NHS Forth Valley

Initial Agreement for Investment in Facilities to Deliver Integrated Primary and Community Care in Doune

Draft Version: 13
Date: 10 March 2014

Contents

1.0 Executive Summary

1.1 Introduction

This Initial Agreement has been developed by NHS Forth Valley and Stirling Community Health Partnership supported by community planning partners, third and independent care sectors, carers and representatives of the Doune community. The purpose of this Initial Agreement is to set out the case for change and the need for investment in facilities to support the delivery of an integrated model of primary and community care in Doune.

The investment in facilities sought through this Initial Agreement is a crucial element of a larger programme of work to design and deliver healthcare services fit for the future consistent with NHS Forth Valley's Integrated Healthcare Strategy 2011-2014 "Fit for the Future" which takes account of the direction set out in the Health Plan.

Since 2004 NHS Forth Valley's vision has been to invest in Primary and Community Care, Community Hospitals and to streamline Acute Services. In 2012 the final phase of the new Forth Valley Royal Hospital was completed which was a major step toward achieving this vision. The focus now is on fully embedding the new and integrated models of care across the range of care settings from acute through to the network of community hospitals and other primary and community care facilities. Investment in facilities in Doune has been identified as a high priority for delivering the new and integrated model of care in primary and community setting.

The proposed investment will enable more services to be provided locally, facilitate integrated working between a wide range of primary and community health professionals and social care professionals, deliver services that respect individual needs and values and which demonstrate compassion.

The Initial Agreement proposes a Preferred Way Forward for the project with a recommended direction of travel, following the initial assessment of the long list of options that were considered for the project.

The key focus of the proposed investment is to enable and facilitate the redesign of services from a service user's point of view. Services will be shaped around the needs of users through the development of partnerships and co-operation between them, their carers and families; between the local health and social care services; and between the public sector, voluntary organisations and private service providers.

Both NHS Forth Valley and Stirling CHP recognise that the workforce is the key to delivering these proposed changes. A key part of the vision that underpins this Initial Agreement is the resolute desire to harness the energy, creativity and dedication of the local workforce for the benefit of service users.

The aims of this Initial Agreement are:

- To set out the strategic context for the project and to demonstrate that the investment proposed will significantly contribute to the delivery of national and local strategy.

- To confirm how the proposed developments will support the provision of more local treatment and care, improve services and reduce the need for people to attend acute hospitals.

- To establish a set of investment objectives and critical success factors for the project.

- To identify the range of options for meeting the investment objectives and critical success factors for the project.

- To confirm affordability within the context of NHS Forth Valley's financial strategy.

1.2 Background

The project described in this Initial Agreement has been the subject of previous work to make the case for change and investment in facilities and infrastructure in Doune. It was this previous work which, when assessed as part of a capital programme prioritisation exercise undertaken by NHS Forth Valley 2012, led to this project being identified as a priority for taking forward in this Initial Agreement.

1.3 How this document has been produced

This document brings together all of the previous and historical work undertaken on the project, updates it and presents it in a format compliant with the Scottish Capital Investment Manual (SCIM) – Business Case Guide.

The work of updating the information for this Initial Agreement has involved a range of stakeholders including representatives from the Doune community. The purpose of this was to engage with the stakeholders and community in gathering current relevant information/issues and to explore the options for change. In doing so, it has also provided stakeholders with an opportunity to influence the direction of the project and to contribute to this Initial Agreement document.

1.4 Public engagement

Many of the stakeholders and community representatives have been involved in extensive public engagement and stakeholder exercises over recent years as part of the development of NHS Forth Valley's Integrated Healthcare Strategy 2011-2014 "Fit for the Future". This involved stakeholders and members of the public in determining how the health system for their own area should be shaped in the future. The public dialogue for this project will seek more detailed input from the Doune community on how the overall

system and in particular this project should be shaped to respond to the many pressures and opportunities that exist. The method of involvement has included the community planning structures of the local Authority to ensure that there is a high level of consistency with all the partners' approaches to planning and service change.

1.5 Structure of the Initial Agreement

The Initial Agreement has been prepared using the agreed standards and format for Business Cases, as set out in the SCIM – Business Case Guide. The document follows the approved format of the well-established "Five-Case Model" for business cases and explores the project from five perspectives:

- **The Strategic Case** explores the case for change – whether the proposed investment is necessary and whether it fits with the overall local and national strategy.

- **The Economic Case** asks whether the solution being offered represents best value for money – it requires alternative solution options to be considered and evaluated.

- **The Commercial Case** tests the likely attractiveness of the proposal to developers – whether it is likely that a commercially beneficial deal can be struck.

- **The Financial Case** asks whether the financial implication of the proposed investment is affordable.

- **The Management Case** highlights implementation issues and demonstrates that the Health Board and its partners in this project are capable of delivering the proposed solution.

The SCIM guidance requires that, for an Initial Agreement, the primary focus should be on the Strategic and Economic Cases with a brief outline reference to Commercial, Financial and Management Cases and this is reflected in the presentation of this document.

1.6 The Strategic Case

This Initial Agreement clearly demonstrates that there is a strong Strategic Case for the investment in facilities to support the delivery of integrated care in Doune.

For most people their first and perhaps only ongoing contact with the NHS is within primary care. This covers a wide range of professional staff including general practitioners, dentists, optometrists and community pharmacists as well as community and specialist nursing and rehabilitation teams. Shifting the balance of care away from reactive episodic care in an acute setting to team based anticipatory care closer to people's homes is a vital part of implementing NHS Forth Valley's strategy and is consistent with current national policy. This is why NHS Forth Valley is continuing to develop a single system which integrates both primary and secondary healthcare services as well as increasingly looking

for opportunities to integrate with partner agencies. The proposed new integrated model of service delivery is fully in line with national and local policies and the strategic direction of NHS Forth Valley and Stirling Council in the delivery of health and social care.

This Initial Agreement proposes investment to support an integrated model of care for the Doune community which aims to deliver services as close to home as possible, placing less reliance on acute inpatient beds and with a clear focus on responding to individuals' needs.

The proposed changes are a crucial part of the way forward for the configuration of health and social care integration and the development of community based service groupings across Forth Valley. This will see the consistent development of health and social care groupings as the focus for integration within communities. These groupings will also integrate with acute services with the aim of managing pressures more effectively within the system, and developing clinical pathways in a proactive way.

The case for change is driven by inadequacies in the current model of care and the current facilities. The main problems are:

- The current system of health and social care in these areas is fragmented and disjointed from a service user and professional perspective.

- There are gaps in service provision and inequities in access to services across geographical boundaries.

- The existing buildings are generally overcrowded, not fit for purpose, inefficient and not capable of expansion to support the increasing demand for services.

1.7 The Economic Case

The Economic Case in the Initial Agreement sets out how the Project Group has selected the short list of options to be taken forward to the next stages of planning (the Standard Business Case).

Options were generated using the Options Framework approach in accordance with the SCIM guidance which required the group to systematically work through the available choices for the project in terms of scope, service solution, service delivery, and implementation and funding options.

The long list of options was reduced to a shortlist through a rational assessment process which involved assessing options against a set of investment objectives and critical success factors which had previously been developed for the project. This approach led to the construction of a reference project from the preferred choice in each category of choice. The reference project is essentially the preferred way forward given that it is predicated upon the best assessment at this stage of the possible scope, service solution, service delivery, implementation and funding choices. In addition to the reference project, a more ambitious project and a less ambitious project were constructed from some of the "carried

forward" options in each category of choice. These three projects, together with the "Status Quo/Do Minimum" project form the shortlist of options shown below which will be the subject of a rigorous option appraisal at the Standard Business Case stage.

	Shortlisted Options			
	Option 1 Status Quo/ Do Min	**Option 2 Preferred Way Forward (Reference Project)**	**Option 3 (Less ambitious)**	**Option 4 (More ambitious)**
Scope	Status Quo/Do minimum	Expanded range of local Health & Social Care Services for the Doune community - more GPSI services, diagnostic & treatment, near patient testing etc. Emphasis on preventative and self-help services - Diabetes, COPD, Long Term Conditions, Smoking Cessation, and Healthy Eating, Old Age Psychiatry/Dementia	As Option 2 but with some of the expanded range of diagnostic and treatment services in Option 2 necessarily provided in Callander or Stirling.	As Option 2 but with increased capacity to provide services to a wider geographic catchment population outwith Doune
Service Solution	Status Quo/Do minimum	Integrated Primary and Community Health teams located in Doune working closely with visiting Health and Social Care professionals. Capacity designed to anticipate projected increases in demand for services as the local population grows.	As Option 2 but with teams increased in size in stages to reactively respond to increases in demand for services locally as and when the population increases i.e. reactively.	As Option 2 but services further expanded in range and designed to maximise the impact of the new model on reducing hospitalisation.
Service Delivery	Status Quo/Do minimum	Integrated Primary and Community Health teams co-located. Capacity within facilities for visiting Health and Social Care services	Additional teams with additional, separate facilities	Fully integrated Health & Social Care teams – part of network with Callander.
Implementation	Gradual Expansion of teams and facilities – reacting to increased demand on services	Development of a new Health Centre based on a single site and implemented as a single scheme	Step Changes by creating new teams with separate facilities as required to meet increases in demand.	Integrated Health Centre developed on a single site and implemented as a single scheme.
Funding	NHS Capital	NHS Capital	NHS Capital	NHS Capital

1.8 The Outline Commercial Case

The purpose of the Commercial Case is to set out the planned approach that the project partners will be taking to ensure there is a competitive market for the supply of services and facilities. This in turn will determine whether or not a commercially beneficial deal can be done and achieve the best value for money for the project.

Health Boards have signed up to exclusivity for all schemes in excess of £750k to be offered to hubco in the first instance and only if value for money cannot be established do Health Boards have the option to consider alternative procurement options. This initiative offers a flexible financing and procurement route for community healthcare projects which may otherwise not happen because of the decline in available capital. A portfolio of healthcare projects to the value £200 million is earmarked for development through hub over the next five years.

East Central hubco which incorporates the Forth Valley area is now operational and the Amber Blue consortium, comprising of Robertson Group (Holdings) Ltd, Amber Infrastructure and FES, has been selected to deliver public sector infrastructure projects for the East Central Scotland partners.

Whilst East Central Hubco is expected to be the preferred provider for developing the capital projects associated with this Initial Agreement, it will be required to demonstrate value for money for each project, through an open book approach, benchmarking and/or market testing. This will include comparisons against the other funding routes identified within options in the Economic Case

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 (land retained model); or
- Lease Plus model for a revenue cost option under which the land is owned by hubco.

The first option, Design and Build, using NHS Capital is likely to be the most suitable for this project. The relatively small size of this project means that the other two options are not really effective delivery models for this project.

1.9 The Outline Financial Case

The SCIM guidance states that costs at Initial Agreement stage need only be indicative and can be expressed as a range of costs.

1.9.1 Indicative Capital Costs

A summary of the indicative capital costs for each of the short-listed options for delivering the Preferred Way Forward for the project is provided in the table that follows.

