



**Kincardine Community Health and Wellbeing Centre Project**

**Initial Agreement Document**



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**Date: 25/9/19**

**Version: 3**

**Version History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Author(s)** | **Comments** |
| 1 | Feb 2018 | CD/LE | Approved by IJB |
| 2.01 | 16/08/2019 | CD/ | Updated in Line with Local Care SFT Consultant Report and in line with SCIM guidance |
| 2.3 | 19/8/19 | CD | Updated in line with discussion with Scottish Government Local Care Team |
| 2.4 | 30/8/19 | CD | Updated in line with discussion at Fife Capital Investment Group |
| 3 | 25/9/19 | CD | Approved by NHS Fife Board |

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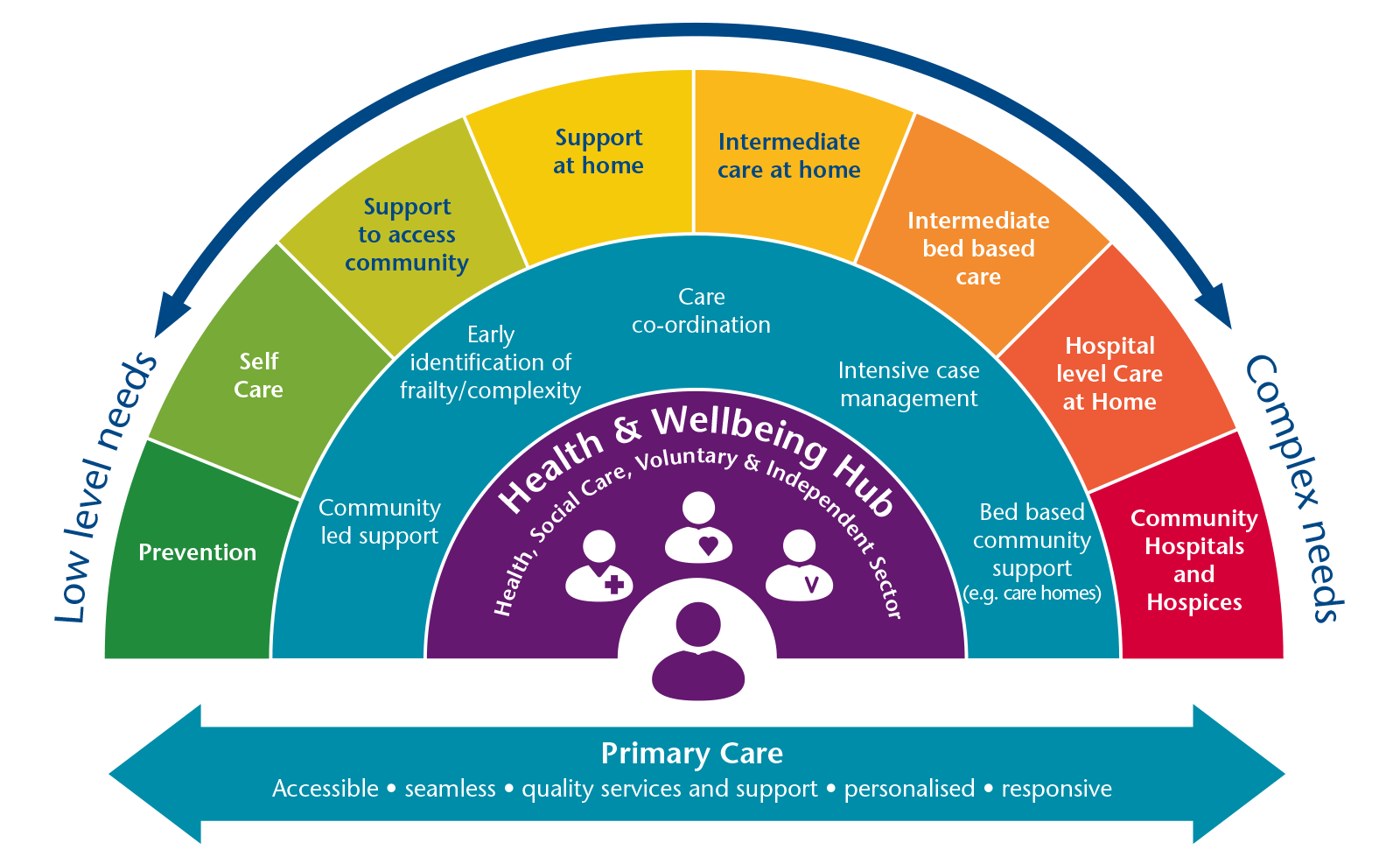
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1. **EXECUTIVE SUMMARY**
   1. **Introduction**
      1. Fife Health and Social Care Partnership is working with local communities, teams and stakeholders to support the delivery of a fully integrated 24/7 community health and social care model that ensures sustainable, safe, individual partnerships of care. The purpose of this Initial Agreement (IAD) is to seek approval to develop an Outline Business Case to re-provide Kincardine Health Centre in purpose designed and built premises within Kincardine to provide the necessary infrastructure to support this goal.
      2. The IAD establishes the need for investment, building on the NHS Fife and Fife Health and Social Care Partnership strategic goals to deliver a model of local care, focused on individual outcomes, supported by health and social care delivered by the right person in the right place at the right time. It describes the appraisal of a long list of options, identifies the short list, and recommends a preferred way forward, together with indicative costs, to enable the delivery of Fife’s Community Health and Wellbeing Hub model within the Kincardine community.
      3. The vision for primary care and community services in NHS Fife and Fife Health and Social Care Partnership is to enable the people of Fife to live independent and healthier lives. We will deliver this by working with people to transform services to ensure these are safe, timely, effective and high quality, focused on achieving personal outcomes. This requires access to the right professional at the right time in the right place; where services can be provided within a community setting, closer to where service users live, they should be. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the late 21st century.
      4. The people of Fife have told NHS Fife and Fife Health and Social Care Partnership, through a wide range of engagement vehicles and the formal consultation which informed the Clinical Strategy and Joining Up Care programme that they:
      * would like services to be integrated, coordinated and person focused;
      * want to reduce the duplication they experience both in sharing their information and in service delivery;
      * value local delivery.
      1. Fifes’ Community Health and Wellbeing model is delivering prevention and early intervention by:
      * working with local health and social care practitioners, using local knowledge and data to identify people earlier
      * co-producing tailored interventions to deliver holistic assessment, outcome focused planning and care management,
      * maximising opportunities for local community treatment and care
      * bringing local health and social care practitioners (including housing, voluntary sector and local area coordinators) together to collaborate to meet people’s outcomes
      * enhancing rapid access to locality assessment and rehabilitation
      * simplifying communication and information sharing for service users, carers and staff
   2. **Organisational Overview** 
      1. Kincardine Health Centre, located on the edge of the village, provides General Medical Services through Clackmannan and Kincardine Medical Practice who are contracted by NHS Forth Valley, as part of a two centre practice arrangement. Community services are provided by both NHS Fife (including District Nursing, Health Visiting and Podiatry) and NHS Forth Valley (the majority) for Kincardine residents. Services are working to deliver high quality person-centred health and social care services in a way which promotes and enhances the health and wellbeing of the people of Fife.
      2. The Kincardine Health Centre Practice population is circa 3,200, the locality population is predicted to grow by 9%[[1]](#footnote-1) in the 25 years. However the population in the older age group is projected to increase by 52%, this will see the proportion of the practice population who are frail, whom our local care model has demonstrated benefit from integrated holistic care management, grow from 4% to 5%.
      3. The current facility is a 1930’s construction, originally built as a police station. Models of care have changed over time with the building considerably modified and extended throughout its lifetime. Our new model of working requires accommodation that is fit for purpose, which enables multi disciplinary and group working, which supports the community and partners to deliver collaboratively. The current building and configuration is not fit for purpose, the building does not work for modern health and social care delivery, with corridors and treatment rooms which do not meet minimum standards, areas which do not enable disabled access and no storage.
      4. The development of the health and wellbeing model and delivery of the new General Medical Service Contract is constrained by structural and layout constraints. All possible reasonable changes have been made to the existing building. Kincardine Health Centre fails to meet the spatial, organisation and design standards for Primary and Community Health Care premises and has no capacity for further growth. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation to meet patient quality, staff standards and efficiency objectives.
   3. **Strategic direction and context**
      1. Our ambition is that from the youngest to the oldest, the fittest to the frailest the 371,910 people of Fife live well. Our aim is to join up services to provide better experiences of care, as locally as possible, by fully embedding the community health and wellbeing hub model across Fife.
      2. NHS Fife Clinical Strategy sets the strategic direction with Fife Health Social Care Partnership that is focused on local early, preventative care. By working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system, we will strengthen primary care and community services. This will be achieved by working with practices to fully develop practice level multi disciplinary working, delivering local community care and treatment, maximising proactive early intervention through community teams focused on segmented populations and ensuring rapid access to complex assessment, rehabilitation and when required bed based intermediate care within localities.
      3. Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, responsively adding and adapting services to meet and sustain outcomes. Figure 1 below seeks to illustrate how we can layer services when required and adjust support and care incrementally. Our goal is to maximise opportunities for services to work together locally as soon as possible, while minimising duplication for the patient and services.
      4. In Fife by fully engaging with the public, people who use health and social care services and their carers, partners and staff we have developed a community health and wellbeing hub model to support independence, improve wellbeing and care. To ensure fully person responsive, integrated support for health and wellbeing Fife is redesigning mental health provision, community intermediate bed models, while embedding our community health and wellbeing hubs. Integrating with the new model for General Medical Services, services and community groups requires facilities which enable colleagues and communities to work together. If practitioners and partners are to support people as effectively as possible, by for example minimising multiple attendances and maximising the potential of local multi disciplinary working, they require facilities which support this.
      5. Fife’s community health and wellbeing hub model is underpinned by early identification within Primary Care. Using practice level data to segment population needs is enabling a targeted, timely approach based on need rather than referral criteria; colleagues are proactively working in partnership with people in their local community. This approach can improve outcomes so that:

* People are supported to stay at home or in a homely setting for as long as possible.
* Staff are equipped to support this in terms of knowledge, skills, processes and resources.
* The organisation maximises use of planned services.

Figure

* + 1. Having worked with Scottish Futures Trust (SFT) we are able to articulate more fully how this model can be scaled up for Fife to support people and improve their outcomes. People are often referred to a number of services. The Hub model supports these services to come together, locally, to tailor their support to individual needs. This ensures people access the right service for their needs at the right time. Often people access services too late. By using local information to identify needs sooner, we can maximise people’s health and wellbeing. People can feel that their care is uncoordinated and there is duplication. By developing care management people have one person who is their main point of contact:
* Proactive case finding – to maximise early intervention / complex case management / anticipatory care planning, using practice data and local clinical intelligence.
* Integrated earlier intervention – Practice level multi disciplinary team (MDT) working collaboratively, with co-ordinated local case management or locality level complex case management.
* Where there is social complexity – locality MDT working together locally to plan and deliver integrated care focused on individual outcomes.
* Where there is medical complexity – rapid assessment via local complex assessment and rehabilitation centres and if required with diagnostics at a locality level with local follow up.

The scope and develop programme to implement the model fully across Fife is in year two of three.

