/major-projects/barra-and-vatersay-community-campus-feasibility-study/>

- 2.21 Are social areas still being kept as part of the home side of the hub given the limited space? Social interaction and being able to meet and have food in a communal area is important when encouraging people to eat especially those living with dementia.**

Communal space is included in the extra care housing to allow residents to enjoy social interaction when they wish.

- 2.22 Will social interaction and stimulation be a part of living in the home side of the hub if people are only getting 4 points of care or will care staff be on hand 24/7 as was originally stated with stimulation and activities being part of their remit. Again, the model is not as described.**

The hub proposal offers enhanced opportunities for the residents to access social space, throughout the day and into the evening.

**2.23 Will the home/hospital hub be on par with what was decided as being needed just 8 months ago before the hub was proposed?**

There is no reduction in specification.

**2.24 Will we have a full-time dentist?**

A new dental suite will be part of the facility. Dental staffing will match assessed population need.

**2.25 Are NHS WI/CNES aware that there are no private care homes on Barra. Have they assumed there is and is that the reason why ours is being removed?**

The care home is the only provider of 24/7 care on island and the proposal is to replace this care with the extra care housing.

**2.26 Will the proposed bed sits be big enough for an elderly couple or is it singles only?**

The extra care housing flats are intended for single occupancy. Experience to date is that single person occupancy is the rule, although it is possible that there could be requests for exemptions to the rule, and we may want to consider this in the future as policies evolve.

**2.27 If people are expected to travel to Lewis to see their loved ones will the CNES/NHS cover the cost of travel, accommodation, and lost wages?**

As stated previously residents would only be accommodated off island if there is a clinical need for specialised care, which is no different from the present. The Highlands and Islands Patient Travel Scheme will apply to any patients and their escorts travelling to and from off island treatment. It should be noted however that this scheme does not cover family members or others travelling to visit patients in off island hospital or care settings, which again is no change from the present arrangements.

**2.28 Will there be accommodation for visiting doctors/specialists?**

The new facility has consultation rooms and facilities for visiting services. Digital health services will also be available via the 'Near Me' remote consultation resource, using the 'Attend Anywhere' digital platform as a core part of the service.

**2.29 Will there be additional office space, with relevant equipment for specialist who are visiting? (x-ray etc)**

Yes; refer to above answer

**2.30 Will there or is there a possibility of remote consultant (VC?)**

As a result of the COVID-19 pandemic, there has been a national move to undertake consultations and healthcare appointments virtually (i.e. via Near Me or telephone) where this is safe and effective. It is anticipated that this will continue and develop further into the future. Therefore, many of the appointments attended by patients in Barra are likely to be held remotely in the future, where possible to do so. This will increase availability of appointments for Barra patients, who will be able to access an increasing range of services from their own homes.

### **3 EDUCATION AND LEARNING**

#### **3.1 Will Barra Children's Centre (BCC) be given the opportunity to consult on the design of the space inside and out?**

Yes, the BCC will be involved in how the building is designed and how space is used as one of a number of community partners.

#### **3.2 If the BCC current services (8-10 hrs) can be delivered from the New Hub, will there be opportunity to grow our services and develop further services with local partners. (e.g. NHS Exclusive use of a space/room?)**

We would plan for what they are doing now, offer other opportunities re café etc. and consider any business development they may be considering.

#### **3.3 BCC has a lot of play equipment for children aged 0-12, both outdoor and indoor. Will we be given space for storage of this equipment?**

Yes, the BCC would be provided with adequate storage and space to deliver their service. Some resources would be common such as reception, some storage, meeting rooms, training rooms, resource rooms such as photocopying etc.

#### **3.4 Can I also clarify whether there is an opportunity for the BCC to be part of the new hub but retain the building for community use, for whatever this may be, should the community ask this?**

Unfortunately, no. For the campus facility to be able to accommodate the BCC, their current building would have to be demolished. However, the BCC would be compensated for the loss of the building in line with a valuation provided by an independent third party such as the District Valuation Office.