	Option 1: Status Quo /Do Minimum	Option 2: Preferred Way Forward (Reference Project)	Option: 3 Less Ambitious	Option 4: More Ambitious
Summary of facilities proposals	Backlog maintenance only to existing property to keep it operational.	Replace existing Health Centre on a single site with expanded accommodation to meet existing and planned increases in population	Retain existing Health Centre and provide additional, separate Health Centre/Clinic on another site	Replace existing Health Centre with additional accommodation to deliver a wider range of services and to a larger catchment area,
Indicative Capital Costs	£120k	£2.4 million	£1.6 million	£2.7 million

1.9.2 Revenue Costs

There is expected to be some revenue increases associated with implementing the changes proposed in this Initial Agreement. These are summarised as follows:

- Hard Facilities Management costs – buildings and engineering maintenance costs
- Soft Facilities Management costs - including cleaning, catering, grounds maintenance and security
- Utilities including gas and electricity costs and rates
- Lifecycle maintenance costs – replacing building and engineering elements during the life of the buildings

The above increased costs are largely as a result of the increase in the floor area of the proposed buildings compared to the existing buildings. This increase in size is required to:

(i) Address the current overcrowding and inadequacy of space provision

(ii) Enable a wider range of services to be provided locally – multi function rooms to support physiotherapy, podiatry, counselling, family services and visiting outpatient services

(iii) Meet the future increases in list sizes and patient activity arising from planned housing developments in Doune and elsewhere

(iv) Accommodate additional trainee GPs in line with the national 4 year training programme

(v) Facilitate and enable anticipated the transfer of services from acute to primary/community care settings in the future

1.9.3 Affordability

This Initial Agreement has been prepared on the broad assumption that the project is procured through hubco using NHS Capital.

In order to be affordable the objective was for the project to be as close to revenue neutral as possible without compromising functionality or quality of the development.

The new buildings are expected to be more efficient in terms of energy usage and maintenance costs compared to the existing buildings and this will assist in meeting the increases in these costs arising from the increases in building size. In addition, there is currently property related expenditure on the existing buildings which can be used to offset the property related costs associated with the proposed new buildings.

Net Additional Revenue Costs to the NHS Board have been estimated @ £0.063m per annum including £0.037m of additional capital charges. These figures are net of additional non re-imburseable costs which require to be met by the Doune GP practice. The practice has provided confirmation that the financial implications are affordable to them and are keen to proceed with the development.

It should also be recognised that the investment in this project will reduce the backlog maintenance expenditure requirement (£120k) in relation to the existing Health Centre. Therefore, the project will enable NHS Forth Valley to avoid expenditure on a proportion of this backlog maintenance over the next decade or so.

1.9.4 Value for Money

In line with the recent guidance issued in relation to primary healthcare premises, an initial Value for Money Scorecard is included at Annex C of this document. The scorecard has been prepared in consultation with the hub East Central Territory team and Scottish Futures Trust.

The diagram below is extracted from the scorecard and shows that at this stage the project is almost in line with the new performance metric.

1.10 The Outline Management Case

NHS Forth Valley has a strong track record of effectively managing both capital projects and change programmes to ensure that investment objectives and benefits are successfully delivered.

This Initial Agreement describes the project governance structure that has been established for this project using a programme and project management approach (PPM) which will be applied to the project to ensure maximum control, quality and financial benefit. This will ensure that:

- A process and audit control framework is applied to all aspects of the project
- Project risks are being managed effectively

- Learning and good practice from the project can be transferred to other projects in the NHS Forth Valley capital programme.

The following table provides indicative timescales for completion of key milestones for delivery of the project.

Milestone	Date
Initial Agreement Approved	May 2014
Issue New Project Request	June 2014
Stage 1 Approvals	October 2014
Stage 2 Approvals	March 2015
Contract financial close	May 2015
Construction mobilisation	June 2015
Construction complete	April 2016

The Strategic Case

2.0 Making the case for change

Health and social care services contribute in many different ways to making Scotland a world leader in these services. The Scottish Government's clear priorities for action and a strategic vision over the next five years are:

- Care will be increasingly integrated, provided in a joined up way to meet the needs of the whole person;
- The people of Scotland will be increasingly empowered to play a full part in the management of their health;
- Care will be clinically effective and safe, delivered in the most appropriate way, within clear, agreed pathways; and
- Health and social care will play a full part in helping the care system as a whole make the best use of scarce public resources.

The Strategic Case for this Initial Agreement is closely aligned to these Scottish Government priorities for action. It focuses on delivering care as close to home as possible, placing less reliance on acute inpatient beds and with a clear focus on responding to individuals' needs.

The changes proposed in this Initial Agreement are designed to 'pull' patients from the acute sector, particularly those using A&E and outpatient services, into the community to enable people to be treated and cared for as close to home as possible, for as long as possible, by the right staff. To enable this to happen, the Initial Agreement presents a case for change for service redesign, which requires investment to deliver the new service model and to provide facilities which support and enable the required changes to be implemented locally within the Doune community.

The overall purpose of the project is contribute to NHS Forth Valley's wider vision to enable and facilitate fundamental change in the way in which health and social care is delivered to the people in the local communities, the underlying aims being to redesign services from a patient's point of view. Health and social care services will be shaped around the needs of patients and clients through the development of partnerships and co-operation between patients, their carers and families; between the local health and social care services; and between the public sector, voluntary organisations and private providers to ensure a patient-centred service. Overall, the project aims to substantially increase the delivery of health and social care in the local community.

Although the project described within this Initial Agreement is relatively small, the effect that it will have on NHS Forth Valley's ability to deliver its strategic vision should not be underestimated. This project provides a vehicle for implementing key strategies that provide the capacity and capability to achieve significant benefits of strategic and operational importance for patients and staff in the Doune community.

2.1 Strategic Context

This section of the Initial Agreement provides an overview of NHS Forth Valley and, in terms of the proposed investment, demonstrates business fit and synergy with Scottish Government policy and NHS Forth Valley's and Integrated Healthcare Strategy.

Overview of Organisations Supporting this Project

The Forth Valley covers a geographic area from Killin and Tyndrum in the North and Strathblane to the west and Bo"ness in the South. The Forth Valley NHS Board controls an annual budget of around £500 million, employs around 8000 staff and is responsible for providing health services for and improving the health of the population of Forth Valley. NHS Forth Valley is a single integrated system comprising acute hospital services, and a range of community based services which are delivered through the three Community Health Partnerships (CHPs) in Clackmannanshire, Falkirk and Stirling. Each of these is co-terminous with its corresponding local authority.

Doune is part of Stirling CHP which has a population of 88,740 people and delivers health and social care services in partnership with GP practices and the local authority social care team.

Existing Business Strategies

The investment proposed in this Initial Agreement fits within, supports and promotes a number of existing business strategies and work programmes of which this project is an integral part:

- **NHS Forth Valley's Integrated Healthcare Strategy 2011-2014 "Fit for the Future"**

- **Forth Valley Health Plan:** The Plan sets out the overall strategy and guidance for the development of the health system in Forth Valley.

- **Reshaping care for older people** - In 2011, the Scottish Government outlined a national vision for reshaping care and support for older people in "Reshaping Care for Older People: A Programme for Change 2011-2021".

- **NHS Forth Valley Property & Asset Management Strategy (PAMS)** which aims to ensure that assets are used efficiently, coherently and strategically to support the future clinical and corporate needs of the Board consistent with our forecast for service need.

- **NHS Forth Valley's Service Strategies** which set clear quality requirements for services and care, and are based on the best available evidence of what treatments and services work most effectively for patients. These include the

Local Context

Doune Medical Practice has had a longstanding challenge in meeting an expanding population. The Practice, currently has 3650 registered patients. Around 180+ new homes have been built in Doune over the last two years and this has led to an increase in the practice list size of approximately 200 patients. It is envisaged that an expected further 300 patients will register when the house building is complete. Furthermore, there are also further new housing developments planned in nearby Deanston over the next 5 years. This is putting increased pressure on the practice which must respond to the challenge of the needs of an increasing population.

The existing accommodation in Doune is too small for the current population and has very limited scope for extension. This physically limits the capacity to deliver the full range of services needed by the community. The building requires significant investment in terms of backlog maintenance, creation of appropriate privacy, changing areas and office accommodation.

In addition to providing the facilities capacity to meet current needs, the proposals in this Initial Agreement recognise the importance of being able to respond to the ageing local population and the rise in dementia sufferers. The new premises will enable Old Age Psychiatry Services to be provided to the local population through Doctor and CPN clinics and Dementia Link Services. Similarly, Adult Mental Health Services and Dermatology Services can be expanded from the new premises.

The proposed replacement of the existing Doune Health Centre would result in significant saving (cost avoidance) in relation to backlog maintenance and future building and engineering lifecycle replacement costs.

The existing site is owned by NHS Forth Valley and would reap an attractive capital receipt if sold as the building is in the middle of prime residential area of Doune.

2.2 Investment objectives, existing arrangements and business need

A robust case for change requires a thorough understanding of what the organisation is seeking to achieve (the investment objectives); what is currently happening (existing arrangements); and the associated problems (business needs).

In developing this project, the Project Group has been mindful of the fact that procuring an asset or service, or putting in place a scheme is never an investment objective in itself. It is what the organisation is seeking to achieve in terms of measurable returns on the investment that is important.

The setting of robust investment objectives is an iterative process which involves revisiting them as the project progresses and further appraisal undertaken at the Standard Business Case Stage. For instance, as part of the SCIM process of developing a business case, the Investment Objectives developed for the Initial Agreement will need to be revisited, ranked in order of priority and made SMART (**S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**imely)

Investment Objective	Existing Arrangements	Business Need
Person Centred Care - By 2015, provide care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions.	A lack of resources and facilities limits the ability to anticipate patient needs and provide specialist planned care close to home and often results in unplanned admissions to hospital. Telehealth and telecare technologies are not sufficiently currently established as a key part of the health and social care support.	Care at home or in a patient's community provided by the most appropriate person with the right skills with the unequivocal aim of having the most appropriate person with the right skills delivering the care. Patients and staff work alongside each other to identify problems that can be practically overcome and to develop implementable solutions that benefit everyone. Long-lasting change that genuinely makes a difference to patients' experience, along with many wider benefits that result from participating in designing individual care and self-care. The care provided should respect individual needs, values and preferences and should be based on shared decision making.
Service Integration - By 2015, deliver joint working between the NHS, local authorities and other partners.	Many people find the maze of health, social care and housing services, benefits and procedures confusing. People with more than one long term condition, often with complex needs, may be visited or contacted by a number of different people from different departments in different organisations who may not fully understand the individual's holistic needs. Clinicians and health and social care professionals in one part of the system often do not have a stake in the other parts of the service. Joint and "joined up" working between the NHS, local authorities and other partners is not fully developed and even in a relatively small community such as Doune, there are multiple points and locations for accessing services.	To provide care and treatment by working in partnership with other organisations (LA, voluntary & independent sectors), through extended community teams, with professionals, patients, carers and communities as full partners in improving health and managing conditions. Groups of aligned clinicians to support the development and delivery of pathways and protocols providing a mechanism for communication, information sharing and feedback on referral rates, clinical practice and the deployment of resources.

Investment Objective	Existing Arrangements	Business Need
Improved access to treatment and services - By 2015, extend the access for the new model of care to include all those living within the Doune area.	Many people travel to Stirling Community Hospital and Forth Valley Royal Hospital for traditional return outpatients, in some cases involving a long bus journey, and to see a clinician for only a very short time.	Improved access to care and treatment through changes in the location of services, reduced travel time/distance and shorter waiting times. Decentralised access to acute clinics and specialist clinical advice accessible from patients' homes and local community locations. Using telemedicine or telephone consultations for an increasing numbers of return and routine outpatients.
Improved service effectiveness and efficiency - By 2015, achieve more effective use of resources across the public sector, particularly within the NHS and with local authorities and other partners. These resources include staff, buildings, information, and technology.	A high degree of variation in the way that primary care and community hospital resources are used is evident from recorded activity information. The current lack of service integration results in less than optimal use of resources across the health and social care economy.	Services provided that have strong evidence of clinical effectiveness based, as far as possible, on relevant rigorous science and research evidence supported by evidence of plans for carrying out audits/evaluations of effectiveness. Patients not occupying acute inpatient beds who could have been cared for in other, non-inpatient, settings. Audits have identified that 25%-40% of inpatients did not require the specialist services provided by an acute hospital bed. Shared services and resources across the health and social care economy offer opportunities for improved effectiveness and efficiency.