* + 1. The focus is on working with people earlier to reduce the proportion of people who enter the health and social care ‘system’ at the orange to red / right-hand end of the spectrum of care in Figure 1 .This maximises people’s potential including for rehabilitation, and releases resources to support urgent care, while providing capacity for meaningful planning with people and their families. Initial test data indicates that people with frailty who receive the care management intervention are experiencing fewer unscheduled hospital admissions – the average being 5 in the 12 months pre intervention and an average of 1 in the six months post intervention. Staff describe how they are more able to collaborate and reduce referrals and timescales through the locality MDT model. The assessment and rehabilitation centre testing is supporting more timely access with reduced waiting times (17 weeks to less than a week), a reduction in Did Not Attends from 20% to 2% and combining assessments with mental and physical health.
    2. Fife Health & Social Care Partnership (H&SCP hereafter) vision is being delivered by enabling integrated care that crosses the boundaries between primary, community, hospital and social care, with GPs, hospitals, health workers, social workers, social care staff and others working together as one system. This more co-ordinated approach is reducing the need for people to navigate their way through what can be a bewildering maze of specialist services. This is supporting delivery against the Partnerships (draft) revised priorities of:
* Priority 1 – Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife.
* Priority 2 – Promoting mental health and wellbeing.
* Priority 3 – Working with communities, partners and our workforce to transform, integrate and improve our services.
* Priority 4 – Living well with long term conditions.
* Priority 5 – Managing resources effectively while delivering quality outcomes
  + 1. The proposal for investment into fit for purpose health and social care facilities in Kincardine will not only support the delivery of clinical services and but also enable the delivery of our community health and wellbeing model delivering these key priorities within the Kincardine area. The strategic assessment (Appendix 1) outlines how the current facility hampers this.

* + 1. The following list identifies key national and local documents that have influenced the development of this proposal, although this is not an exhaustive list.
    2. **Quality Strategy** ambitions in relation to:
* Person centred care - through improving access to Primary Care and providing more care closer to home;
* Safe – reducing risk of infection through provision of modern fit for purpose accommodation;
* Effective – bringing together wider range of health and care services to make more effective use of resources.
  + 1. **2020 Vision** aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability. The **Public Health priorities for Scotland** (**2018**) support investment for local integrated delivery.
    2. The **Public Bodies (Joint Working) (Scotland) Act 2014** aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with focus on prevention, anticipation and supported self-management, and to provide opportunities to co-locate health and care services working together for the local population.
    3. The Scottish Government’s **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (**2017**) sets the direction for nursing in Scotland through to 2030 and focuses on Personalising Care, preparing nurses for future needs and roles, and supporting nurses. In particular for Community Nurses the **Chief Nursing Officer Directorate Transforming Nursing, Midwifery and Health Professions (NMaHP) Roles Paper Three** includes shifting the balance of care from hospital to community and primary care settings at or near people’s homes. With integrated teams of Community and Practice Nurses providing seamless care.
    4. Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new **Universal Health Visiting Pathway** and the Named Person role conferred by **Children and Young People (Scotland) Act (2014)**.The Universal Health Visiting Pathway sets the standard for Health Visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live, this is seeing investment in the workforce to support full implementation.
    5. **The 2018 General Medical Services Contract in Scotland** refocuses the role of General Practitioners as expert medical generalists and recognises that general practice requires collaborative working with enhanced multidisciplinary teams that are required to deliver effective care, joint working between GP practices in clusters and as part of the wider integrated health and social care landscape.
    6. The Community Health and Wellbeing Hub programme in Fife has been selected to participate in a national **Local Care** **Pathfinder Programme,** together with Caithness andAyrshire’s Garvock Valley, sponsored by the Scottish Futures Trust on behalf of the Scottish Government. The goal of the porgramme is to facilitate the shift in the balance of care to community care., The intention is to produce three projects that deliver transformational change in the provision of care from hospital based care to community based care, so people’s health and wellbeing is supported as close to home as possible. The Fife Health and Social Care Partnership is being supported by Scottish Futures Trust and Carnell Farrar (specialist health care planners) to progress the redesign.

* 1. **Drivers for Change, Investment Objectives and Options Appraisal**
     1. The key drivers for change and investment objectives are summarised below at Table 1:

Table

|  | **Effect of the need for change on the organisation** | | **Investment Objective** | |
| --- | --- | --- | --- | --- |
| **1** | South West Fife is experiencing significant population growth in the older population. The Medical Practice, Community Health and Social Care services do not have the infrastructure to currently deliver the service requirements of the current population nor deliver the objectives of the new General Medical Service’s (GMS) contract and more local health and social care delivery to improve individual outcomes and minimise unscheduled hospital care. | | Ensure equal access to Primary Care and Community Services for the whole population.  As a national pathfinder site, the Partnership is seeking to realise key service transformation ambitions with modern, fit for purpose infrastructure to allow staff and community partners to better support local community health and wellbeing | |
| **2** | Pressure on existing staff, accommodation and services will inevitably increase. | | Ensure the right staff skill mix and service capacity are available to deliver strengthened and tailored local capacity to manage people’s health and care within their local community. | |
| **3** | | Staff facilities and accommodation are restricted with staff working in suboptimal conditions, impacting poorly on staff morale and the community’s experience of local service delivery. | | Ensure appropriate workforce including increased flexibility of roles /development of new roles to support implementation of GMS (2018) and Community Health and Wellbeing Hub. |
| **4** | | The facilities available, combined with significant change in population, restrict the ability to deliver a wider multi disciplinary model locally. There is no capacity in local facilities to deliver group therapy, physiotherapy and the components of care and treatment within the new GMS | | Provide the infrastructure to support a more integrated seamless service across health and social care, minimising travel and multiple appointments for the community. |
| **5** | | Services cannot be delivered locally based on local patient need, but instead are based on where it is more convenient/possible to deliver services. | | Improve the patient and user experience - deliver services locally based on local patient need. |
| **6** | | The Equalities Act 2010 compliance within the building is poor - discriminating between the experiences of service users. | | Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all. |
| **7** | | Some clinical rooms are very small, failing to meet current standards due to the age and design of the building. These can be very restrictive/ unsuitable for patients and staff. | | To deliver safe and effective care with dignity - provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards. |
| **8** | | There is no scope to enhance the primary and community care services provided in the existing accommodation including transferring the right care closer to patients’ homes. | | To deliver services more effectively and efficiently - facilitate better joint working to ensure right care is delivered at the right time and in the most appropriate setting. By delivering locally the community of Kincardine will be supported to timely access and reducing difficult travel arrangements for appointments in neighbouring Clackmannanshire. |

* + 1. A wide range of possible options for investment were considered using the options framework. These were reviewed and the resultant options short list (including indicative costs) is included in the table below:

| **Option** | **Description** | **Indicative Capital Cost (£)** |
| --- | --- | --- |
| Option 6b | New build at Feregait site in Kincardine | 3,846,621 |
| Option 6c | New build at Station Road site in Kincardine | 3,903,627 |
| Option 6d | New build at Tulliallan Primary School in Kincardine | 3,903,627 |

* + 1. An options appraisal process was completed with the community, assessing each of the options on its ability to deliver the investment objectives. Option 6d (Tulliallan) was identified as the preferred option from this analysis. Further detailed work will be undertaken during the Outline Business Case (OBC hereafter) stage to fully confirm the service scope, costs, phasing, and timescales.
    2. This Initial Agreement Document, the first of three document phases, details our thinking in terms of the most important issues which shape our strategic priorities and how these align nationally and across NHS Fife/Fife Health and Social Care Partnership.

1. **STRATEGIC CASE: EXISTING ARRANGEMENTS AND NEED FOR CHANGE**
   1. **SERVICE ARRANGEMENTS**
      1. The holistic multi disciplinary primary and community care services in Kincardine are currently delivered from the existing Kincardine Health Centre, a 1930’s constructed facility – originally built as a police station - that has been considerably modified and extended throughout its lifetime. The building is owned by NHS Fife.
      2. GP services in Kincardine are delivered as part of a two centre practice, along with Clackmannan Health Centre, with each operational unit given equal standing and operating full time to meet their respective local needs. The GP Practice is contracted to NHS Forth Valley to provide General Medical Services.
      3. The services delivered from the existing Kincardine Health Centre are primarily provided in support of the population needs of the people of Kincardine and surrounding areas, with 98% of the resident population registered (see figure 2- map of Kincardine interzone) with the practice. In accordance with NHS Fife’s statutory obligation to provide access to Primary Medical Services there is a requirement to continue provision of these services within this geographic area.

Figure 2

* + 1. Aligned to the Practice there are a range of community health services provided from the current facility including District Nursing, Health Visiting, Midwifery and Podiatry. In addition there are services working with the Practice and wider community team who cannot access accommodation locally, requiring patients to travel to them, this includes Mental Health Nursing and Physiotherapy. There are dependencies with the District General Hospital at Forth Valley Royal Hospital Larbert and Local General Hospital at Queen Margaret Hospital, Dunfermline, and other hospitals in East Region for provision of diagnostic services, consultant advice, elective and unscheduled inpatient care and outpatients for a variety of specialties to meet the health care needs of their local population. The Forth Valley Primary Care Out of Hours Service and Fife’s Primary Care Emergency Service provide out of hours care from other facilities.
    2. The GPs together with the multi-disciplinary team manage the widest range of health problems; providing both systematic and opportunistic health promotion, diagnoses and risk assessments; dealing with multi-morbidity; coordinating long-term care; and addressing the physical, social and psychological aspects of patients’ wellbeing throughout their lives.
    3. As figure 1 (page 5) above portrays, the GPs and multidisciplinary team are integrally involved in deciding how health and social services should be organised to deliver safe, effective and accessible care to patients in their community. Practice based multi disciplinary team working is identifying people who could benefit from a case management approach and supporting people to access the right support where there is:
* Complexity in their care and support arrangements through locality multi disciplinary teams, or
* Clinical complexity rapid access to assessment through the locality community health and wellbeing hub teams.
  + 1. Kincardine Medical Practice has a current practice population of 3198 (May 2019), which has grown by 3% over the past 18 months. The current demographic of the population (based on 2011 census, 2016 SIMD datazone data and ISD practice data) are:
* 50.7% female: 49.3% male
* 24% are over the age of 65 and 13.4% are 0-15 years
* 9.1% of the population are income deprived, 10.8% of the population are employment deprived and 14.4% of children (under 16) live in poverty
* 0.1% of the practice population live in the most deprived quintile and 0% on the least deprived
* 25.9% of patients of the practice have at least one long term condition.
  + 1. Projections for future demand for primary care and community services with Kincardine are driven by the population projections which see the older population growing by 52% by 2041. This would therefore see the practice population who have severe frailty grow from 23 to 35 and those with moderate frailty grow from 92 to 140. It is this group whom Community Nursing are seeking to work with to maintain and improve their position on the life curve through the care management intervention and the wider hub programme is seeking to support through local delivery of rehabilitation programmes.
    2. The current workforce delivering services is outlined below along with potential future workforce required to deliver primary care and community services. Recent and continuing changes to the workforce are being phased in line with population growth and service model developments which take into account the requirements to implement the GMS (2018) contract and enhance the primary healthcare team, community health and social care teams and Health Visitor pathway. The Practice is also a training practice with a GP trainee and provides training placements for 5th year medical students.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Existing Provision** | **Recent growth** | **Future provision**  **\* Incl. new roles** |
| General Practitioners | 2.35 WTE | 0.25 WTE |  |
| Advanced Nurse Practitioner | 0.6 WTE | 0.6 WTE |  |
| Practice Nursing (2) | 0.78 WTE | 0.05 WTE |  |
| Practice Phlebotomist | 0.1 WTE |  |  |
| Practice Manager (shared with Clack) | 1 WTE |  |  |
| Admin staff (8) | 4.1 WTE | 1.46 WTE |  |
| District Nursing Team (3 shared with High Valleyfield) | 2.2 WTE |  | Treatment room service extension  Hosiery / Doppler follow up clinics  Extending the range of treatment for patients who could attend the centre |
| Community Phlebotomist (2) | 0.12 WTE | 12 sessions per month |  |
| Community Teams Admin Staff | 0.2 WTE |  |  |
| GP Trainee | (1) |  |  |
| **Visiting teams** | **WTE** | **Sessions** | **Future provision**  **\* Incl. new roles** |
| Primary Care Pharmacist | Circa 0.5wte | | |
| Midwifery Team | (0.1 wte) | 2 per month |  |
| Health Visiting clinic  Baby weighing | 0.05 wte  0.05 wte | 1 per month  HV also arrange ad hoc appointments | Opportunity to hold child wellbeing meetings locally |
| Physiotherapy |  | 4 per month |  |
| Podiatry | 0.3 wte | 12 per month |  |
| Mental Health Nursing (Primary Care) |  | 4 per month |  |
| Smoking Cessation specialist | (0.13 wte) | See patients in Clacks. | Opportunity to deliver locally |
| Child immunisation clinic |  | 4 per month | Potential future flu clinic |
| Social Workers / Social Care Workers | 0 |  | MDT time |
| Continence Nurse |  | 4 per month |  |
| Dermatology Nurse |  | 4 per month |  |