Existing Arrangements – Facilities

Whilst the primary driver for change in project in this Initial Agreement is service modernisation and redesign, these changes simply cannot take place without investment in the accommodation that will enable and facilitate the required changes in service delivery. The table that follows provides information on the current condition and performance of the properties within the scope of the project.

Name	Building floor area sq.m		Current condition & performance of the Estate based on National Standards (EstateCode Appraisals)			
	Existing	Required	Physical Condition	Statutory Standards	Space Utilisation	Functional Suitability
Doune Health Centre	267	605	Investment required to bring back to satisfactory condition	Satisfactory	Very overcrowded	Poor – not fit for purpose

The table shows that the main problems with the existing property is due largely to the lack of space and poor functional suitability. Since the existing health centre was originally built the list sizes, workload and general level of service activity have significantly increased as a result of increased catchment populations and the expanded primary and community care services needed to support the community in Doune. Hence, the services have now simply outgrown the buildings and reached a state where they present a serious constraint on both the continuation and further development of services. There is very little potential for developing either existing or new services within the existing facilities due to the physical limitations of extending buildings on their existing sites. Furthermore, the current design and functional suitability seriously compromise the provision of modern health and care services from these buildings.

In addition to the space utilisation and functional suitability problems, the existing buildings are in unsatisfactory physical condition and it is estimated that the backlog maintenance expenditure requirement for these buildings is in excess of £120k (project costs). It should be borne in mind that this backlog maintenance expenditure requirement is associated with the structure and physical condition of the buildings and even if these monies were expended it would do little to address the space utilisation and functional suitability issues which currently exist in the buildings.

Without investment in modern facilities which facilitate integrated and new working practices, the essential changes required in service models to meet the challenges associated with delivering national and local policy simply will not happen. Furthermore, the retention and recruitment of general practitioners, primary and community care professionals, appropriately skilled nursing, allied health professionals, social workers and support staff is becoming increasingly more difficult as the facilities become progressively more inadequate. This lack of fit for purpose accommodation will exacerbate the ability to retain and recruit the necessary staff to provide health and social care services in the future. The existing facilities can, at times, compromise clinical standards and effectiveness and have been identified as risk management issues in areas such as cross-infection and

health and safety. The existing accommodation also compromises the achievement at times of basic quality standards in terms of patients' privacy and dignity.

To overcome the above, any new building will require to satisfy the stakeholders' design quality objectives. These are as set out in the attached Design Statement (Annex D). The Design Statement has been prepared to ensure that implementation in terms of the design and construction of the physical premises meets the needs and service objectives of stakeholders.

The Design Statement will be used as the initial tool with which to communicate the vision of Doune Health Centre to designers and those 'non-negotiables' which from a variety of perspectives the design much achieve. It will in due course be developed into a more detailed design brief, again developed in consultation, which will form the basis of construction information.

2.3 Potential business scope and key service requirements

The potential scope and the key service requirements have been assessed in terms of a continuum of business needs, ranging from 'core' (minimum requirement) to 'core plus desirable' (intermediate requirement) to 'core plus desirable plus optional' (maximum requirement). At this stage, core denotes 'the things that are essential to meet existing and known needs; desirable 'the things that are considered on a cost/benefit basis'; and optional 'the things that are being explored and will be considered if they are of exceptionally low cost but likely to deliver high benefits. Sustainability priorities are inherently in the 'core' category, as they have been justified environmentally, socially and economically. The table below summarises the scope for the project.

	Minimum	Intermediate	Maximum
Potential business scope	Services for the Doune community and catchment population	Expanded range of services for the Doune community – particularly preventative, anticipatory and self-help services	Expanded range of services to serve populations within and beyond the Doune –, Deanston.
Key service requirement	General Medical Services and basic level primary and community services and LA social care service for the Doune community	General Medical Services and extended primary care, community and social care services for the Doune community. Some examples of these would be Diabetes/COPD/Long Term Conditions/|Smoking/Healthy Eating clinics etc.	General Medical Services and extended range of primary care and community and social care services for populations within and beyond Doune. Some examples of these would be Diabetes/COPD/Long Term Conditions/|Smoking/Healthy Eating clinics etc.

The key service requirements reflect the proposed new model of service which has the following key components:

Preventive care

Services will be designed to provide a growing range of products and services that empower local people to adopt healthier lifestyles – signposting/advice on diet and exercise, helping patients manage their medicines, encouraging the wider community to support vulnerable people to ensure that they are supported and safe. Registers of those at greatest risk from serious illness will be maintained so that they can be offered preventive treatment. Some examples of these would be Diabetes/COPD/Long Term Conditions/|Smoking/Healthy Eating clinics etc.

Self-care

The frontline for health and social care is the home. Most care starts with people looking after themselves and their families at home. Local services will focus on becoming a resource which people can routinely use every day to look after themselves. Easily accessible information on a wide range of conditions will be provided through a range of media and technologies. Similarly, services will be designed to provide seamless and easy access to patient and self-help groups.

Primary care

Primary care services will be designed as a one-stop gateway to health and care services. The project will provide access for all patients in the community to an appropriate and safe range of modern, integrated health and care services delivered from local buildings suitable for contemporary needs and with good access to more specialised services when these needs cannot be met locally. Local GPs will be working in a team from modern multi-purpose premises alongside health visitors, nurses, practice pharmacists (not dispensing pharmacists), podiatrists, allied health professionals, midwives and social care staff.

Hospital care

The proposed new care village incorporating the community hospital in Stirling will continue to shift the balance of admissions from acute to community by providing an extended range of services including community maternity, rehabilitation, care for individuals with long term conditions, and palliative care. It will act as a bridge between primary and secondary care – blurring the boundaries through new ways of working and by providing a key link in the “joined up” service where patients move along tailored pathways with no discernible divide between the different elements of the health and care system. The new care village in Stirling will be a mix of GP, nurse, therapist and consultant led service with a new generation of staff applying their skills in both hospital and community settings. Electronic patient records and a fuller use of new technologies including near patient testing will support this new environment as will fast access to diagnostic and pathology services with a specific focus on effective interventions.

It is important to recognise that the overall provision of services for older people is expected to remain a mixed economy of care with substantial contributions from the independent and third sector across the area.

Programmed investigation and care

Programmed investigation and care, aimed at maximising the services provided locally, will be developed through innovative clinical protocols, tailored staffing policies and the ability to take full advantage of digital technology. Wherever possible, an investigation and treatment option will be provided which is attractive to patients. This will require services to be tightly organised around the needs of patients including minimising the number of unnecessary attendances and streamlining processes. The integrated health and social care model will offer GPs the opportunity to deliver services appropriate to population needs but also provides significant opportunities for the wider health and social care services to benefit from improved collaboration, communication and integration. The benefits from this are not limited to older people's services but closer working with other community hospital based services such as Allied Health Professionals, Maternity Services, Mental Health Services and Children's Services.

Investing in staff

Delivering the change required to bring about a modern, integrated health and social care service will require an investment in staff – the doctors, nurses, AHPs, social care workers and support staff who keep services going day-in and day-out. Modern models of health and social care rely on flexible teams of staff working across traditional skill boundaries. If we are to deliver the service gains needed by patients in the community then there will need to be investment in:

- Recruiting more staff – community nurses, AHPs, counsellors etc
- Training and development – including two GP trainees (rural practice)
- Providing flexible working arrangements – giving staff more control over their time.

The proposed new integrated model of service delivery with teams working flexibly across health and social care will significantly contribute to facilitating the right work-life balance, improved job satisfaction and career fulfilment for staff.

2.4 Benefits, risks, constraints and dependencies

Benefits

The investment proposed in this Initial Agreement is crucial to the transformation and development of health and social care services in the area in line with the national and local strategy. It will bring benefits to a wide range of stakeholders and these are set for each investment objective in the tables that follow.

Investment Objective: Person Centred Care			
Benefit	**Relative value**	**Relative timescale**	**Type of Benefit**
Positive experience of health and social care	High	Medium term	Qualitative
Services which provide personalised care and support designed to optimise well-being through an enabling approach	High	Medium term	Qualitative
People can stay independent and well at home and without need for care and support	High	Medium term	Qualitative
Greater potential to avoid hospital admission	High	Medium term	Financially quantifiable to patients through less travel time/ Costs
Greater equity of service provision	High	Medium term	Qualitative
Significantly improved facilities providing a positive experience of the environment in which services are provided	Medium	Medium term	Qualitative
An increase in the self-assessed General Health indicator	Medium	Longer term	Qualitative
One point of contact for signposting to all health and social care services	Medium	Longer term	Qualitative

Investment Objective: Improved access to treatment			
Benefit	**Relative value**	**Relative timescale**	**Type of Benefit**
Maximised range of health and social care services available locally	High	Medium term	Qualitative
Increased and improved access to local services, with less dependence on centralised acute hospital services	High	Medium term	Qualitative
Specialist clinical advice accessible from patients' homes, health centres and a wide range of community locations	High	Medium term	Qualitative
Reduced travel time and cost for patients	High	Medium term	Qualitative & cost saving for patients
Easier journey through health and social care system with a single point of access	High	Medium term	Qualitative
More timely and therefore more effective interventions	High	Medium term	Qualitative & cash and resource releasing

Investment Objective: Service Integration			
Benefit	**Relative value**	**Relative timescale**	**Type of Benefit**
Service integration and greater efficiency in the use of resources	High	Medium & longer term	Cash releasing
Aligned partnership resources to achieve policy goals	High	Medium term	Potential cash releasing
As many services as possible should be available at each visit especially for those with chronic disease, combined with recognition that each patient contact should be the only contact needed to access all the services needed.	High	Medium term	Qualitative & cash and resource releasing
Improved working arrangements and facilities for staff resulting in greater job satisfaction and less turnover/sickness	Medium	Medium term	Qualitative & cash and resource releasing

Investment Objective: Improved service effectiveness and efficiency			
Benefit	**Relative value**	**Relative timescale**	**Type of Benefit**
Everyone gets the best start in life – early years collaborative	High	Medium term	Qualitative & potential cash and resource releasing
People are able to live a longer, healthier life	High	Long term	Qualitative & potential cash and resource releasing
Lower premature mortality rate	High	Longer term	Qualitative & potential cash and resource releasing
Reducing emergency hospital admissions	High	Medium term	Qualitative & potential cash releasing
Reduced lengths of stay in hospitals	High	Medium term	Qualitative & potential cash releasing
Reduced adverse events	High	Medium term	Qualitative & potential cash releasing
Improved resource indicator	High	Medium term	Potential cash releasing
Streamlined management arrangements	High	Medium term	Potential cash releasing
Integrated information systems and records management across health and social care organisations	High	Medium	Qualitative & potential cash and resource releasing

Risks

Numerous national and international studies have shown that one of the main reasons for change projects being unsuccessful in terms of cost and time overruns and/or failing to deliver the expected benefits is as a result of the failure to properly identify and manage risk within the projects. This section takes an early view of the key risks that could impact on the successful delivery of the project and sets out what actions the partners in the project will take to ensure risk is minimised and managed. A more detailed assessment of risk will be included in the Standard Business Case and the process of risk management will continue throughout the life of the project and then transfer to the operational management of the organisations. The following table sets out the high level early stage assessment of risks associated with the project.

Risk No	Risk Description	Risk Level	Proposed Mitigation
1	Delay in implementing the project will result in insufficient capacity in existing services to cope with the increased demand arising from increasing catchment populations in the Doune area covered by the scope of the project.	High	NHSFV has identified the project as a priority for development of a business case and implementation.
2	Delay could result in the possibility that the CHP, Doune Medical Practice and their partners would be faced with the invidious choice of reducing service quality or restricting list sizes.	High	Detailed service capacity planning is currently being undertaken to identify “hot spots” and a short term action plan will be developed to address this issue.
3	The workforce age profile is such that retirals could have a significant impact over the next five years on the workforce’s capacity to cope with demand.	High	Workforce planning is underway to ensure that the retention and recruitment of the staff will match service demand.
4	For the proposed new model of service delivery to be effective and to maximise the benefits, full commitment and “buy in” to the new service model and the project from all partners and stakeholders is essential. Given the numerous different organisations involved there is a risk that this may not happen.	High	NHSFV is liaising at senior officer and politician levels to ensure full commitment and input to the development of the Initial Agreement and subsequent SBC.

Risk No	Risk Description	Risk Level	Proposed Mitigation
7	Lack of flexibility in the project to respond to the uncertainty of the extent and rate of population growth in the Doune community.	Medium	NHSFV is liaising with LA on local plans for housing developments and the outcomes of this will inform the SBC and detailed design of the project.
9	Demand and usage risk – the size and capacity of the scheme is not adequate for the eventual needs of the population.	Medium	Detailed service and capacity planning for the scheme will be undertaken for the SBC.
11	Affordability – capital and revenue costs	Medium	Clear accountability will be established across the organisations for the systems-wide changes in resource allocation and service transformation.
12	Capital Cost estimates are indicative only at this stage and therefore could escalate.	Low	Although only indicative, the capital cost estimates are based on recent “all inclusive rates” from similar primary and community care projects- based on the SG’s health centre metrics
13	Planning risk – issues relating to planning permission or planning constraints for the required facilities developments	Low	Early engagement with Local Authority planning departments
14	Procurement and contractual risks are inherent in the procurement of the new facilities included in all shortlisted options.	Low	Early involvement of suppliers (hubco) will minimise this risk and ensure the right balance of risk transfer between parties.

Constraints

Currently, the introduction of the new model of care for the local population is constrained by the current model of care delivery and the existing facilities which are unfit for purpose.

Capital Funding

This project has been identified as a priority for NHS Forth Valley and has been included in Board-wide Capital Programmes. However, the overall capital programme is oversubscribed with many programmes/schemes competing for scarce funding. Therefore the availability of capital funding must be regarded as an absolute constraint and reflected in this Initial Agreement and subsequent SBC document. All options will be rigorously tested for value for money as part of the economic appraisal in the SBC.

Revenue Funding

Equally there are pressures on revenue funding. The revenue consequences associated with the proposals in this Initial Agreement mean that this project will cost more than it does now to provide services from existing facilities in revenue terms. The demonstration of the affordability of this scheme will be tested fully through the overall programme management to implement the new model of care. A fully detailed revenue model will be developed for the SBC.

Timescale

The new facilities required to support the proposed new model of health and social care services must be available for use by 2015 due to the significant overcrowding and lack of space in the existing premises'

Site availability

The new facilities required to support the new model of service delivery must be provided within Doune in order to best serve the needs of the service users of this catchment population. The Board's Capital Planning Team has undertaken extensive searches over recent years to identify potential sites for the developments required for this project. This has resulted in the identification of a site on the North side of Doune alongside the new housing development and this has now been purchased by NHS Forth Valley for this project.

Dependencies

This project is part of a wider transformational change programme across Forth Valley intended to radically change the system of health and social care in the area. Whilst this project will have great value on its own, when it is taken together with the other elements of implementing the NHS Forth Valley and Stirling Council's strategies and plans it will provide essential and fundamental support for service change and redesign across the region. Since this project is an enabling one which supports the wider transformational change agenda across the Health Board and

Council it is dependent on the integration of operating systems and workforce redesign, to deliver the full benefits of the new model of service delivery.

Clearly, the project described in this Initial Agreement cannot be considered in isolation from the significant challenges known to be faced by NHS Forth Valley and Stirling Council over the next few years in relation to demography, public health, finance, workforce and the condition of the facilities and buildings used for the delivery of health and social care services. Whilst this project is dependent upon the partner organisations successfully dealing with the challenges in a positive and proactive way, it is also a significantly contributing action that is part of the overall approach to dealing with these issues through:

- Promoting people's shared responsibility for prevention, anticipation and self-management

- Improved integration across the NHS and other public and third sector bodies by incorporating multi-use space within the proposed new health centre which can be used by visiting health and social care professionals

- Recognition, promotion and development of the roles of healthcare professionals outwith hospitals, such as community pharmacists and practice nurses

- Support to stay at home/in the community as local as possible, through the development of better co-ordinated and right-focused community teams

- Improved understanding and more normalised use of technology in pre-hospital and community based care, e.g. tele-healthcare.

- Care in a hospital as an inpatient as a last resort

- Fewer hospital beds and potentially fewer hospitals, but with each delivering reliably high quality treatment.

This project, like the whole of partner organisations' plans for service modernisation and redesign, is totally dependent on the successful participation of the people of Doune, together with local authority and third sector partners.

The Economic Case

3.0 Exploring the way forward

The purpose of the Economic Case within this Initial Agreement is to set out how the Project Group has selected the short list of options to be taken forward to the next stages of planning (the Standard Business Case). Each of the shortlisted options will be assessed then in far greater detail to determine the best value for money (the balance of cost, benefit and risk) and affordability (revenue and capital). This section describes:

- Critical Success Factors used to assess options
- The long list of options
- The approach to short-listing
- The final short list of options considered appropriate to take forward to SBC stage and the rationale for excluding others.

3.1 Critical success factors

In addition to the Investment Objective set out in the previous section of this Initial Agreement, the Project Group identified a number of factors which, while not direct objectives of the investment, will be critical for the success of the project, and are relevant in judging the relative desirability of options.

The agreed Critical Success Factors are shown in the table below.

Critical Success Factor	The extent to which the option:
Strategic Fit	takes forward the national policy and local strategy priorities, particularly in relation to integration of health and social care, NHS Forth Valley's Integrated Healthcare Strategy and Health Plan
Value for money	is expected to achieve a good balance of cost, benefit and risk when subjected to a full economic appraisal at SBC stage
Achievability	can be achieved within the overall planning timescale for the project of 2015.
Acceptability	will be acceptable to all stakeholders and the Doune community
Affordable	is expected to be affordable within the overall Forth Valley health and social care economy
Flexibility	can be adopted to meet the changing needs of the local population and the developing service model over time

3.2 Main business options

The Project Group has identified a range of possible options that meet the investment objectives, potential scope and key service requirements for the project. This generation of options was undertaken using the Options Framework approach in accordance with the SCIM guidance which required the group to systematically work through the available alternatives for the project in terms of five categories of choice as shown in the table below.

Category of choice	Description
Scope	How big/small is the project? What is included, what is not included, boundaries, services
Service Solution	How do we deliver the scope? Models of service delivery, use of technology, new ways of working, centralised/de-centralised etc.
Service Delivery	Who does the delivery? In-house, outsourced, mixed economy model etc.
Implementation	How do we make the change happen? Roll out, big bang, phased delivery etc.
Funding	How do we fund it? Capital, Hub revenue, lease etc.

Scope Options

In terms of the scope options, it was agreed that the following services should be considered as potentially within the scope of the project.

- Services provided by Doune Medical Group
- Primary & Community Care Services for the Doune area (including parts of Deanston)
- Social Care Services for the Doune area provided by Stirling Council – visiting using shared multi-use rooms.

Therefore, the development of scope options has inherently considered all of these services as potentially within options. The rationale for the inclusion of these services within the scope of the project stems from the clear policy requirement to ensure more effective partnership working between the primary and secondary care professionals and other partners in the delivery of health and social care to communities.

For a multi-dimensional project such as this which spans a wide range of health and social care services, it became clear that there are a large number of options that can be formed by different combinations of scope. Therefore, in order to provide a manageable list of options, high level descriptions of the options have been developed which incorporate the following elements of scope:

- Geographical area/catchment population to be served
- Level of service functionality
- Capacity assumptions/issues

The scope of services considered for inclusion within the project can be summarised by the three main scope options shown in the table below.

Scope 1	Scope 2	Scope 3
Status Quo/Do Minimum – The range of services provided and the geographic areas and catchment population remain as existing	**Expanded Range of Services** - The range of services provided to the Doune community is expanded to include more GPSI services, diagnostic and treatment capacity and a wider range of visiting consultant/nurse/AHP led outpatient clinics. An expanded range of preventative/anticipatory/self-help programmes	**Expanded Range of Services and Extended geographic Area** - Expanded range of services beyond that in Scope Option 2 and to cover a wider geographic area.

Service Solution Options

A new service model which aims to deliver care as close to home as possible, placing less reliance on inpatient beds and with a clear focus on responding to individuals' needs is at the heart of the project proposed in this Initial Agreement. The proposed investment is intended to facilitate and enable service transformation and improved effectiveness and efficiency. The degree to which this service transformation can be achieved will depend on the appetite for change and commitment of the community and all the stakeholders. The service solution options shown in the table that follows describe a "continuum of change" which in essence, conceives change as a continuous process rather than specifically defined step changes.

Service Solution 1	Service Solution 2	Service Solution 3
Status Quo/Do Minimum – Existing service model (GP team, PC Team, LA teams operating largely independently. The functionality and working of teams remains within clear boundaries which are largely based on existing contracts and organisational structures	**Integrated Service Model** - Integrated multi-disciplinary and multi-agency teams created by restructuring existing service teams	**Integrated Service Model with less IP beds -** Integrated teams & new model of working including maximum use of technology (tele-health, near patient testing, technology supported peripatetic teams etc) with an assumed impact over time of a reduced number of inpatient beds required in the Care Village/Community Hospital/

Service Delivery Options

In relation to service solution, the options for Service Delivery were identified as shown in the table that follows.

Service Delivery 1	Service Delivery 2	Service Delivery 3
Status Quo/Do Minimum – Existing service delivery teams i.e. GP Practice, PC teams, Hospital teams and Social Services teams. It is recognised that given the expected increases in population in Doune then the existing teams will need to be increased in size.	**Additional Teams** – Whilst retaining the existing service delivery teams, this option assumes that new, separate teams will be formed to cope with the expected increases in populations and activity	**Integrated Health & Care Teams –** Fully integrated teams formed across existing Health, Local Authority, Voluntary and independent sector organisations

Implementation Options

The options for implementation of the proposed changes were identified as shown in the table that follows.

Implementation 1	Implementation 2	Implementation 3
Gradual Expansion – Existing teams and facilities will be expanded/reconfigured to meet service needs as demand increases.	**Step Changes** – this option assumes that new teams and supporting facilities will be developed to cope with the expected increases in population and demand for services as required. In practice this will be a series of step changes which will have to be planned in anticipation of expected increases in service need.	**Develop an Integrated Health Centre –** this option assumes that the required changes in service solution and delivery will be implemented through the development of a new health centre on a single site.

Funding Options

The options for funding the proposed developments are shown in the table that follows.