* 1. **SERVICE DETAILS**
     1. The accommodation in Kincardine(Building report at appendix 1), provided over one level with a total floor area of 237m2, supports:
* GP activity associated with the Kincardine Medical Practice (circa. 13,000 appts PA and a practice population of circa. 3,200)
* Nurse activity associated with the Kincardine Medical Practice (circa. 6,400 appts PA)
* Practice employed Phlebotomist activity associated with the Kincardine Medical Practice (circa. 2260 appts PA)
* Community nursing treatment room activity (circa. 1,500 episodes PA)
* Community Phlebotomy services (circa. 1,325 episodes PA)
* Midwifery ante-natal clinic activity (circa. 200 appts PA)
* Podiatry services (circa 410 appts. PA)
* Health Visiting
* Stop Smoking sessions (circa. 200 appts PA)
* Mental Health
* Health Visiting Clinic
* Physiotherapist
  + 1. The primary care and community services have been developed as far as possible however the development of the clinical model and increasing demand for services has exacerbated the issues of an inefficient layout, internal and external envelope deterioration. Whilst the GP Practice and Health and Social Care Partnership are working collaboratively to modernise and expand services to improve outcomes and support the population growth, development is severely constrained by the existing premises.
    2. Services delivered from the existing Kincardine Health Centre amount to a total of circa 25,000 attendances per annum, 96 attendances per day or around 23 patients / clinical room activity per day.
    3. Patients initial experience is very poor with one small reception hatch and reception area of 40m2 (NB No separate records area now exists as all GP records are held electronically). There is one waiting area (total 22m2) with no age-specific provision. Local Politicians have indicated their concern about the fabric of the building and the constraints it places on the local delivery of integrated health and social care.
    4. Clinical care is delivered through five poorly configured consulting rooms which also support administrative activity. These are distributed throughout the current facility and, for the most part, used very flexibly. With 100% utilisation of the available capacity it is clear that a lack of available space is impacting upon the provision of local care. Mixed function means sub optimal use of clinical space. The AEDET review exercise confirmed that the layout and fabric of the building place considerable limitations on effective and safe service delivery (page 29).
    5. The office accommodation available for the administrative functions is well below the minimum standards and staff facilities are insufficient for the 21 staff working in the building on a daily basis as well as the wide range of visiting colleagues.
    6. Although all possible reasonable changes have been made to the building Kincardine Health Centre fails to meet the spatial, organisation and design standards for Primary Health Care Premises and has no capacity for further growth. It has reached the end of its economic life as a clinical facility. Major improvements to address maintenance and statutory standards are not feasible due to structural and layout constraints.
    7. A number of services are only available from the Clackmannan Health Centre because of capacity constraints. Resulting in patients from Kincardine travelling to Clackmannan to see a health professional, with best estimates indicating that this may be as many as 2,000 times per annum. People may be asked to attend Clackmannanshire for stop smoking support, physiotherapy, mental health nurse consultation, coil insertion/removal, implant insertion/removal and joint injections as well as medicals such as fostering or DVLA medicals. It is extremely difficult to put an actual figure on this, as the baseline number has not been recorded historically and there is good anecdotal evidence to suggest that Kincardine patients would rather cancel / delay an appointment rather than travel to Clackmannan – further masking the true size of the problem.
    8. Local and proactive care is further confounded by problematic public transport to Clackmannan from Kincardine; there are no direct public transport (bus) routes. One appointment may take up to three hours out of a patient’s day.
    9. Where services are not/cannot be delivered locally in Kincardine, patients are referred to different locations – mostly within the NHS Forth Valley Board area - that include:
* Clackmannan Health Centre (GP overflow activity)
* Forth Valley Royal (Out-patient activity) (unless specifically requested by patient to be referred to a Fife hospital)
* NHS Fife provided services e.g. Physiotherapy provided in other Fife locations
* Community Nursing provide home based support for people who are not housebound, meaning that fewer patients are being seen than could be seen within a clinic setting, with wider MDT input potential.
  + 1. Out of Hours Primary Care is delivered from Urgent Care Centres in Fife and Forth Valley. Both Health Boards do not have current plans to extend the number of Urgent Care Centres. Kincardine Health Centre does not routinely deliver out of hours services, but offers a small number of clinics over an extended period.
    2. It is not feasible to deliver evening services from the health centre.
    3. The model of care is developing in line with the new GP Contract, with the Primary Care Development implementation plan progressing along with the Business Planning process. Historical re-development of the facility has meant that many areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. This means that the facility no longer has any meaningful storage (with a consequential impact on consulting rooms and staff morale); does not have a clean utility room; does not have a dirty utility room; does not have a disposal hold; does not have any cleaner’s room / facilities; does not have a quiet / interview room; or an effective disabled WC.
    4. This is effectively demonstrated by comparing the baseline Schedule of Accommodation of the current Kincardine Health Centre with that proposed for a replacement facility that has been developed based on the current and developing clinical model, future capacity requirements and relevant health planning guidance. Such a comparison shows that, even although the number of consulting rooms has only increased by three from the baseline (an increase of circa. 40/ 60m2 gross), the actual area now required is around 593m2 greater (833m2 as compared to 240m2).
  1. **STRATEGIC CONTEXT**
     1. NHS Fife Clinical Strategy sets the strategic direction with Fife H&SCP that is focused on local early, preventative care. In working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system we will strengthen primary care and community services.
     2. Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, adding and adapting services responsively to meet and sustain outcomes.
     3. Our development of community health and wellbeing hubs is designed to flexibly and responsively layer services where required, adjusting support and care incrementally. In light of the changing demography this has focused on supporting people to minimise and modify the impact of frailty (including younger people frail because of long term conditions, addictions etc). Providing holistic assessment and care management, focused on individual outcomes, anticipatory planning and supporting a reduction in unscheduled care. Fife has a population of 371,910 (2018 midyear population estimates, National Registers Scotland), with slightly above the Scottish average for the over 65’s age group described in Table 2.

Table 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Total Population | 65+ | 75+ | 85+ |
| Fife | 371,910 | 20% | 9% | 2% |
| Scotland | 5,438,100 | 19% | 8% | 2% |

* + 1. Fife H&SCP has seven localities. Kincardine is in the South West Fife locality. The South West Fife locality sits within the West Division of the H&SCP. The H&SCP is developing a locality clinical model with GP Clusters focused on the needs of the locality population. Table 3 demonstrates the percentage of locality populations over 75.

Table 3

|  |  |  |
| --- | --- | --- |
|  | Population over 75 ( | 75+ |
| City of Dunfermline | 3928 | 7% |
| Cowdenbeath | 3360 | 8% |
| Glenrothes | 4109 | 8% |
| Kirkcaldy | 5549 | 9% |
| Levenmouth | 3560 | 10% |
| North East Fife | 7192 | 10% |
| South West Fife | 3845 | 8% |

* + 1. Over the next 25 years the total population within South West Fife is projected to increase by 9% by just around 4,600 by the year 2041. Most of the areas’ population growth is expected to take place in the older people age group, an increase of circa 52% which will place and increasing demand on health and social care.

Figure 3

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Population - **2016** | | | | | | **49,777** | | | | |
| Population estimate – **2041** | | | | | | **54,400** | | | | | |
|  | 2016 | | | |  | | 2041 | | | | | |
| **0-15** | **17.1%** |  | | |  | | **17.5%** |  | | | | |
| **16-64** | **63%** | | |  |  | | **55%** | | |  | | |
| **65+** | **19.7%** | |  | |  | | **27.5%** | |  | | | |

* + 1. The Local Development Plan indicates that housing developments will see circa 317 new homes built by 2032 (potentially an additional 790 people). The local development plan includes potential for the development of a further 259 homes within the Kincardine Health Centre catchment area.
    2. The local and national goal, supported by NHS Fife’s Clinical Strategy (2016-21), NHS Forth Valley Healthcare Strategy (2016-21) and the Fife Health and Social Care Partnership’s Strategic Plan for Fife 2016-2019 (currently being revised) is to provide safe, effective and sustainable care at home or as close to home whenever possible. The model being implemented will support robust, integrated health (primary and community), social care and third sector services with a strong focus on early intervention, prevention, anticipatory care and supported self management.
    3. The proposal for investment into fit for purpose health and social care facilities in Kincardine will not only address the current strictures upon local delivery of clinical services and deficiencies in facilities at the existing Kincardine Health Centre but also enable the delivery of the above key areas within the Kincardine area.
    4. The well rehearsed pressures in General Practice in Scotland can be illustrated by the following indicators:

* 10% of the population consults with a GP practice clinician every week.
* 34% of all GPs are aged 50 and over in 2015, compared with 29% in 2005.
* 37% increase in female GPs and 15% decrease in male GPs over the ten-year period to 2015.
* 40% of female GPs leave the profession by the age of 40.
* 2015 – 1 in 5 GP training posts unfilled.
  + 1. Fife’s Primary Care Improvement Plan sets out how primary care and General Practice are reshaping to implement the new GMS 2018 Contract. This is facilitating the development of GPs as expert medical generalists within expanded Primary Health Care Teams, by implementing new roles and ways of working. This is underpinned by the guiding principles of:
* Contact: accessible care for individuals and communities.
* Comprehensiveness: holistic care of people – physical and mental health.
* Continuity: long term continuity of care enabling an effective therapeutic relationship.
* Co-ordination: overseeing care from a range of service providers.
  + 1. Care pathways are patient (not disease) centred to meet the challenge of shifting the balance of care, realising Realistic Medicine and enabling people to remain at or near home wherever possible. Local accessibility and the need to provide a wider range of services to people in their local communities and to develop greater local integration is being hampered by the accommodation available within the Kincardine area.
    2. Local accessibility and improved joint working with other Health and Social Care Partners as part of wider whole system will facilitate integration of health and social care and enable more effective delivery of health and wellbeing outcomes. This will be underpinned by practice multi disciplinary team working, supported by responsive wider locality teams in reaching to deliver local care.
    3. Key national and local documents have influenced the development of our health and care model and thereby this proposal, although this is not an exhaustive list. It should be noted that along with Caithness and Ayrshire Fife’s Community Health and Wellbeing Hub programme has been selected as a national pathfinder site to support a Once for Scotland approach to delivering the shift in the balance of care from hospital to community.

National

* Commission on the Future Delivery of Public Services (The Christie Report) (June 2011).
* 2020 Vision for Health and Social Care (September 2011).
* Healthcare Quality Strategy (2012).
* A National Clinical Strategy for Scotland (February 2016).
* Health and Social Care Delivery Plan (December 2016).
* Property Asset Management Strategy (2017).
* NHS in Scotland 2016 – Audit Scotland Report, October.
* Achieving Excellence in Pharmaceutical Care: A strategy for Scotland Aug 2017.
* General Medical Services Contract (2018).
* Health and Social Care Integration – Audit Scotland November 2018.
* Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future (2017)

Local

* Health and Social Care Partnership Strategic Plan for Fife Plan (draft 2019-2022).
* NHS Fife Clinical Strategy (2016-21).
* NHS Fife Estates Rationalisation Strategy (2017).
* NHS Fife Operational Delivery Plan (2018/19).