Funding 1	Funding 2	Funding 3
NHS Capital	**hubco revenue funding solution**	**Cost Rent Scheme –** Use of the existing Cost Rent Scheme to fund the capital development, NHSFV and LA would be tenants.

3.3 Preferred way forward

Using the Options Framework approach, the following actions were undertaken:

- The options within the first category of choice (scope) were assessed in terms of how well each option met the evaluation criteria (investment objectives and CSFs) and whether each option was 'out', 'in' or a 'maybe'. In other words, whether it should be discounted immediately; or carried forward, either as the preferred choice in the category or a possibility for consideration.

- The options for the delivery of the preferred choice (scope) in relation to the next category of choice (service solution) were considered and again, options were identified either as the preferred choice or as carried forward or discounted.

- The process was repeated for all other five categories of choice.

The detailed assessments of how well the options met the investment objectives and the critical success factors are shown in Annex A.

The preferred way forward based on the appraisal of the main options (long list) for the successful delivery of the project is, in practice, only a 'direction of travel' for the delivery of the project and should not be confused with the clearly defined preferred option for the project which will emerge from the detailed economic appraisal carried out at the Standard Business Case stage.

Adopting the Options Framework approach led to the construction of a reference project from the preferred choice in each category i.e. an amalgamation of the preferred choice for the scope, service solution, service delivery, implementation and funding. It should be noted that the reference project is essentially the preferred way forward given that it is predicated upon the best assessment at this stage of the available options in each category of choice.

3.4 Short listed options

In addition to the reference project, a more ambitious project and a less ambitious project were constructed from some of the "carried forward" options in each category of choice. The short list of options that will be taken forward for detailed appraisal in the Standard Business Case are described in the table that follows.

	Shortlisted Options			
	Option 1 Status Quo/ Do Min	**Option 2 Preferred Way Forward (Reference Project)**	**Option 3 (Less ambitious)**	**Option 4 (More ambitious)**
Scope	Status Quo/Do minimum	Expanded range of local Health & Social Care Services for the Doune community - more GPSI services, diagnostic & treatment, near patient testing etc. Emphasis on preventative and self-help services - Diabetes, COPD, Long Term Conditions, Smoking Cessation, and Healthy Eating, Old Age Psychiatry/Dementia	As Option 2 but with some of the expanded range of diagnostic and treatment services in Option 2 necessarily provided in Callander or Stirling.	As Option 2 but with increased capacity to provide services to a wider geographic catchment population outwith Doune
Service Solution	Status Quo/Do minimum	Integrated Primary and Community Health teams located in Doune working closely with visiting Health and Social Care professionals. Capacity designed to anticipate projected increases in demand for services as the local population grows.	As Option 2 but with teams increased in size in stages to reactively respond to increases in demand for services locally as and when the population increases i.e. reactively.	As Option 2 but services further expanded in range and designed to maximise the impact of the new model on reducing hospitalisation.
Service Delivery	Status Quo/Do minimum	Integrated Primary and Community Health teams co-located. Capacity within facilities for visiting Health and Social Care services	Additional teams with additional, separate facilities	Fully integrated Health & Social Care teams – part of network with Callander.
Implementation	Gradual Expansion of teams and facilities – reacting to increased demand on services	Development of a new Health Centre based on a single site and implemented as a single scheme	Step Changes by creating new teams with separate facilities as required to meet increases in demand.	Integrated Health Centre developed on a single site and implemented as a single scheme.
Funding	NHS Capital	NHS Capital	NHS Capital	NHS Capital

3.5 Commercial, Financial and Management Cases

The Scottish Capital Investment Manual requires the Initial Agreement to include a brief outline reference to other elements of the Five Case Model i.e. the Commercial Case, the Financial Case and the Management Case.

Outline Commercial Case

The purpose of the Commercial Case is to set out the planned approach that the project partners will be taking to ensure there is a competitive market for the supply of services and facilities. This in turn will determine whether or not a commercially beneficial deal can be done and achieve the best value for money for the project.

Health Boards have signed up to exclusivity for all schemes in excess of £750k to be offered to hubco in the first instance and only if value for money cannot be established do Health Boards have the option to consider alternative procurement options. This initiative offers a flexible financing and procurement route for community healthcare projects which may otherwise not happen because of the decline in available capital. A portfolio of healthcare projects to the value £200 million is earmarked for development through hub over the next five years.

East Central hubco which incorporates the Forth Valley area is now operational and the Amber Blue consortium, comprising of Robertson Group (Holdings) Ltd, Amber Infrastructure and FES, has been selected to deliver public sector infrastructure projects for the East Central Scotland partners.

The hub initiative offers a flexible financing and procurement route for community based projects which may otherwise not happen because of the decline in available capital.

The Scottish Government have committed to providing revenue funding support to health, education, transport and lifelong learning sectors that are delivered via hub revenue financed models.

The potential advantages to the public sector partners of hub over more traditional procurement methods are:

- Faster and more efficient procurement timescales
- Savings on costs through partnering arrangements, standardised processes and documentation - an estimated 3% saving on procurement costs, 2% on capital costs and a further 2% reduction in costs through risk transfer to the private sector.

Whilst East Central Hubco is expected to be the preferred provider for developing the capital project associated with this Initial Agreement, it will be required to demonstrate value for money for each project, through an open book approach,

benchmarking and/or market testing. This will include comparisons against the other funding routes identified within options in the Economic Case

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 (land retained model); or
- Lease Plus model for a revenue cost option under which the land is owned by hubco.

The first option, Design and Build, using NHS Capital is the most suitable for this project.

Outline Financial Case

The purpose of the Financial Case is to set out clearly the financial impact of the investment proposals. Given that the Initial Agreement is an early stage of the overall development of a business case for the project, the SCIM guidance states that these costs need only be indicative and can be expressed as a range of costs.

Capital Costs

Indicative capital costs for each of the short-listed options are provided in the table that follows. These capital costs are estimates which are:

- Based on A&DS & SFT Metric rate of £1,800 per sq.m includes all external works, landscaping & parking, drainage and utilities connections).
- Inclusive of supply and fitting of FF&E Group 1 and fitting of Group 2
- Exclusive of any allowance for any road or junction alterations associated with the site or provision of new Utilities to site if required
- Based on Q4 2012 costs.

Annex B provides a detailed cost breakdown for the Reference Project.

	Option 1: Status Quo /Do Minimum	Option 2: Preferred Way Forward (Reference Project)	Option: 3 Less Ambitious	Option 4: More Ambitious
Summary of facilities proposals	Backlog maintenance only to existing properties to keep them operational.	Replace existing Health Centre on a single site	Retain existing Health Centre and provide additional, separate Health Centre/Clinic on another site	Replace existing Health Centre with additional accommodation to significantly expanded the range of services provided and to deliver services to a wider catchment area,
Indicative Capital Costs	£120k	£2.2 million	£1.6 million	£2.7 million

Revenue Costs

There is expected to be some revenue increases associated with implementing the changes proposed in this Initial Agreement. These are summarised as follows:

- Hard Facilities Management costs – buildings and engineering maintenance costs
- Soft Facilities Management costs - including cleaning, catering, grounds maintenance and security
- Utilities including gas and electricity costs and rates
- Lifecycle maintenance costs – replacing building and engineering elements during the life of the buildings

Net Additional Revenue Costs to the NHS Board have been estimated @ £0.062m per annum.

The above increased costs are largely as a result of the increase in the floor area of the proposed buildings compared to the existing buildings.

Affordability

This Initial Agreement has been prepared on the broad assumption that the project is to be procured through hubco using NHS Capital.

In order to be affordable the objective was for the project to be as close to revenue neutral as possible without compromising functionality or quality of the development.

Net Additional Revenue Costs to the NHS Board have been estimated @ £0.063m per annum including £0.037m of additional capital charges. These figures are net of additional non re-imburseable costs which require to be met by the Doune GP practice. The practice has provided confirmation that the financial implications are affordable to them and are keen to proceed with the development.

The new buildings are expected to be more efficient in terms of energy usage and maintenance costs compared to the existing buildings and this will assist in meeting the increases in these costs arising from the increases in building size. In addition, there is currently property related expenditure on the existing buildings which can be used to offset the property related costs associated with the proposed new buildings.

It should also be recognised that the investment in this project will reduce the backlog maintenance expenditure requirement (£120k) in relation to the existing Health Centre. Therefore, the project will enable NHS Forth Valley to avoid expenditure on a proportion of this backlog maintenance over the next decade or so.

As part of the value for money assessment process required at the Standard Business Case stage, a detailed shadow bid model of anticipated project costs and financial flows will be prepared. This model should provide projections of the various cost components of the project.

Value for Money

In line with the recent guidance issued in relation to primary healthcare premises, an initial Value for Money Scorecard is included at Annex C of this document. The scorecard has been prepared in consultation with the hub East Central Territory team and Scottish Futures Trust.

The diagram in Annex C is extracted from the scorecard and shows that at this stage the project is almost in line with the new performance metric.

Outline Management Case

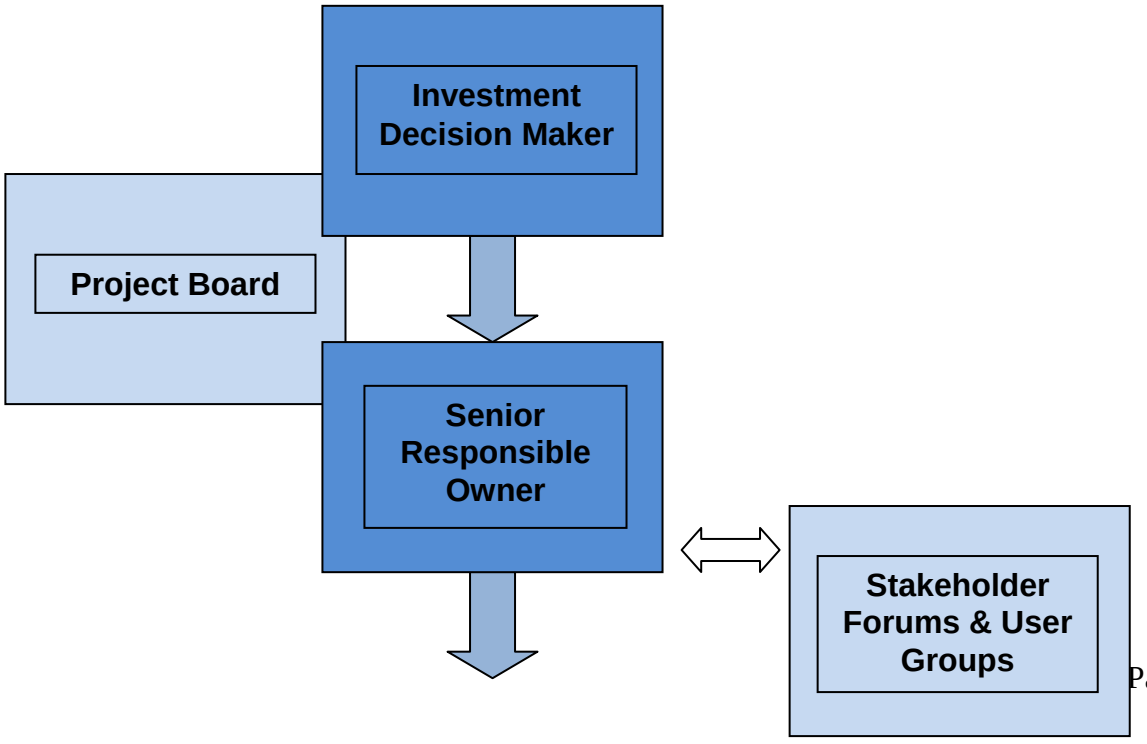
The purpose of the Management Case is to describe how the organisation will ensure the project will be managed effectively and the investment objectives and benefits will be delivered successfully.

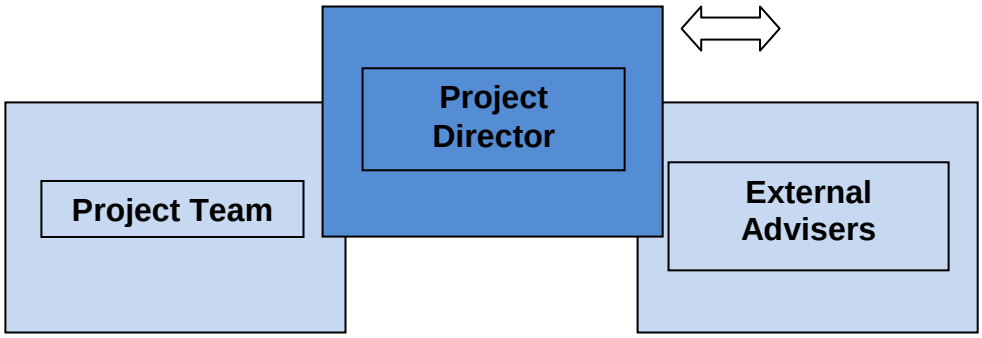
The project described in this Initial Agreement is an integral part of implementing NHS Forth Valley's Integrated Healthcare Strategy taking account of the direction set out in the Health Plan.

Project Governance

NHS Forth Valley has a strong track record of effectively managing both capital projects and change programmes to ensure that investment objectives and benefits are delivered successfully.

In compliance with the Scottish Capital Investment Manual, this project will deploy a Programme & Project Management Approach (PPM) with a structure as shown below.





The PPM approach will be applied to this project to ensure that:

- A process and audit control framework is applied to the project
- Project risks are being managed effectively
- Learning and good practice points can be transferred to other projects across Forth Valley

The roles and responsibilities allocated across the structure are shown in the table that follows.

Role	Responsibility
Investment Decision Maker	Collective and final responsibility for the approval of the Investment Proposal
Senior Responsible Owner	Personal accountability and overall responsibility for the delivery of the successful outcome
Project Director	Leading, managing and co-ordinating the Project Team on a day to day basis
Project Board	Provides the SRO with stakeholder and technical input to decisions affecting the project
Project Team	Takes forward the decisions of the Project Board and develops the operational elements of the project
Stakeholder forums and User groups	Provides the Project Board with further insight and advice on the detailed requirements of the project

The nominated officers for this programme are shown in the table that follows.

Investment Decision Maker	NHS Forth Valley Board
Senior Responsible Owner	Kathy O'Neill, General Manager, Community Healthcare Partnership
Project Director	Morag Farquhar, Programme Director
Project Board	Performance & Resources Committee

A Project Team will be established and include senior managers from the NHS Board, partner organisations and external advisors. The project will be managed in accordance with PRINCE 2 methodology.

Risk Management

The key high level risks associated with this project have already been identified and these are set out in this Initial Agreement. A more detailed risk register will be established which will be regularly reviewed and continually updated during the life of the project.

Benefits Realisation

As with risk management, benefits realisation will also require active management if the benefits envisaged from this project as set out in this Initial Agreement are to be fully realised. A benefits realisation plan will be established and overseen by the Project Board. This plan will clearly describe each benefit including the success measure and will also show who has the accountability for its realisation.

Stakeholder Engagement

There has been a high level of appropriate stakeholder engagement to date through the pilots developed for the Health and Care Framework and this will continue through the life of the project. Stakeholder groups have been identified; this membership will be kept under review to ensure appropriate representation and engagement at all times. The Project Team will have ongoing responsibility for the active management of communication with and involvement of stakeholders during the life of the project.

Indicative Programme Timetable

The indicative timetable for implementation of the project is set out in the table below.

Milestone	Date
Initial Agreement Approved	May 2014
Issue New Project Request	June 2014
Stage 1 Approvals	October 2014
Stage 2 Approvals	March 2015
Contract financial close	May 2015
Construction mobilisation	June 2015
Construction complete	April 2016

Annex A

Assessments of the long list of options in terms of how well they meet the investment objectives and critical success factors

Scope Options			
	1	**2**	**3**
	Status Quo	**Expanded Range of Local Health & Social Care Services**	**Expanded range of local services and extended geographic area**
Investment Objectives:			
Person Centred Care	**X**	**Y**	**Y**
Service Integration	**X**	**Y**	**Y**
Improved access to treatment	**X**	**Y**	**Y**
Improved service effectiveness and efficiency	**X**	**Y**	**Y**
Critical Success Factors:			
Strategic Fit	**X**	**Y**	**Y**
Value for money	**X**	**Y**	**Y**
Achievability	**Y**	**Y**	**Y**
Acceptability	**X**	**Y**	**?**
Affordable	**Y**	**Y**	**Y**
Flexibility	**X**	**Y**	**Y**
Summary	**Carried forward only as a benchmark**	**Preferred**	**Carried Forward**
Rationales for assessment:			
Main advantages	Very few	Will facilitate and enable additional services to be provided locally	Provides opportunities to provide critical mass for extended services such as diagnostic and treatment services for a wider population/catchment area
Main disadvantages	Fails to meet most of the investment objectives and critical success factors	Very few	Radical change which will require significant resource input and management of expectations and risks

Conclusions	Only carried forward as a benchmark to compare other options against	Meets the investment objectives and critical success factors	Meets the investment objectives but potential overprovision of services

Note: Y = Meets the objective or CSF; X = Does not meet the objective or CSF;? = questionable/unlikely to meet the objective or CSF

Service Solution Options			
	1	**2**	**3**
	Status Quo	**Integrated Health and Social Care Service Model**	**Integrated Service Model with less IP beds in Community Hospital**
Investment Objectives:			
Person Centred Care	**X**	**Y**	**Y**
Service Integration	**X**	**Y**	**Y**
Improved access to treatment	**X**	**Y**	**Y**
Improved service effectiveness and efficiency	**X**	**Y**	**Y**
Critical Success Factors:			
Strategic Fit	**X**	**Y**	**Y**
Value for money	**X**	**Y**	**Y**
Achievability	**X**	**Y**	**Y**
Acceptability	**X**	**Y**	**Y**
Affordable	**Y**	**Y**	**Y**
Flexibility	**X**	**Y**	**Y**
Summary	**Carried forward**	**Preferred**	**Discounted**
Main advantages	No change to manage	Best strategic fit with policy and local needs. Fully meets investment objectives and critical success factors	Good strategic fit with policy and local needs and sets out to bring about a real reduction in hospitalisation and drive real change in local services to achieve the required levels of retention of patients in the community
Main disadvantages	Fails to meet most of the investment objectives and critical success	Potentially high in resources and costs	Risk that reduced number of beds will be inadequate and result in more admissions to

	factors		acute hospitals
Conclusions	Only carried forward as a benchmark to compare other options against	Preferred as it is most likely to fully meet investment objectives and critical success factors	Too radical to carry forward. Not compatible with plans for Stirling Care Village
Service Delivery Options			
	1	**2**	**3**
	Status Quo	**Additional Teams with separate facilities**	**Integrated Health & Social Care Team**
Investment Objectives:			
Person Centred Care	**X**	**Y**	**Y**
Service Integration	**X**	**X**	**Y**
Improved access to treatment	**X**	**Y**	**Y**
Improved service effectiveness and efficiency	**X**	**?**	**Y**
Critical Success Factors:			
Strategic Fit	**X**	**Y**	**Y**
Value for money	**X**	**Y**	**Y**
Achievability	**X**	**Y**	**?**
Acceptability	**X**	**Y**	**Y**
Affordable	**Y**	**Y**	**Y**
Flexibility	**X**	**Y**	**Y**
Summary	**Carried forward as benchmark**	**Carried Forward**	**Preferred**
Main advantages	No change to manage	Flexible – enabling new teams to be formed to meet local needs. Essentially an incremental approach that should be more easily managed	Provides the best strategic fit for the service model that is proposed in some options
Main disadvantages	Fails to meet most of the investment objectives and critical success factors	Risks continuation of current fragmented provision of services and creation of further silos. Doubts concerning its	A major change to implement across different organisations with different cultures, policies, procedures etc. Potential risks around

		ability to deliver effectiveness and efficiency improvements	achievability
Conclusions	Only carried forward as a benchmark to compare other options against	Worth further investigation since it has potential for meeting needs at a relatively low cost	Preferred as it is most likely to fully meet investment objectives and critical success factors

Implementation Options			
	1	**2**	**3**
	Gradual Expansion	**Step Changes**	**Develop Integrated Health Centre as single project**
Investment Objectives:			
Person Centred Care	**X**	**Y**	**Y**
Service Integration	**X**	**X**	**Y**
Improved access to treatment	**X**	**Y**	**Y**
Improved service effectiveness and efficiency	**X**	**?**	**Y**
Critical Success Factors:			
Strategic Fit	**X**	**Y**	**Y**
Value for money	**X**	**Y**	**Y**
Achievability	**X**	**Y**	**Y**
Acceptability	**X**	**Y**	**Y**
Affordable	**Y**	**Y**	**Y**
Flexibility	**X**	**Y**	**Y**
Summary	**Carried forward for Do Minimum option**	**Carried Forward**	**Preferred**
Rationales for assessment:			
Main advantages	Relatively simple and easy to manage and the only realistic option for incremental extensions and changes to existing properties in the Do Minimum option	Provides a flexible approach to implementing options involving smaller capital schemes associated with some options – duplication of existing teams and facilities	Provides a strategic approach that creates opportunities for co-location, increased capacity and purpose designed facilities for the redesigned and modernised care and service model
Main disadvantages	Not a strategic solution that fits the scale of the changes needed	Flexibility – individual projects can be tailored to suit local needs	"Big bang" approach that needs careful project management. Relies on modelling and capacity planning being right otherwise risk of over capacity being provided
Conclusions	Carried forward only for the Do Minimum	Carried forward as probably the best	Preferred for the proposed changes in the service model

	option	approach for some options	

Funding Options			
	1	**2**	**3**
	NHS Capital	**hubco revenue solution**	**Cost Rent Scheme**
Investment Objectives:			
Person Centred Care	**NA**	**NA**	**NA**
Service Integration	**Y**	**Y**	**Y**
Improved access to treatment	**NA**	**NA**	**NA**
Improved service effectiveness and efficiency	**Y**	**Y**	**?**
Critical Success Factors:			
Strategic Fit	**NA**	**NA**	**NA**
Value for money	**Y**	**Y**	**?**
Achievability	**?**	**Y**	**?**
Acceptability	**Y**	**Y**	**Y**
Affordable	**?**	**?**	**?**
Flexibility	**Y**	**?**	**?**
Summary	**Preferred**	**Discounted**	**Discounted**
Main advantages	Well established, traditional funding route	The hub initiative was established and is purpose designed for this type of community project	Well established funding route for GP premises
Main disadvantages	High level of risk of not being available for this project due to current economic climate	Potentially more expensive than traditional NHS capital route and is revenue based and therefore has long term affordability issues	Not designed for this type of project which is too large, complex and capital intensive for this funding route
Conclusions	Preferred	Discounted	Discounted

Annex B

Capital Cost Estimates (Reference Project)