The corresponding relevant documents from Forth Valley also support integrated local working:

* NHS Forth Valley Healthcare Strategy (2016-21).
* NHS Forth Valley ‘Our Delivery Plan’ 2018/19.
  + 1. This proposal interacts with these key local and nation strategies in terms of:

**Quality Strategy** ambitions in relation to:

* Person centred care - through improving access to Primary Care and providing more care closer to home;
* Safe – reducing risk of infection through provision of modern fit for purpose accommodation;
* Effective – bringing together a wider range of health and care services to make more effective use of resources.

**2020 Vision** aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability.

**Technology Enabled Care** projects are being tested within the current service model to modernise primary care, support earlier identification and self management.

**NHS Fife’s clinical** **strategy** and **Operational Delivery Plan** are focused on delivering person centred care, closer to home where possible. The proposed development will support the local provision of health and social care services within Kincardine, facilitating person centred care and support.

The **2018 General Medical Services Contract** refocuses the role of General Practitioners as expert medical generalists and recognises that general practice requires collaborative working, with enhanced multidisciplinary teams that are required to deliver effective care, joint working between GP practices in clusters and as part of the wider integrated health and social care landscape. Better care for patients will be achieved through:

* Maintaining and improving access;
* Introducing a wider range of health professionals to support the expert medical generalist;
* Enabling more time with the GP for patients when it is really needed; and
* Providing more information and support to patients.

The **Public Bodies (Joint Working) (Scotland) Act 2014** aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with a focus on prevention, anticipation and supported self-management, and provide opportunities to co-locate health and care services working together for the local population. Fife’s local Health and Social Care Strategy describes how the nine National Outcomes for Integration can be met through prevention, local earlier integrated working focused on peoples own outcomes.

Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new **Universal Health Visiting Pathway** and the Named Person role conferred by the **Children and Young People (Scotland) Act (2014)**.The Universal Health Visiting Pathway sets the standard for Health Visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live. This will require an increase in the Health Visiting establishment and new ways of working for full implementation.

The Scottish Government’s **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (2017) sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses. Within this framework redesign in community nursing is supporting the implementation of the Chief Nursing Officer Directorate’s paper on Practice and Community Nursing to integrate locally to support prevention and early intervention.

Fife Health and Social Care Partnership, established on 1st April 2016, is refreshing its strategic plan, this includes revised Vision, Mission and Values. The plan is focused on delivering proactive, integrated support and, therefore, will seek to secure an outcome focused model delivered locally aimed at securing improved outcomes through early identification and intervention:

***The Vision is*** To enable the people of Fife to live independent and healthier lives.

***The Mission is*** “We will deliver this (vision) by working with individuals and communities, using our collective resources effectively. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes.”

***Our Values are:*** Person-focused - Integrity – Caring - Respectful - Inclusive - Empowering

This will support local delivery of the national outcomes for integration.

* 1. **DRIVERS FOR CHANGE**
     1. The following is a full list of the main drivers causing the need for change, the effect that these issues are having on the current service provision and an assessment of why it is believed action is required now.

Table

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| --- | --- | --- |
| **Driver for change:** | **What effect is it having, or likely to have, on the organisation?** | **Why action now:** |
| The clinical and social care model have developed and implementation is being circumscribed. | Primary, Community and Voluntary sector services cannot provide the integrated model of care they and the community recognise is required now and for the future. | The model of care is being undermined now: preventing locally based, integrated proactive care.  Time from Initial Agreement to occupation of a new facility could take circa 4 years. |
| Services cannot be delivered locally for local patient need; instead are based where it is possible to deliver services. | NHS Fife/Fife H&SCP will fail to deliver the GMS (2018) and community health and wellbeing hub model within Kincardine unless this is planned for. |
| Pressure on existing staff, accommodation and services will inevitably increase. | Sustainability of primary care is a key priority for the IJB and NHS Fife.  There is a need to plan to provide a sustainable service for the future. |
| Poor clinical and non clinical functionality and space restrictions in existing accommodation (configuration) | Existing facilities fall far below the required standards in terms of how they are configured and laid out. The Equalities Act 2010 compliance within the building is poor. | Existing facility configuration and layout presents unacceptable risks, as well as poor local performance, functional in-efficiency and suboptimal patient experience. |
| Premises are functionally inadequate and compromise pro-active, integrated care. | No scope exists to re-organise parts of the service to improve the experience. |
| Some consulting rooms are very small and do not meet current standards. These are very restrictive / unsuitable for patients and staff. | Poor patient and staff experience.  Does not meet current recommended standards. |
| Clinical and social care functionality (capacity) issues | Capacity is unable to cope with current, let alone future projections of need. Patients are required to make repeated appointment to meet with different members of their multi disciplinary team and to access healthcare out-with the local area. | Service sustainability and development is at risk and an increasing number of patients will travel from Kincardine to Clackmannan for basic Primary Care. |
| Facilities lack the number and range of support areas necessary to deliver modern, integrated, safe and effective services | A lack of essential support areas represents a real and unacceptable risk to the Board in key areas such as HAI and patient safety. |
| Building issues (Including statutory compliance and backlog maintenance) | Increased safety risk from outstanding maintenance and inefficient service performance | Building condition and associated risks will continue to deteriorate if action is not taken now, affecting performance.  Redesign of building will allow for improved care, staff experience and financial performance. |

* 1. **INVESTMENT OBJECTIVES**
     1. This section identified the ‘business need’ in relation to the current arrangements described in section 2.1. These were discussed at the Architecture & Design Scotland (A&DS) facilitated workshop to develop the project design statement. A wide range of stakeholders including clinical and managerial staff along with community representatives were involved in a workshop to describe the difference between ‘where we are now’ and ‘where we want to be’.

Table

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| --- | --- |
| **Effect of the need for change on the organisation:** | **Investment Objectives** |
| Existing service arrangements are affected by lack of clinical support service facilities. | Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients. |
| Implementation of integrated models of care is undeliverable locally in the current environment | Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in physical capacity. |
| Pressure on existing staff, accommodation and services will inevitably increase. | Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people’s health within the local community. |
| The facilities available, 100% occupancy, combined with significant population change, restrict the ability of the parties to deliver the full range of integrated services locally. | Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care. |
| Existing configuration, as a result of a 1930’s building, being modified and extended with a ‘best fit’ approach.  Current facilities have treatment rooms below minimum acceptable standards. | Delivery of safe and effective care with dignity –by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all. |
| Increased safety risk from outstanding maintenance and inefficient service performance. | Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate. |

* 1. **PROPOSED BENEFITS**
     1. There is a clear emphasis on General Practice provision and the development of the community health and wellbeing hub model within the IJBs’ Strategic Plans and NHS Fife and Forth Valley’s Clinical Strategies. The proposed investment in infrastructure will enable the Kincardine Medical Practice to fully participate in the required programmes of care, enable full access to the Primary Care Improvement Plan and thereby improve outcomes for individuals, experience for staff and the reputation of the organisation.
     2. Benefits for each of the investment objectives described in section 2.5 above are mapped to the expected benefits in the context of the Scottish Government’s five Strategic Investment Priorities (Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability).
     3. To ensure that resources are effectively exploited and that any investment made provides agreed benefits a register has been developed. This benefits register (see appendix 2) identifies the expected benefits, indicates a baseline and target measurement and also gives a priority level to each benefit. A Benefits Realisation Plan will be developed as part of the Outline Business Case.

Table

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Investment Objective** | **Benefit** | **Investment Priority** |
|  | Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients. | GP Practice Multi Disciplinary Team and wider community hub team have access to accommodation to meet population needs locally | Person Centred  Health of Population  Integrated Care  Quality of Care |
|  | Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity. | Services delivered locally based on need | Person Centred  Efficient  Effective  Integrated Care |
|  | Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people’s health within the local community. | Higher staff retention levels  Higher staff morale/lower absence rates  Increased flexibility of roles  Career progression  Improved workforce planning across the health and social care pathway  Supports training, education and development | Person Centred  Efficient  Effective  Value and Sustainability  Integrated Care |
|  | Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care. | Access to wider staff skills and experience on one site  Reduces unnecessary hospital referrals / multiple appointments  Reduces patient risk | Effective  Quality of Care  Person Centred  Integrated Care |
|  | Delivery of safe and effective care with dignity – by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all. | Improves patient experience addressing privacy and dignity issues  Improves staff safety through provision of primary care & community services on one site allowing for available support for patients and staff.  Ease of compliance with standards e.g. Equalities Act 2010, HAI  Fit for purpose flexible accommodation meeting all guidelines e.g. room sizes | Safe  Person Centred  Quality of Care  Integrated Care |
|  | Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate. | Increased local provision and access to treatment making best use of available resources by having the infrastructure to deliver more proactive prevention and early intervention focused support, maximising MDT working to facilitate access for people and thereby reducing the call upon unscheduled care. | Effective Quality of Care  Efficient: Value and Sustainability |

1. **STRATEGIC RISKS, CONSTRAINTS AND DEPENDENCIES**
   1. **RISKS**
      1. Recognising that one of the main reasons when change projects are unsuccessful in terms of cost and time overruns and/or failing to deliver the expected benefits is the failure to properly identify and manage the project risks a Project Risk Register has been developed. Risks at the Initial Agreement Stage of the Project have each been assigned an owner and mitigation action identified (appendix 3).
      2. The key areas of risk relate to:

* Capital envelope does not support the preferred way forward.
* Clinical and care models may change and not be adequately planned for
* The programme may be delayed : further impacting on service delivery
* Engagement: in terms of maintaining positive stakeholder engagement
* Acquisition of land: initial discussions have been held with Fife Council in relation to the possible purchase of land.
  + 1. These risks will then be reviewed in more detail at the Outline Business Case stage. The process of risk management will continue throughout the life of the project and then transfer to the operational management of the organisation.
  1. **CONSTRAINTS AND DEPENDENCIES**
     1. Financial: given the current climate it is recognised that the project is likely to be constrained financially. The affordability of the project will continue to be fully tested through each of the approval stages; this will include the development of a fully detailed revenue model within the Outline Business Case. Once the project budget is set, the project will require to be delivered within this.
     2. Programme: given the risks associated with the current arrangements, there is a need to deliver the project as quickly as possible.
     3. Quality: the project will require to comply with all applicable healthcare guidance and achieve the Achieving Excellence Design Evaluation Tool (AEDET) pre-defined target criteria across all categories.
     4. Sustainability: as the preferred option is a new build there will be a requirement to achieve British Research Establishment Environment Assessment Method (BREEAM) ’excellent’.
     5. Site: as the preferred option is a new build within a live environment, delivery of the project will be restricted and constrained. Careful planning will be required to plan how the project can be delivered efficiently and safely with minimal disturbance to surrounding services and areas.
     6. Dependencies associated with the build phase will be tested in development of the OBC.
  2. **CRITICAL SUCCESS FACTORS**
     1. In addition to the Investment Objectives set out in section 2, the stakeholders have identified several factors which, while not direct objectives of the investment, will be critical for the success of the project.

Table

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Description** | **Critical Success Factor** |
| **Strategic fit** | Meets agreed clinical and investment objectives, related business needs and service requirements | * Promotes sustainability of Primary Care provision and delivery of 2018 GMS Contract * Consistent with NHS Board’s Clinical Strategy * Supports delivery of NHS Scotland Quality Strategy * Facilitates integration of health and social care services, delivered locally * From Patient perspective:   + a facility that is easily accessible, bright, friendly and airy.   + designed so that patients can be treated with dignity particularly in terms of confidentiality. |
| **Value for money** | Maximise the return on the required investment and minimise risks | * Service model maintains or reduces revenue costs in the longer term through earlier intervention * Service model enables effective decision making in allocation of resources * Building design maximises efficiency and sustainability |
| **Potential achievability** | Is likely to be delivered in relation to the required level of change  Matches the available skills required for successful delivery | * The skills and resources are available to implement new ways of working * The H&SCP and the Practice are able to embed new ways of working * NHS Fife are able to deliver the programme to agreed budget and timescales * Technology enablers are available and utilised |
| **Supply side capacity and capability** | Matches the ability of service providers to deliver required services | * Service providers are available with skills, materials and knowledge * The project is likely to attract market interest from credible developers |
| **Potential affordability** | Available capital and revenue resources are sufficient to support the successful delivery of the proposed facility and services | * Solution is affordable to all stakeholders |

1. **ECONOMIC CASE**
   1. **Do Nothing/ Do Minimum option:**
      1. It is not feasible to continue with the existing arrangements (‘Do Nothing’) as outlined in [Section 2.](#_Existing_Arrangements)11, because the building is not fit for purpose. The backlog maintenance required while supporting minimum safety and supporting the building to be water tight will not make it fit for purpose. The do nothing option scored lowest throughout the option appraisal process. The building and footprint likewise mean that a do minimum option is not feasible.