			£
Construction cost :			**1,653,982**
comprising:			
- Prime Cost - 619m2 @ £1,500			*985,974*
- External Works Cost - 619m2 @ £300			*198,532*
- Prelims	*20.00%*		*236,901*
- Design Fees	*12.645%*		*179,737*
- OHP	*3.30%*		*52,838*
Project Development Fee (D&B Equiv)	1.0%	of PC&Prelims	11,845
Construction Management	0.50%	of PC&Prelims	7,107
Hub Co. Portion	2%	of PC&Prelims	28,428
Planning permission & BW estimate			15,000
Site surveys & investigations			25,000
Risk	1.0%	of PC&Prelims	14,214
NPR Affordability Cap		£	**1,755,576**
Other Client Costs			
Client Risk	10.0%	of PC&Prelims	142,141
Decant/Move - SFT Estimate			10,000

Total Estimated Project Cost Equivalent to metric			£	**1,907,717**
VAT	20.0%			381,543
FF&E/ITelecoms/others	10.0%	of PC&Prelims		156,355
Total Estimated Project Cost Equivalent to metric			£	**2,445,615**

Annex C

Value for Money Scorecard

VALUE FOR MONEY SCORECARD

Doune Health Centre

Version 1.0

29 January 2014

PROJECT SUMMARY

Project Name:	Doune Health Centre	
Health Board:	NHS Forth Valley	
Local Authority:	N/A	
Total Project Cost:	**£1,907,717**	(Incl NHS Direct Costs)
Hubco Affordability Cap:	£1,755,576	
Hubco Current Project Cost:	£1,755,576	(Equivalent to the Affordability Cap)
Site Abnormals:	£0	
Gross Internal Area:	619	m2
Nr of GP's:	3	nr
Car Parking Spaces:	30	nr
Storey's:	1	nr

1.0 SUMMARY OF METRICS	Updated Metric	New Project (Excl Abnormals)	Diff +/-
Total Project Cost *(£/m2)*	£2,708	£3,082	£374
Prime Cost *(£/m2)*	£1,593	£1,593	-£0
Area Per GP *(m2/GP)*	160	172.09	12.49
Ratio Support Space *(Ratio)*	1:3	3.0	-0.02
Life Cycle *(£/m2)*	£18.00	£18.00	£0.00

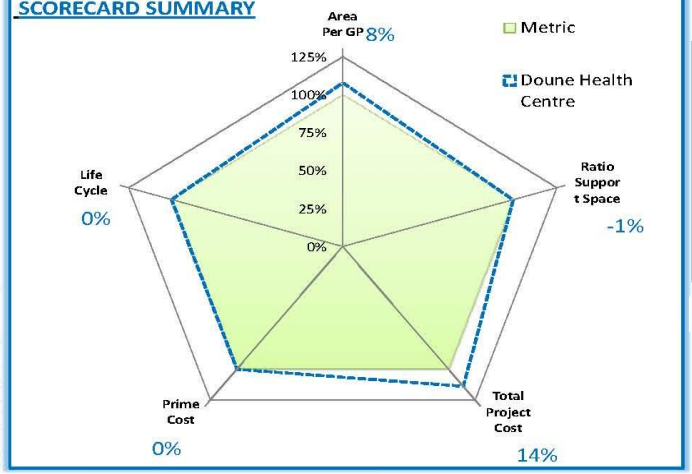
PERFORMANCE METRICS

5.0 Cost Metric	Metric at 4Q 2012		Updated Metric at FC	
	Base	4Q2012	FC Date	2Q 2014
	Project Cost £/m2	Prime Cost £/m2	Project Cost £/m2	Prime Cost £/m2
<1000m2	£2,550	£1,500	£2,708	£1,593
1,001 – 5,000m2	£2,350	£1,450	£2,496	£1,540
5,001m2>	£2,250	£1,400	£2,389	£1,487

Inflation Uplift :-	6.19%
Area Metric B	1:3

6.0 Area Metric A	
Nr of GP	Area/GPm2
3	160
4	152
5	137
6	130
7-9	123
10-11	116
12-16	109
17-20	105
21>	100

SCORECARD SUMMARY



Description Of Scorecard

Area Per GP- Area per GP's based on banding listed within table 6. This refers to the Nr of GP's and not practices. This measures the space efficiency of the new project.

Ratio Of Support Space - Ratio of Clinical provision versus circulation and support space. Metric of 1m2 of clinical equal to 3m2 of support space. Metric equal to 1:3. Refer to table 7.0 below. This measures the space efficiency of the new project.

Total Project Cost - £/m2 rate for total cost for new project. Metric rates outlined in table 5.0 above.

Prime Cost (Excl Exts)- £/m2 rate for total cost for work packages for the project excluding external works. Metric rates outlined in table 5.0 above.

Life Cycle Cost - Metric of £18/m2 against new project based on standard service spec.

FINANCIAL ASSESSMENT

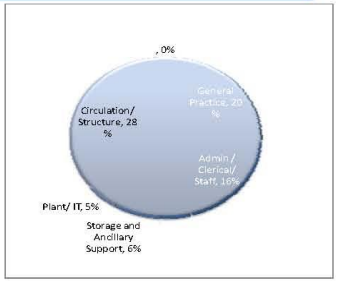
2.0 Abnormals	Elem	Prime	Fee's	Total Adjustment
				£0
				£0
				£0
				£0
				£0
				£0
Total		£0	£0	£0

3.0 Total Project Cost Breakdown	Total (Incl Abnormals)	Rate £/m2	Total (Excl Abnormals)	Rate £/m2
Substructure	£985,974	£1,593	£985,974	£1,593
Superstructure		£0	£0	£0
Finishes		£0	£0	£0
Fittings & Furnishing		£0	£0	£0
M&E		£0	£0	£0
Prime Cost	£985,974	£1,593	£985,974	£1,593
External Works	£198,532	£321	£198,532	£321
Project Fees (Design, surveys, Hubco fee)	£571,070	£923	£571,070	£923
Hubco Affordability Cap	£1,755,576	£2,836	£1,755,576	£2,836
NHS -Decant/Management	£10,000	£16	£10,000	£16
NHS - Contingency	£142,141	£230	£142,141	£230
TOTAL PROJECT COST	£1,907,717	£3,082	£1,907,717	£3,082

4.0 FM & LCC	Metric	Actual	Diff
Life Cycle Cost	18	18	0.00
Hard Facilities Management	19	19	0.00

Items	%	£
Post FC Risk	1.5%	£13,893
Pre FC Risk	0.0%	
NHS Cont	7.9%	£138,926

NHS Board Commentary on Financial Assessment
Practice consists of 2.5 GP's, 1 Registrar and 2 x Trainee GP's. LCC & FM Not applicable for D&B project. Total NHS budget including VAT & other FF&E/IT is £2,445,615.



AREA METRIC ASSESSMENT

7.0 Functional Area	Area	%
General Practice	127	20%
Other Health Services	29	5%
Local Authority	0	0%
Patient Interface	95	15%
Admin / Clerical/ Staff	100	16%
Staff Facilities	25	4%
Storage and Ancillary Support	39	6%
Plant/ IT	29	5%
Circulation/ Structure	176	28%
Total GIA	619	100%
Omit Abnormals		
GP & Other Health Services	-156	-
LA Facilities (Incl circ/plant)	0	-
Nett Support Space	464	Diff
Ratio Clinical Vs Support Space	**1: 3.0**	0.0

Nr of GP	Metric (m2/GP)	Actual (m2/GP)
3	160	**172**

NHS Board Commentary on Area Provisions
Provison for half a GP leads to the provisin of space which sits between 3 & 4 GP's.

Annex D

Design Statement

The objectives the project seeks to achieve are outlined in the Initial Agreement, namely:

- Care at home or in a patient's community provided by the most appropriate person with the right skills.
- Greater equity of service provision, positive experience of health and social care and of the environment in which services are provided.
- The care provided should respect individual needs, values and preferences and should be based on shared decision making.
- Improved access to care and treatment through changes in the location of services, reduced travel time/distance/cost and shorter waiting times.
- Easier journey through health and social care system with a single point of access.
- As many services as possible should be available at each visit.
- Using telemedicine or telephone consultations for an increasing numbers of return and routine outpatients.
- To provide care and treatment by working in partnership with other organisations (LA, voluntary & independent sectors), through extended community teams, with professionals, patients, carers and communities as full partners.
- Improved service effectiveness and efficiency, greater efficiency in the use of resources including staff time.
- Improvements for staff resulting in greater job satisfaction and less turnover/sickness.

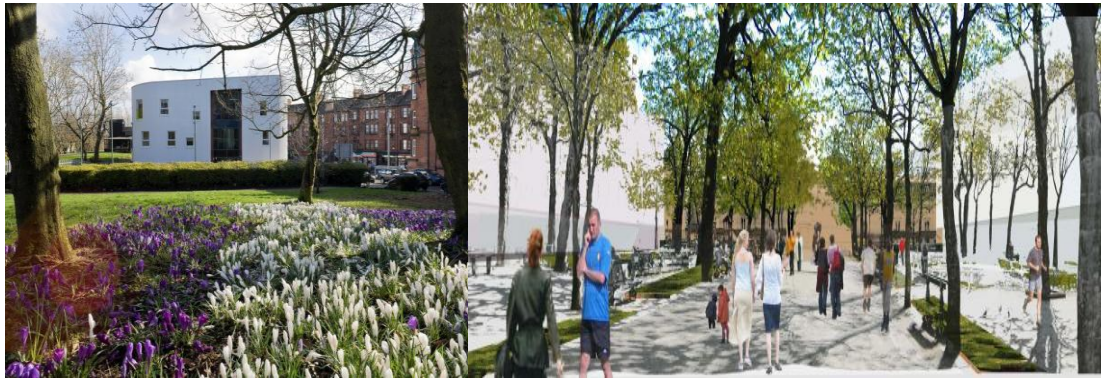
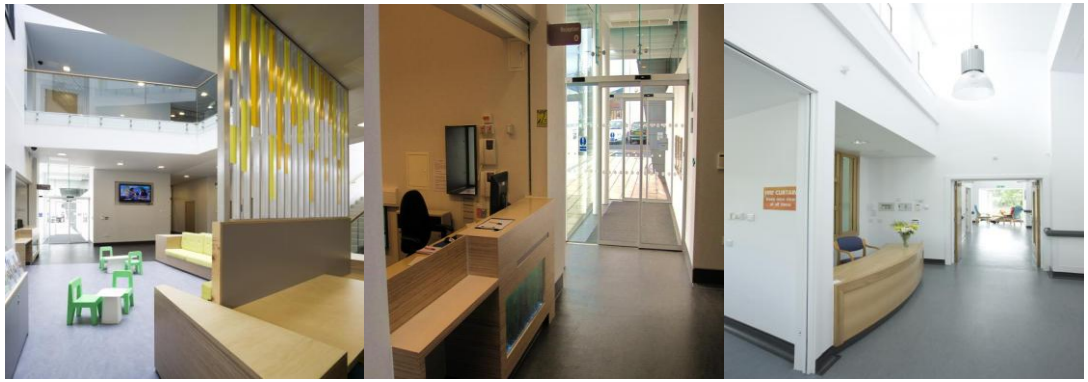
Therefore, in order to realise the above objectives through investment in facilities, the resultant facility must possess the following attributes:

1 Non-Negotiables for Patients

Physical accessibility to the site and into and around the building is paramount. There is a need to ensure Equality Act compliance including wheelchair user accessibility – appropriately designed, barrier-free paths, automatic entrance doors to be provided, corridor doors to be appropriate (either easy to manipulate or held open). Equally important to design for those with physical impairment is that for those with cognitive difficulties and attention must be paid to designing for dementia etc.