Table

|  |  |
| --- | --- |
| **Strategic Scope** | **Do Nothing / Do Minimum** |
| Service Provision: | Primary Care services in Kincardine are delivered from the existing Kincardine Health Centre. This former Police Station has been considerably modified and extended throughout its lifetime.  Continue with existing service provision with no changes to service provided as outlined in Section 2.11. This will result in insufficient capacity to meet future demand for treatment, restrict proactive integrated care and maintain inequity of access. |
| Service Arrangements: | The service arrangements will continue as existing with Kincardine Medical Practice; Primary General Medical Services being provided alongside Community, District Nursing and Children’s Services. There will be the risk of being unable to implement GMS (2018) and community health and wellbeing hub model and potential requirement for patients to register with practices outwith their catchment area. |
| Service Provider and workforce arrangements (at the time of the Option Appraisal): | Workforce arrangements will continue as the existing situation with GP services Community, District Nursing and Children’s Services delivered in the building. The developing integrated Mutli disciplinary mode will be circumscribed with inequity of access and travel implications for both patients and staff. Poor accommodation will continue to be managed as a risk in terms of staff health and safety.  Areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. The facility no longer has any meaningful storage (impacting on consulting rooms); does not have the following: a clean utility room; a dirty utility room; a disposal hold; any cleaner’s room/facilities; a quiet/interview room; or an effective disabled WC. |
| Supporting assets: | The building presently does not meet the required standards (particularly around spacing and access). The condition of the building will continue to deteriorate. Decant of community services may be required to support practice provision and reducing access for community services. |
| Public & service user expectations: | Public consultation indicates a strong desire for the delivery of effective GP & Primary Care/Community Care services in Kincardine from one building in a good central location which is all on one level.  Services delivered by a wide range of professionals.  Strong desire to increase targeted delivery to address inequalities.  Single shared staff room.  Suitable space for patients who become unwell and need transfer to acute services.  This option will not deliver this in the future and will perpetuate a poor environment with limited facilities and also reduce access to primary and community care services for local residents. It will also continue to impact negatively on confidentiality and dignity, and the organisations reputation. |

* 1. **ENGAGEMENT WITH STAKEHOLDERS**
     1. It was key to have the support of key stakeholders from health and social care staff and leaders from the local community to define the change required and create the vision for change.
     2. Stakeholders supported this through their participation in the Option Appraisal Exercises and Design Statement workshops.
     3. This will ensure that the vision is shared, is communicated to all who will be impacted by the change and the support from those who have an emotional commitment to the services provided in their community.
     4. Further detailed information on the engagement and involvement with stakeholders completed to date, and proposed throughout the programme is included at section 7.
  2. **SERVICE CHANGE PROPOSALS**
     1. The initial scope for the Kincardine Health Centre project was to explore design and scope options to provide a suitable health and social care facility in Kincardine which was of a suitable size and condition to meet with the growing needs of the existing practice and community health and social care team.

**Long List**

* + 1. The theoretical long-list of options was initially generated by the NHS and Local Authority teams with the support of Hubco and its advisers, and reviewed throughout the process. This long-list was based on the cross-referencing of strategic theoretical service options available with local site / facility considerations.
    2. Strategic theoretical option themes included:

|  |  |
| --- | --- |
| **Strategic Scope** | **Summary** |
| **1 Service Provision** | * Do nothing (The status quo) * Centralise (currently separate) health care facilities in Fife (Kincardine), Forth Valley (Clackmannan) or somewhere in-between recognising that these sites are staffed by the same practice * Build entirely new and minimise any use of existing buildings (full build) |
| **2 Service Arrangements** | * Don’t have any specific GP / health facilities locally |
| **3 Service provider/ workforce** | * Utilise only ‘operational’ solutions to address existing problems |
| **4 Supporting Assets** | * Build new but also make use of existing facilities to support the overall model (reduced build) * Combine a new build or refurbishment proposal with other new / existing developments across the public sector |
| **5 User Expectations** | * The expectations of the public and service users |

* + 1. The following core long-list of options, in addition to Option 1 do nothing/minimum described above at 4.1, was agreed:

Table

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| --- | --- | --- |
| Option | Description | Commentary |
| 2 | **Don’t have any Health Centre building – use existing available public sector estate.** | This option was not short-listed as it was completely incapable of delivering the preferred service model, would not deliver the community health and wellbeing hub required and result in an even more fragmented service than at present. It was also reliant upon finding existing spaces that do not exist. |

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| --- | --- | --- |
| Option | Description | Commentary |
| 3a | **An operational solution utilising only the existing Health Centre** | Whilst a number of operational solutions are being considered by the Board to address acute short-term crises – and this option is not ‘mutually exclusive’ – it is not capable of addressing anything other than capacity concerns in the very short-term and certainly not any of the physical/facility issues identified. It was consequently not short-listed. |
| 3b | **An operational solution utilising the existing Health Centre plus space in other local facilities.** | This option was assessed as a variation on option 3a), that also sought to access space in other local facilities. It was not short-listed for the same reasons. |

|  |  |  |
| --- | --- | --- |
| Option | Description | Commentary |
| 4a | **Refurbish & extend the existing Health Centre facility** | This option was not deemed feasible as the current Health Centre building covers the entire curtilage meaning no options for extension or adequate refurbishment exist. It was consequently proven unfeasible and not short-listed. |
| 4b | **Refurbish other existing facilities.** | This option acknowledged the possibility of identifying and refurbishing another local facility however, in the event, no such facility could be found. It was consequently proven unfeasible and not short-listed. |

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| Option | Description | Commentary |
| 5a | **Reduced new build on existing Health Centre site (plus use of space in other facilities to be confirmed).** | This option involved building a reduced new facility on the existing site that made use of space in other local buildings. It was rejected as not feasible for a number of reasons including the cost/disruption associated with decant and lack of facilities to support either the reduced new build element or decant. The option was consequently not short-listed |
| 5b | **Reduced new build on land at Feregait (plus use of space in other (?) facilities)** | This option was rejected as no additional suitable facilities could be identified. |
| 5c | **Reduced new build on land at Station Road (plus use of space in other (?) facilities)** | This option was rejected as no additional suitable facilities could be identified. |
| 5d | **Reduced new build on land at Tulliallan Primary School (plus use of space in other (?) facilities)** | This option was rejected as no additional suitable facilities could be identified and no way could be found to link into the existing school facility. |

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| --- | --- | --- |
| Option | Description | Commentary |
| 6a | **Full new build on existing site for Kincardine services only** | This option involved a full new build on the existing site that was entirely self-contained and intended to deliver Kincardine services only. It was not short-listed as the site is too small for the required area as well as having significant cost, disruption and operational challenges associated with decant to support demolition and re-building. |
| 6b | **Full new build on the Feregait site for Kincardine services only** | This option involved a full (self-contained) new build on the Local Authority owned Feregait site. It was deemed feasible and consequently short-listed. |
| 6c | **Full new build on the Station Road site for Kincardine services only** | This option involved a full (self-contained) new build on the Local Authority owned Station Road site. It was deemed feasible and consequently short-listed. |
| 6d | **Full new build on the Tulliallan School site for Kincardine services only** | This option involved a full (self-contained) new build on part of the Local Authority owned Tulliallan Primary School site. It was deemed feasible and consequently short-listed |

|  |  |  |
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| Option | Description | Commentary |
| 7a | **Full (combined) new build on existing site for Kincardine & Clackmannan services** | This option involved a full new build on the existing site that was entirely self-contained and intended to deliver the combined services currently delivered separately in Kincardine and Clackmannan by the same GP practice. It was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved. This included NHS Fife and NHS Forth Valley in recognition of the fact that the practice and its delivery locations straddle both Board areas |
| 7b | **Full (combined) new build at Feregait site** | This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved. |
| 7c | **Full (combined) new build at Station Road site** | This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved |
| 7d | **Full (combined) new build at ANOther site in Kincardine** | This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved. |
| 7e | **Full (combined) new build at ANOther site in Clackmannan.** | This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved. |
| 7f | **Full (combined) new build at ANOther site “between” Kincardine & Clackmannan.** | This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved. |

* + 1. The benefits criteria against which the long list were assessed were initially drafted by the wider planning team in light of the strictures placed upon the clinical model by the facility associated challenges identified. These were refined during the option appraisal events into an agreed list based on global stakeholder opinion.
    2. Importantly, this list was also developed with the support of the stakeholder group reviewing options related to a similar business case being developed for Lochgelly in order to ensure that both projects, which have similar objectives and timescales, were able to benefit from each other’s work through the development of an agreed list of benefits criteria that were weighted independently.
    3. In summary, the benefits criteria reflected the ability of each identified option to, noted in order of highest to lowest weighting:
* Deliver an optimal physical environment.
* Be readily accessible.
* Support flexibility and sustainability.
* Support local and national service strategies.
* Deliver wider community & public benefits.
  + 1. The Partnership is committed to delivering services that are integrated and maximise opportunities for local delivery. It has been formally confirmed that there is an on-going requirement to continue to deliver GP, primary care and local clinical services separately from Kincardine and Clackmannan in recognition of population, local clinical needs and geographical considerations. Consequently all option 7s, were not taken forward to the short-list.
    2. Specific site/facility considerations included:
* The existing NHS owned Health Centre site in Kincardine.
* A Local Authority owned site at Feregait.
* A Local Authority owned site at Station Road.
* Part of the Local Authority owned Tulliallan Primary School site.
  + 1. Whilst a number of other potential sites were raised and considered, they were all excluded at this stage as they were either demonstrably too small and / or not in public sector ownership. On this latter point it was noted that a site that was not currently in the ownership of the public sector would only be considered if none of the public sector sites was deemed appropriate based on the appraisal process.
    2. It was acknowledged by all concerned at the outset and throughout the appraisal process that sites are extremely limited in the Kincardine area and that this would inevitably present a significant challenge to the project.

**Short List**

* + 1. The short-list was largely shaped by:
* A complete lack of suitability/options regarding the current site.
* A complete lack of facilities in the Kincardine area to present refurbishment opportunities or additional supportive capacity for the integrated health and social care model.
* A very limited range of additional sites/opportunities.
  + 1. The short list consequently included four options:

Table

|  |  |
| --- | --- |
| Option | Description |
| 1 | Do Nothing (The Status Quo) |
| 6b | New build at Feregait site in Kincardine (for Kincardine services only) |
| 6c | New build at Station Road site in Kincardine (for Kincardine services only) |
| 6d | New build at Tulliallan Primary School in Kincardine (for Kincardine services only) |

* 1. **INDICATIVE COSTS**
     1. Indicative costs for each of the options on the Short List have been prepared as per guidance in the Scottish Capital Investment Manual by Hubco. The non preferred options are based on BCIS Tender Price Indices – updated to 4th quarter 2020. The preferred option is based on elemental cost/m2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020). Figures are calculated over a 60 year period.

Table

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Description | Capital Costs (£) \* | Whole Life Capital Costs (£) | Whole Life Operating Costs (£) | Est.  NPV (£) | Est.  EUV (£) |
| 1 | **Do Nothing/Base** | - | - | 1,749,291 | 723,705 | 28,520 |
| 2 | **(6c) Kincardine Stn** | 3,903,627 | 769,948 | 10,293,636 | 6,368,662 | 250,979 |
| 3 | **(6b) Feregait** | 3,846,621 | 758,689 | 10,220,763 | 6,307,702 | 248,577 |
| 4 | **(6d) Tulliallan School** | 3,903,627 | 769,948 | 10,293,636 | 6,368,662 | 250,979 |

* 1. **OPTION APPRAISAL**
     1. The following table outlines how the advantages and disadvantages of the short list were assessed against the benefits criteria. This was undertaken through a process of discussion / debate within groups with the intention of seeking consensus agreement around the relative merits of each option and scores to be applied.

Table

|  | **Option1:**  **Status Quo** | **Option 6b:**  **Feregait** | **Option 6c:**  **Station Rd** | **Option 6d:**  **Tuliallan** |
| --- | --- | --- | --- | --- |
| **Advantages**  **(Strengths & Opportunities)** | Established location. | Purpose built facility.  Good central location.  Good pedestrian and vehicle access.  Secure location.  Good service access.  Good parking. | Relatively close to town centre.  Relatively flat site, for 1 level building.  Good pedestrians and vehicle access.  Secure location.  Good community setting.  Flexibility – with potential expansion options.  Ease of segregated access. | Central location.  Good physical site.  Good local and physical access.  Community Campus opportunity.  High visibility.  Increased flexibility.  Ability to segregate access for staff/patients/ servicing.  Access from A977. |
| **Disadvantages**  **(Weaknesses & Threats)** | Building and curtilage not suitable for further development | Potential flood risk.  Site investigation required (mining?).  Ground conditions make development expensive.  Infrastructure issues. | Potentially too overlooked.  Impacts on village green.  Potential flood risk.  Site investigation required (mining?).  Ground conditions make development expensive.  Infrastructure issues.  Public transport – slight walk.  Access road may not be suitable for construction traffic. | Loss of school / community amenity space.  Potentially contentious road issues.  Potential flood risk.  Site investigation required (mining?)  Ground conditions make development expensive.  Infrastructure issues. |

|  | **Option1:**  **Status Quo** | **Option 6b:**  **Feregait** | **Option 6c:**  **Station Rd** | **Option 6d:**  **Tuliallan** |
| --- | --- | --- | --- | --- |
| Investment Objectives |  | | | |
| Ensure equal access to Primary Care and Community Services for the whole population | No | Yes | Yes | Yes |
| Ensure the right staff skill mix and service capacity are available to deliver strengthened and tailored local capacity to manage people’s health within their local community. | No | Yes | Yes | Yes |
| Ensure appropriate workforce including increased flexibility of roles /development of new roles to support implementation of nGMS and Community Health and Wellbeing Hub. | No | Yes | Yes | Yes |
| Provide a more integrated seamless service across health and social care. | No | Yes | Yes | Yes |
| Improve the patient and user experience - deliver services locally based on local patient demand. | No | Yes | Yes | Yes |
| Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all. | No | Yes | Yes | Yes |
| To deliver safe and effective care with dignity - provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards. | No | Yes | Yes | Yes |
| To deliver services more effectively and efficiently - facilitate better joint working to ensure right care is delivered at the right time and in the most appropriate setting | No | Yes | Yes | yes |
|  |  | | | |
| **Weighted score** | 221 | 539 | 509 | 739 |
| **Preferred / Possible / Rejected** | Rejected | Possible | Possible | Preferred |

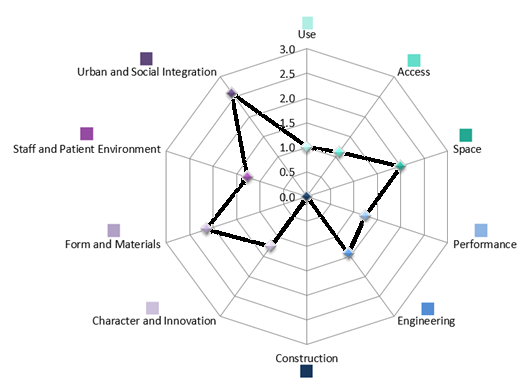
* 1. **THE PREFERRED OPTION**
     1. The preferred solution is Option 6d: A new build on the Tuliallan Primary School site, owned by Fife Council. Option 6d represents a clearly favoured option for all stakeholders, with little to choose between options 6b and 6c for second place.
     2. The proposal has the support of representative service users, carers, staff, the GP Practice and all other key stakeholders.
     3. It is recommended that NHS Fife proceeds to Outline Business Case, exploring Option 6d: New build Tuliallan Primary School site in more depth.
  2. **DESIGN QUALITY OBJECTIVES**
     1. A key part of the development of the Initial Agreement Document (IAD) was to ensure that stakeholders were fully engaged in the NHS Scotland Design Assessment Process (NDAP).
     2. There were two key strands to this work;

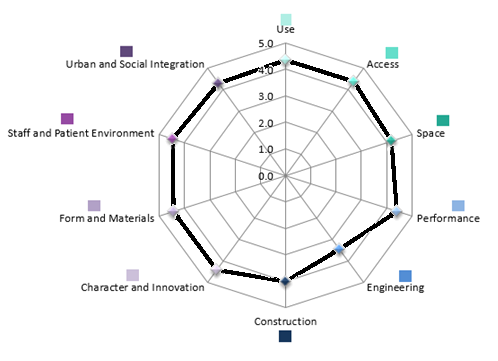
1. A multi-stakeholder event where the Achieving Excellence, Design Evaluation Tool (AEDET) was completed for the existing unit.
2. An NDAP Design Statement was developed to capture the ‘non-negotiable’ points that need to be addressed by the project.
   * 1. AEDET on Existing Property: An AEDET Workshop was held on 21 February 2017.
     2. The existing unit at Kincardine was reviewed. A Benchmark Score was achieved with the resultant Target Score as below at Table 13.

Table 13

|  |  |  |  |
| --- | --- | --- | --- |
| Descriptor | | Benchmark | Target |
| Functionality | Use | 1.0 | 4.3 |
| Access | 1.1 | 4.4 |
| Space | 2.0 | 4.2 |
| Build Quality | Performance | 1.3 | 4.4 |
| Engineering | 1.4 | 3.4 |
| Construction | 0.0 | 4.0 |
| Impact | Character and Innovation | 1.3 | 4.4 |
| Form and Materials | 2.1 | 4.4 |
| Staff and Patient Environment | 1.3 | 4.5 |
| Urban and Social Integration | 2.6 | 4.3 |

**AEDET Refresh Benchmark Summary**





**AEDET Refresh Target Summary**

* + 1. NDAP Design Statement: A multi-stakeholder event was held on Friday 3 March 2017. This event was facilitated by Architecture and Design Scotland (A&DS) where the group discussed the non-negotiables in terms of requirements from the perspective of patients, staff and visitors.

The Patients Perspective

The patient’s perspective was reviewed in terms of their initial approach to the centre through to waiting for their appointment. There was a consensus on the expectations for a facility that was easily accessible, bright, friendly and airy. It was agreed that the facility should be designed so that patients could be treated with dignity particularly in terms of confidentiality.

The Staff Members Perspective

Staff groups were clear that they would want the facility to enable different staff groups’ paths to cross. Staff want to feel safe in accessing and egressing the facility. Suitable investment in information technology and teaching facilities is also expected as well as staff change, shower and communal staff room facilities.

The Visitor/Carer Perspective

It was agreed that carer’s should be able to accompany patients and be easily accommodated in the waiting and consulting spaces with access to support information at hand.

A smaller private waiting space is required to support patients and carers who are challenged by open spaces or who themselves are exhibiting challenging behaviours.

* 1. **DESIGN STATEMENT**
     1. The event enabled participants to clearly describe the attributes the building must possess, this will support the development of the detailed business case. The business objectives the project seeks to achieve are:
* To provide current clinical service requirements locally and reduce the number of referrals to other service providers and additional attendances required.
* Deliver group based activities. A key strand of NHS Fife’s Clinical Strategy is to reduce health inequalities by reconfiguring services and resources so that there is equity of access to services across Fife and across all patient groups. Care should be provided at home or as close to home as possible. Delivering services in a group environment will allow a greater number of NHS Fife residents be supported in their management of their own well-being.
* To meet Outcome 3, 5 and 9 of the National Outcomes for Integration, i.e. that people who use Health and Social Care Services have positive experiences of those services, and have their dignity respected; health and social care services contribute to reducing health inequalities; and resources are used effectively and efficiently in the provision of health and social care services
* Improve safety and effectiveness of accommodation by improving the physical condition and quality of the healthcare estate.

1. **COMMERCIAL CASE**
   1. **OUTLINE COMMERCIAL CASE**
      1. The indicative costs for the preferred option at this stage are £3,903,627 excluding VAT. The current building is owned by NHS Fife, it is therefore anticipated that NHS Fife will lead on the procurement, supported by the IJB, through the Scottish Futures Trust hub initiative.
      2. Hub East Central is the designated procurement vehicle for health projects in excess of £750k in the NHS Fife Board area.
      3. The East Central HubCo can deliver projects through one of the following options:

* Design and Build contract (or build only for projects which have already reached design development) under a capital cost option.
* Design, Build, Finance and Manage under a revenue cost option.
  + 1. Design and Build, using NHS Capital is likely to be the most suitable vehicle for this project.

1. **THE FINANCIAL CASE**
   * 1. Based on the current costs and assumptions identified in Section 4.4 above, NHS Fife considers the project to be affordable within the current available capital resources estimated within the Local Delivery Plan. This builds in a significant contingency into the scheme to cover optimism bias and other possible infrastructure and enabling costs. Should Capital costs increase over the agreed budget, the Board would require to acquire Capital funding from elsewhere within the Board’s Capital Programme.
     2. Fife Health & Social Care Partnership has agreed to fund the revenue consequences; which are affordable within the revenue resources available. Should Revenue costs increase, then these additional costs would require to be funded within the Partnership’s overall revenue resource envelope.

* + 1. In order to make this assessment an overall affordability model has been developed covering all aspects of projected costs including estimates for:
* Capital costs for preferred option (including construction and equipment);
* Non-recurring revenue costs associated with the project;
* Recurring revenue costs (pay and non-pay) associated with existing services i.e. baseline costs;
* Changes to revenue costs associated with service redesign as a direct result of the development.
  1. **CAPITAL AFFORDABILITY**
     1. The total capital cost comprises the projected construction cost, supplied by HubCo, plus all other costs directly related to the project such as VAT and professional fees.

* + 1. The estimated capital cost associated with each of the short listed options is detailed in the table below:

Table

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Option 6b:**  **Feregait** | **Option 6c:**  **Station Rd** | **Option 6d:**  **Tuliallan** |
| Construction Cost | 1,993,192 | 2,023,192 | 2,023,192 |
| Prelimenaries | 358,775 | 364,175 | 364,175 |
| Fees Stage 1 & 2 & Construction | 159,455 | 161,855 | 161,855 |
| Hubco Items | 75,741 | 76,881 | 76,881 |
| Contractor OHP | 65,775 | 66,765 | 66,765 |
| Contingency / Risk | 149,489 | 151,739 | 151,739 |
| Planning & Warrant inc Mark Ups | 20,000 | 20,000 | 20,000 |
| Survey Fees | 20,000 | 20,000 | 20,000 |
| Inflation BCIS TPI 3Q19 - 4Q20 @ 347 | 67,078 | 68,073 | 68,073 |
| Optimism bias | 698,281 | 708,643 | 708,643 |
| Professional Fees | 134,960 | 136,888 | 136,888 |
| Decant | 14,429 | 14,643 | 14,643 |
| Equipment | 81,007 | 82,209 | 82,209 |
| eHealth | 8,438 | 8,563 | 8,563 |
| **Total** | **3,846,621** | **3,903,627** | **3,903,627** |
| **VAT** | **742,332** | **753,348** | **753,348** |
| **Total Capital Costs** | **4,588,953** | **4,656,975** | **4,656,975** |

* + 1. To provide the above Indicative Costs at this Initial Agreement Stage, the following assumptions have been made.

1. The non preferred options are based on BCIS Tender Price Indices – updated to 4th quarter 2020. The preferred option is based on elemental cost/m2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020).
2. The optimism bias % applied is based on the Green Book recommendation of 24% for a standard build.
3. No costs identified for council requirements e.g., bus stops, crossings.
4. Land will be available on a long-term lease from Fife Council, therefore, no costs for land purchase have been included.
5. No costs included for demolition as assuming Fife Council would demolish existing buildings and clear land where appropriate with a corresponding adjustment on any lease costs.
6. Advisers’ costs (included within the Capital Cost figures) are based on Hubco calculations.
7. Discounted Cash Flow (used to calculate NPV and EUV figures) - after 30 years the discount rate adjusts to 3%.
8. Life cycle costs are based on maximum life for a new build.
   * 1. For comparison, the present backlog maintenance costs recognised for Kincardine Health Centre are circa £99.2k. This represents the estimated cost (excl. VAT, professional fees and enabling costs) to complete all presently recognised backlog maintenance to bring the asset up to 'satisfactory condition'. It does not allow for replacing of any assets due to functionally unsuitability.
   1. **REVENUE AFFORDABILITY**
      1. The estimated revenue cost for both the baseline (do nothing) and the short list options are included below:

Table

|  | **Cost per Annum (£k)** | | | |
| --- | --- | --- | --- | --- |
| **Revenue Cost** | **Option1:**  **Status Quo** |  | **All Options** |  |
| **Estates Costs** |  |  | | |
| Non Pay |  |  | | |
| Equipment | 76 | 300 | | |
| Heating Fuel And Power | 4,928 | 18,320 | | |
| Property Maintenance | 3,520 | 7,488 | | |
| Property Rates | 6,092 | 29,952 | | |
| Water Charges |  | 3,592 | | |
|  |  |  | | |
| **Facilities Costs** |  |  | | |
| Pay: Support Services | 11006 | 25,701 | | |
|  |  |  | | |
| Non Pay |  |  | | |
| Bedding And Linen | 205 | 700 | | |
| Cleaning | 150 | 500 | | |
| Equipment | 0 | 500 | | |
| General Services | 361 | 1,342 | | |
| Post Carriage And Telephones | 0 | 70 | | |
| Printing And Stationery | 2 | 225 | | |
| Property Maintenance | 495 | 1,753 | | |
| Surgical sundries | 76 | 150 | | |
|  |  |  | | |
| **Total Estates & Facilities Costs** | **26,911** | **90,592** | | |
| **Depreciation Charge** | **7,057** | **123,180** | | |
| **Notes / Assumptions** | Actual costs 2018/19 | |  | | --- | | 1) Revenue Costs for proposed site are based on current plans of 832m2. | | 2) One-off equipment purchases required in year 1 of £5,280. | | | |

* + 1. The H&SCP estimates that the ability to deliver a more integrated, proactive model locally will support revenue efficiencies. It is not expected that there will be any revenue implication for overall GMS costs on NHS Fife and so has been excluded from this table.
    2. Any changes GPs make to the provision of services within the GP Practice are being developed through Primary Care Improvement Fund.
    3. A full affordability analysis will be undertaken at OBC stage to confirm whether the Capital and Revenue costs associated with the new facility are affordable within the available funding levels.

1. **THE MANAGEMENT CASE**
   1. **GOVERNANCE ARRANGEMENTS**
      1. Governance will be taken forward in line with the Scottish Capital Investment Manual (SCIM) guidelines, through the NHS Fife Capital and Investment Group and Finance, Performance and Resources Committee.
      2. As the estimated costs of this project are out with the Board’s delegated limited for capital expenditure of £1.5m, there is a requirement to seek the Scottish Governments approval through the Capital Investment Group (CIG).
      3. Under the SCIM guidelines, approval of this Initial Agreement will lead towards developing an Outline Business Case (OBC) to enable the preferred way forward to be identified.
   2. **PROPOSED PROJECT RESOURCES**
      1. Fife HSCP, together with NHS Fife and the Kincardine Medical Practice, will utilise a Project Board to develop the business case and manage the process through to approval. The Project Board will comprise:

Table

| **Role** | **Individual** | **Capability and Experience** |
| --- | --- | --- |
| Project Sponsor | Nicky Connor, Interim HSCP Director | Experience in leading and ownership of developments. |
| Project Owner | Claire Dobson, Divisional General Manager, HSCP | Experience from delivery of range of capital redesign programmes |
| Clinical Services Manager, HSCP | Belinda Morgan | Experience in modernisation of service delivery models in community care and in project management |
| Head of Estates | Appointee pending | Experience from delivery of range of capital redesign programmes |
| Facilities Manager NHS Fife | Jim Rotherham | Experience in delivering similar projects such as Linburn Rd. |
| Finance Business Partner | Gordon Cuthbert, Finance Business Partner | Responsible for providing financial guidance and scrutiny |
| Capital Finance/ Planning | Individuals will be identified from a pool of staff who have experience of similar projects | |
| NHS Fife eHealth | Representatives will be invited to sit on the project team to ensure collaborative working and identification of any risks and opportunities with regard to technology. | |
| Kincardine Medical Practice | The Partners and Practice Manager provide Primary Care expertise and have sound understanding of local community needs | |
| Other health care professionals will be consulted/co opted as required | | |

* + 1. The remit of the Project Board is:
* To assist the Project Sponsor and Project Owner with the decision-making process and ongoing implementation of the project.
* To assist the Project Owner with preparing to meet the assurance needs of the Finance, Performance & Resources Committee, as well as any further enquiries from IJB / NHS Fife’s Board with regard to the project.
  + 1. The Project Team will be further developed at OBC stage when key suppliers have been procured.
    2. Those individuals identified above have been heavily involved in developing this Initial Agreement Document and they will continue to be involved in leading the project through subsequent stages providing continuity and a stable environment for the project to achieve its objectives. Users of the Practice have been consulted and will continue to be involved as the project progresses.
    3. A blend of resources will be utilised to deliver this project. The Project Board, Project Director, Stakeholders and Clerk of Works will be internal resources, whilst the Project Manager and Cost Advisor are likely to be procured through utilisation of external suppliers. The Board has used this blend of resource successfully on other projects and feels that it creates a good balance between control, risk transfer, capability and availability. The Board is experienced in delivering projects of this nature within the selected procurement route and is ready to move the project forward to the next stage upon IAD approval.
  1. **PROJECT PLAN**
     1. A detailed Project Plan will be produced for the OBC. At this stage, the Project Board is aiming to achieve the milestones shown below:

Table

|  |  |
| --- | --- |
| **Key Milestones** | **Date** |
| Appointment of Advisors by SFT | January 2016 |
| Appointment of Local Care Consultants / Local Care Pathfinder | May 2017 |
| Initial Agreement approval | October 2019 |
| First Project Board | December 2019 |
| Outline Business Case approval | February 2020 |
| Full Business Case approval | October 2020 |
| Construction Commences | December 2020 |
| Construction completion | May 2022 |
| Commence service | July 2022 |

* 1. **STAKEHOLDER ENGAGEMENT AND SUPPORT**
     1. This proposal impacts on adults, children and young people and their carers who live in Kincardine who require access to Primary Medical Services and community health and social care. It also impacts upon clinical and support staff currently working within the Health Centre, Medical Practice and locality teams who cannot currently access accommodation in Kincardine.
     2. The table below details the engagement that has taken place to date and the support for the proposal, included the identified preferred solution, received from the stakeholders.
     3. Further engagement with the identified stakeholders in line with SCIM guidance will be undertaken as the project progresses.

Table

| **Stakeholder Group** | **Engagement that has taken place** | **Confirmed support for the proposal** |
| --- | --- | --- |
| NHS Fife Board | The Health Board is fully supportive of this proposal, with Nicky Connor, Interim HSCP Director, taking the lead role in its development. | The Health Board agreed priority for development in May 2017. The Initial Agreement was previously approved by the NHS Fife Board in May 2017. |
| Patients / service users | Service user and carers representatives have been informed to support their full engagement in the option appraisal. Patients have identified a range of ‘non-negotiable’ that cannot be supported from the current accommodation. | There is a preference from service users for the development to be accessible, bright, friendly and supportive of their dignity and confidentiality. |
| Kincardine Medical Practice | The Medical Practice deliver Primary Medical services to their Practice population under a 17J contract. The Practice manager and lead GP have been actively involved in the process of developing options and plans for the proposal. | The Practice fully supports the Initial Agreement Document and intend to continue service provision in accordance with the developments within the new GMS. |
| Staff / Resource | Staff affected by this proposal include: Kincardine Medical Practice Medical, Nursing and Administrative staff. Community service staff including District Nurses, Health Visitors, AHPs, admin and clerical, Social Work and staff from partner health and social care services. | There is support for the proposal from all staff groups. |
| General public | The general public will be affected by this proposal as potential service users or by being neighbours of the existing or proposed future facility. The public were supportive of the Community Health and Wellbeing model within the Joining Up Care Consultation.  A Communication and Engagement Plan is being developed to ensure ongoing Stakeholder communication. | Kincardine Community Council have been engaged and are supportive of this development |

1. **CONCLUSION**
   1. **REVIEW OF STRATEGIC ASSESSMENT**
      1. The Project Team have reviewed the Strategic Assessment (completed as part of the first stage of the process – Appendix 1) and the position in terms of the need for change, the benefits that need addressed, the links with National Investment Priorities and the prioritisation scoring, the position remains unchanged.
   2. **PREFERRED OPTION**
      1. Overall, the non-financial option appraisal process has identified that the current preferred strategic option is for the service to be delivered from a new build facility to support delivery of integrated health and social care for the Kincardine community.
      2. All of the stakeholder groups engaged in this process:

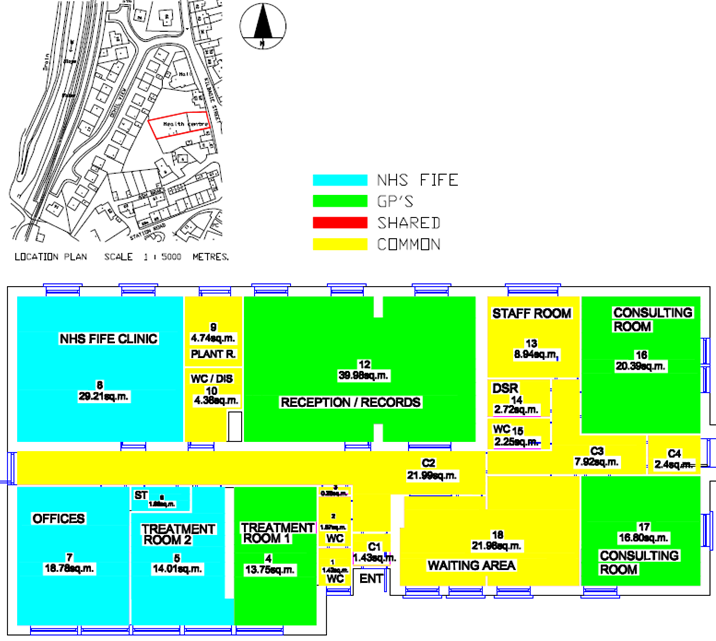
* Are likely to support Option 6d) as an overall preferred option, unless something radical changes.
* Do not support the ‘do nothing’ option in any way.
* See little difference between the relative merits of options 6b) and 6c).
  + 1. NHS Fife and Fife Health and Social Care Partnership have summarised the need for change in and around the facilities in Kincardine under a number of defined headings within the IAD. These are:
* Integrated clinical and care functionality (capacity) issues which have been identified as those problems associated with a lack of local space (area) that is essential for safe, effective, timely and appropriately compliant service delivery, e.g., a lack of clinical support, administrative support, group, sanitary, teaching and specialist areas.
* Service capacity related issues that predicate the need for change based on a lack of available physical capacity across the service delivery model that are hampering the delivery of integrated care locally.
* Clinical functionality (configuration) issues that seriously challenge the delivery of safe and effective modern services, e.g., access issues, room design, sound attenuation, security, patient flow, etc.
* Building and fabric issues including overall condition, suitability, statutory compliance issues and backlog maintenance.

Appendix 1: Strategic Assessment

Associated Buildings and Assets

Kincardine Health Centre is a facility that has been extended to around three times its original size. The building is single storey with a flat roof extension that now occupies all of the available land. The building has a baseline area of 237m2 and features a mixture of traditional GP/consulting spaces that includes:

* 1 x main reception area at a total of 40m2 (NB no separate records area now exists as all GP records are held electronically)
* 1 x waiting areas (total 22m2) with no age-specific provision
* 5 x (reasonably sized but poorly configured) consultant / treatment rooms that also support administrative activity and are further compromised through the late addition of cupboards that further reduce their functionality
* 1 x office (18m2)



Current configuration / layout of Kincardine Health Centre

**Kincardine Health Centre Condition Report**

NHS Fife Estates maintain records on the suitability and condition of buildings in its estate. Below is the current information relating to the Kincardine Health Centre building:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Building | Engineering | Statutory | Fire |
| Backlog (C and Below) | £36,394 | £ 37,887 | £ 24,935 | £0.0 |

|  |  |
| --- | --- |
| Quality | C (Not Satisfactory) |
| Space Utilisation | O (Overcrowded) |
| Functional Suitability | C (Not Satisfactory) |

* Figure used from surveys were complete in December 2012

|  |  |
| --- | --- |
| Status | Occupied |
| GIA (m2) | 235 |
| Land Value | £40,000 |
| Net Book Value | £105,475 |
| Tenure | Owned |

Overall, this current situation represents the ‘Do nothing’ option as reviewed and explored as a component of the formal option appraisal exercise conducted as a component of the Initial Agreement process. It has also informed the benchmark data in the Benefits Realisation plan.

Appendix 2 Benefits register

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| *Benefits Register* | | | | | | |
| *1. Identification* | | | | | | *2. (RAG)* |
| Ref No. | Benefit | Assessment | As measured by: | Baseline Value | Target Value | Importance |
|  | **Person-centred Benefits** |  |  |  |  |  |
| P1 | Supports people in looking after and improving their own health and wellbeing | Quantitative | Maintenance of PC team consultation rate (includes GP/PN/TR) /1,000 population | 6531 | 6531 | 5 |
| P2 | Ensures that people who use health and social care services have positive experiences and their dignity respected. | Qualitative | Targeted client questionnaire designed to measure overall experience of health and social care delivery | Current patient experience questionnaires | Future patient experience questionnaires | 4 |
| P3 | Improves the physical condition of the Healthcare Estate | Quantitative | Estate physical condition survey assessment | C | A | 5 |
| P4 | Improves utilisation of the Healthcare Estate | Quantitative | Estate utilisation assessment | Over-crowded (100% utilisation) | 80% | 5 |
| P5 | Improves functional suitability profile of the Healthcare Estate | Quantitative | Estate functional suitability assessment | C | A | 5 |
| P6 | Reduces the age of the Healthcare Estate | Quantitative | Estate age/life expectancy | 87 years/<5 years | <10 years/>25 years | 4 |
| P7 | Improves access to all clinical areas - in particular for those with mobility issues | Qualitative | Measured accessibility to all patient/clinical areas | Baseline issues as identified in SA, IA and design brief | Equalities Act 2010 compliance and AEDET scores | 5 |
| P8 | Improves access to age appropriate waiting areas | Qualitative | Availability of a child-specific waiting area that is appropriate to the size of the facility | No child-specific waiting | Child-specific waiting available | 4 |
| P9 | Improves way-finding and access to a main reception point | Qualitative and Quantitative | (i) AEDET score (ii) number of receptions points | (i) 1.1 (ii) 1 | (i) 4.4 (ii) 1 | 4 |
| P10 | Addresses confidentiality concerns associated with existing facility | Quantitative | Ability to hear normal volume conversations from adjacent rooms or outside with windows open | Possible to hear conversations at normal volume | Only possible to hear "raised voices" or "shouting" | 5 |
| P11 | Addresses confidentiality concerns at reception | Qualitative | Ability to hear conversations at reception area from waiting area | Conversations currently take place in public at reception | Provision of private spaces for sensitive conversations. | 5 |
| P12 | Increases the number and range of services available on-site, thereby reducing "hand-off's" and additional attendances | Quantitative | (i) Access to social care services (ii) Access to social work services (iii) Access to LA services on site (iv) Access to voluntary (sign-posting) services on site (v) Access to other relevant "targeted" clinical services on site | (i) No access (ii) No access (iii) No access (iv) Minimal access (v) Minimal access | (i) Sessional access (ii) Sessional access (iii) Sessional access (iv) Sessional access (v) Sessional access | 3 |

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| *1. Identification* | | | | | | *2. Prioritisation (RAG)* |
| Ref No. | Benefit | Assessment | As measured by: | Baseline Value | Target Value | Relative Importance |
|  | Safety Benefits |  |  |  |  |  |
| S1 | Reduces adverse harmful events | Quantitative | (i) Number of adverse incidents recorded (ii) Severity of adverse incidents recorded | **2015-2016** (i) 1 (ii) No harm (IT / security access)  **2016-2017** (i) 1 (ii) No harm (communication via NHS FV and NHS F DN re patient discharge)  **2017-2018** (i) 0  **2018-2019** (i) 0  **2019/20** (i) 1 to date (ii) moderate harm (sharps incident) | Zero events relating to the building / facilities | 5 |
| S2 | Increases safety of people receiving care and support | Qualitative and quantitative | Addressing baseline issues as identified in SA, IAD and design brief | Baseline issues as identified in SA, IAD and design brief | All issues addressed | 5 |
| S3 | Improves statutory compliance | Quantitative | Backlog maintenance costs/m2 associated with statutory compliance elements | 71% | 100% | 5 |
| S4 | Reduces backlog maintenance | Quantitative | Backlog maintenance costs/m2 | £422.2/m2 | Zero | 5 |
| S5 | Reduces significant and high risk backlog maintenance | Quantitative | Significant and high risk backlog maintenance costs/m2 | £404.92/m2 | Zero | 5 |
| S6 | Reduces Infections through addressing design, area, fabric and equipment issues | Quantitative | (i) Domestic Monitoring Tool (ii) Compliance with local HAI audits | (i) 94% (ii) Several non-compliant issues | (i) 100% (ii) Zero non-compliant issues | 5 |

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| *1. Identification* | | | | | | *2. Prioritisation (RAG)* |
| Ref No. | Benefit | Assessment | As measured by: | Baseline Value | Target Value | Relative Importance |
|  | Effective Quality of Care Benefits |  |  |  |  |  |
| E1 | Improves the Functional Suitability of the Healthcare Estate | Quantitative | Estate functional suitability assessment | C | A | 5 |
| E2 | Increases access to group learning opportunities | Quantitative | (i) The number of group work sessions held locally (ii) The number of people attending group work sessions held locally | (i) 0 (ii) 0 | Discussions to realign services underway | 5 |
| E3 | Reduces the number of patients travelling between Kincardine & Clack's for routine appts | Quantitative | (i) Reduce the number of appts offered to Kincardine patients at Clack's | (i) 2000 | (i) 1000 |  |

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| *1. Identification* | | | | | | *2. (RAG)* |
| Ref No. | Benefit | Assessment | As measured by: | Baseline Value | Target Value | Relative Importance |
|  | Health of the Population Benefits |  |  |  |  |  |
| H1 | Supports smoking cessation initiatives (12 weeks post quit) | Quantitative | (i) Number of smoking cessation appts delivered locally (ii) Number of clients still not smoking 12 week after session completion | (i) 200 (ii) 18 | (i) 240 (ii) 20 | 3 |
| H2 | Supports antenatal access | Quantitative | (i) Number of ante-natal appointments held locally (ii) DNA rates | (i) 208 (ii) 24 | (i) 250 (ii) 15 (enabling patient-led care model where more care will be delivered in the community) | 4 |
| H3 | Supports child healthy weight interventions | Quantitative | (i) Number of child healthy weight appts held locally PA | Zero currently provided from the HC - interventions are provided on an outreach basis | Option available of providing interventions from the HC | 4 |

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| *1. Identification* | | | | | | *2. (RAG)* |
| Ref No. | Benefit | Assessment | As measured by: | Baseline Value | Target Value | Relative Importance |
|  | Value & Sustainability Benefits |  |  |  |  |  |
| V1 | Optimises resource usage | Quantitative | (i) Consultations/clinical room/day (ii) Number of staffed reception points | (i) 28 (ii) 1 | (i) 24 (ii) 1 | 4 |
| V2 | Optimises service delivery model parameters by staff group | Quantitative | (Overall consultation rate/1,000 population | 6531 | 6531 | 4 |
| V3 | Improves accommodation space utilisation | Quantitative | Estate utilisation assessment | Over-crowded (100% utilisation) | Optimised(80% clinical utilisation) | 5 |
| V4 | Optimises overall running cost of buildings | Quantitative | Facility running costs/m2 and per appt | £70.29/m2 | < national average | 5 |
| V5 | Optimises cleaning costs | Quantitative | Cleaning costs/m2 and per appt | £31.99/m2 | < national average | 3 |
| V6 | Optimises property maintenance costs | Quantitative | Property maintenance costs/m2 and per appt | £12.77/m2 | < national average | 5 |
| V7 | Optimises energy usage costs | Quantitative | Energy usage & associated costs/m2 and per appt (Kj & £) | £25.53/m2 | < national average | 5 |
| V8 | Optimises FM & support services costs | Quantitative | FM and support services costs/m2 | Contained in V5 | Contained in V5 | 3 |
| V9 | Optimises waste costs | Quantitative | Waste costs | £510 per annum | In line with Waste Action Plan | 4 |
| V10 | Reduces financial burden of backlog maintenance and/or future lifecycle replacement expenditure | Quantitative | Backlog maintenance costs/m2 | £422.2/m2 | Zero | 5 |
| V11 | Reduces carbon emissions and/or energy consumption | Quantitative | (i)Detailed energy/building assessment (ii)BREEAM rating | (i) G (ii) N/A | (i) A (ii) "Excellent" | 5 |
| V12 | Reduces local medicine/prescribing costs | Quantitative | (i) Medicines cost/registered patient | £186.61 | work towards national average | 5 |

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| *1. Identification* | | | | | | *2. Prioritisation (RAG)* |
| Ref No. | Benefit | Assessment | As measured by: | Baseline Value | Target Value | Relative Importance |
|  | Wider/Social Benefits |  |  |  |  |  |
| W1 | Supports wider town and community planning | Qualitative | Fits with Local Authority Planning | - | Actions contained within community action plan including: public accessibility networks and enhanced business / economic facilities within the town.  [Charrette planned for 2017] | 3 |
|  |  |  |  |  |  |  |
| **Scale / RAG** | **Relative Importance** |  |  |  |  |  |
| 1 | Fairly insignificant |  |  |  |  |  |
| 2 | ↕ |  |  |  |  |  |
| 3 | Moderately important |  |  |  |  |  |
| 4 | ↕ |  |  |  |  |  |
| 5 | Vital |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Appendix 3 Risk Log**



1. Local Strategic Assessment 2018, Fife Council Research Team [↑](#footnote-ref-1)