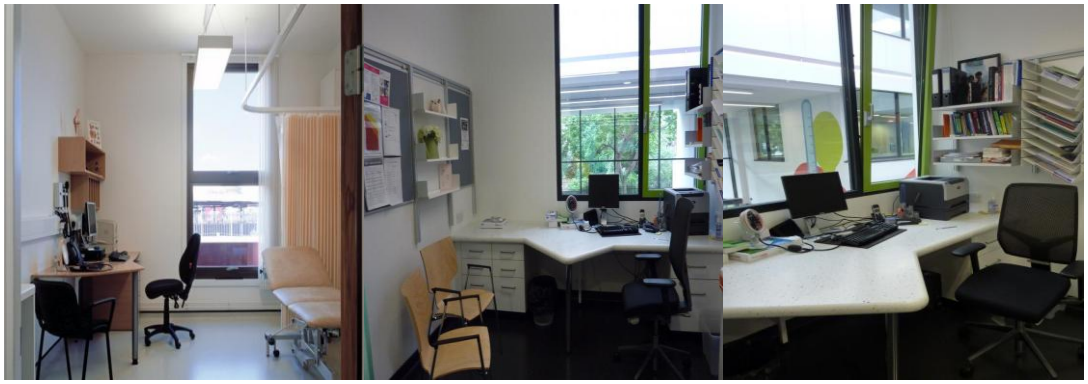
Agreed Non-Negotiable Investment Objective	Benchmark Standard – The criteria to be met and/or some views of what success might look like
1.1 The facility must improve access for people coming from remote locations by car, but be no harder for those walking from the village or using buses. Its location must be clear for infrequent	• Within the village of Doune, well connected to main pedestrian routes by level/gently sloping paths. • Clear signposting from A84 and/or A820 for pedestrian and vehicle routes. • Pedestrian on site routes to be attractive and well lit, with a 'nature walk' feel.

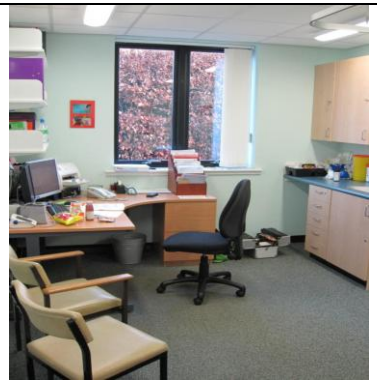
and ‘one-off’ patients such as tourists.	• Entrance within 5 minutes walk of a bus-stop • Off-street parking provision available for patients • You can see where you go to park on entering the site.
1.2 The facility should not feel ‘out of place’ in its setting, but familiar and comfortable for patients with the landscape (paving, plants , vehicle areas) an integral part of public routes and the building being of a similar scale and nature to other buildings in Doune. It should have a professional, but not overly harsh, feel. The entrance must be obvious from arrival routes.	 Images: Robin House, Waterford Health Park, Stratheden Hospital  Images: Chalmers Health Centre, Dunscore Health Centre (x2) (Anderson Christie Architects)

	Pedestrian routes to make good use of existing and new planting (including views to mature trees etc) to provide some shelter and be more like a nature walk.  Images: Plean St Centre, Springfield Village
1.3 On entering, there must be a direct view to a single 'place' to check in irrespective of the service being accessed, though individuals personal needs and preferences must be accommodated at check-in. The design must project the 'friendly atmosphere' of the practice/service.	• Reception facilities offering the choice of face-to-face and electronic check in. • Reception areas designed to provide some privacy to conversations, being a step away from circulation routes and waiting areas  Images: The West Centre (x2), Migdale Hospital

	 Images: Plean Street Centre, Villa Street Medical Centre (x2)
1.4 Patient's routes around the facility must be short (particularly routes from waiting to consulting/treatment), pleasant and clear. The route from consulting/treatment must not put patients immediately 'on show' but allow a moment to compose themselves.	 Images: The West Centre, Dumfries Dental Centre, The Waldron Health Centre

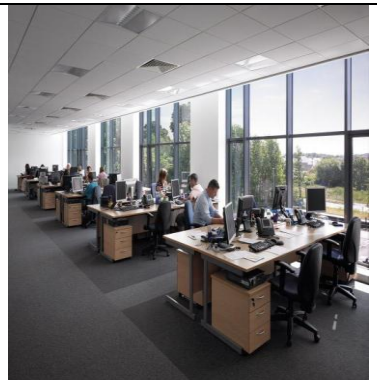
	 Images: The Bamburgh Clinic, St Nicholas Hospital, Stratheden Hospital
1.5 The waiting area (including any immediately accessible external areas) must cater for the different needs of patients, considering age and personal preferences, a pleasant place providing: • opportunities for social interaction and support, and areas of a more private nature, • positive distractions – something interesting to look at and a place for children to play, • clear connection to staff for assistance and call to appointments.	• Clear view to patient call system, • Good daylighting and a view to nature • not overlooked by housing • access to health information and support through the use of printed material and ICT • flexibility in layout to allow visiting services and third sector to hold promotion events (see also 2.3 below)  Images: The West Centre (x2), Dumfries Dental Centre

	 Images: Advance Dental Centre, New Stobhill Hospital, Kentish Town Centre
1.6 The design and location of consulting and treatment rooms must provide good daylight while retaining adequate visual and audio privacy.	

	 Image: Kelso Health Centre

2 Non-Negotiables for Staff

Agreed Non-Negotiable Investment Objective	Benchmark Standard – The criteria to be met and/or some views of what success might look like
2.1 The layout of the site must provide: • safe and reliable access for staff (both resident and visiting) in daylight and darkness. • for deliveries and storage/transfer of waste materials to be managed discretely	• All staff routes on site to be well lit, with casual observation from occupied areas of the facility and/or adjacent properties. • Parking must be provided conveniently to a discrete entrance with easy route for those handling large items of equipment etc. • Routes for visiting professionals must allow them to 'check in' with resident staff on entry • Bin/recycle stores and delivery entrance placed out of sight of main public routes and spaces.
2.2 The layout of the facility must promote team working across all service providers.	• Staff routes around the facility to be shared , not separate, allowing impromptu meetings and conversations • Like functions (like administrative space or consulting rooms) should be provided together • The layout of activities and routes should make it easier to talk to a colleague face to face than to send e-mails.

	 Image: Renfrew Health & Social Care Centre
2.3 The facility must support the education and continuing development of staff.	Space for group learning and accessing IT based education material should be provided. This should be designed and located so that it can be used (on its own and in conjunction with other spaces) for other purposes, including by community groups and the public for events and to support access to information and support.
2.4 The layout of public areas (consult/treatment/meeting/waiting) must provide flexibility in use for visiting services and for additional activities such as health promotion, support groups, fundraising.	• Bookable consulting and treatment rooms provided alongside rooms intended for GP use and served from the same reception/circulation. • Meeting rooms/education areas and waiting areas designed to be used individually and as a suite for special events and out of hours activities
2.5 The facility must support the introduction and use of telehealth.	IT/E-Health infrastructure to meet applicable standards to be installed with flexibility for adaptation in the future, including internet connectivity and v/c capability. Consideration to be given to wireless installation to promote flexible working/use of mobile equipment.
2.6 There must be a place staff to be able to rest, socialise and make food/refreshments convenient to work areas, to encourage use by all.	Attractive space, placed away from public view to all staff to be 'off duty'. An external area should also be provided to ensure that staff have the opportunity for a breath of fresh air in their day.

	 Images: Brent Birth Centre, The West Centre, Advance Dental Centre

3 Non-Negotiables for Visitors/Carers/Dependents

The needs of these people will be largely met by the objectives above, only additional criteria are noted below

Agreed Non-Negotiable Investment Objective	Benchmark Standard – The criteria to be met and/or some views of what success might look like
No additional needs identified	

4 Alignment of Investment with Policy

Agreed Non-Negotiable Investment Objective	Benchmark Standard – The criteria to be met and/or some views of what success might look like
4.1 The development would be a significant investment in Doune, and must contribute positively the appearance of the village and the amenity of routes and spaces.	• With the preferred site sitting between the established areas of the village and consented/planned developments in housing and amenity green space. The layout must provide easy and pleasant pedestrian connections between these areas encouraging access to green exercise. • The development must take cognisance of the surrounding area and foster good relationships with neighbours – ensuring that traffic impacts during

	construction and operations are minimised and that sufficient parking is provided on-site to prevent on-street parking becoming a nuisance. • The released site is on a key route from the high street to the school, and adjacent to the fire service. Long term vacancy on this site would be detrimental to the appearance of the village. Opportunities will be sought to work with partners in the public sector to ensure the early redevelopment of this plot into an attractive and appropriate amenity, or ensure any sale for private use results in a visually attractive development.
4.2 The development strategy must identify how services could be expanded on the site should additional housing be consented or other demographic changes increase demand in the immediate locality.	• Flexibility of structure and services needs to be built into the design of the building. Types of accommodation to be located logically to allow for flexibility between uses/types of care eg clinical areas and office areas and specifications to be such to allow use by all on an ad hoc or more permanent basis. In general 10% expansion space to be allowed.
4.3 The development must be resource efficient and easy to clean and maintain	• BREEAM accreditation – Excellent rating to be achieved. • Every opportunity to be taken to implement sustainable building solutions, particularly where these are linked to carbon reduction and energy saving measures • Surfaces/finishes to be durable and easy to clean: use of the HAI-Scribe process and input from Infection Control advisors is essential. • Service routes to be planned appropriately with safe access and to allow maintenance/replacement without undue disruption to service users/providers. FM routes should be separate from public ones. • M&E systems to be specified with due attention to lifecycle costs, ease of maintenance, replacing fittings etc.

The above have been developed and agreed through the involvement of the following stakeholders:

Doune Health Centre GP Practice
Representation from the GP Practice Patient Forum
Stirling Community Healthcare Partnership
NHS Forth Valley Strategic Projects & Facilities

SELF ASSESSMENT PROCESS – V1 AT INITIAL AGREEMENT STAGE

Decision Point	Authority of decision	Additional skills or other perspectives	How the above criteria will be considered at this stage and/or valued in the decision Information needed	Information needed to allow evaluation
Site Development Strategy	Decision by NHS with advice from the Steering Group		Analysis considering the capacity of the proposed site to deliver the required development including fulfilling the above criteria	Feasibility study based on the best available information to be developed.
Completion of brief to go to market	Decision by the NHS with advice from the Project Director	Stakeholders including service providers and internal technical advisors	Inclusion of the Design Statement in the brief	Early engagement with hubco and their process to assess the affordability/ deliverability of the brief
Selection of Delivery/Design team	Decision by the NHS with advice from the Project Director	Stakeholders including service providers and internal technical advisors as appropriate	Selection process per hubco method statements to be applied, with quality and cost considerations, to ensure that the best design team for the development is chosen from the hubco Supply Chain. Designers will have already been through a qualification process to become part of the Supply Chain. 'Participant' will be involved in the selection process for the project and can influence the outcome including, if	Previous experience/ examples of the designers' work on similar commissions. Interview process to include presentation/ questions regarding design approach and potential to fulfil the set criteria. Careful consideration will be given to the quality criteria set.

Selection of early design concept from options delivered	Decision by the NHS with advice from the Project Director		AEDET or other assessment of options to determine whether they meet the criteria	Proposals developed to Stage 3 with sufficient detail to allow distinction between the main uses of the building(s) including circulation and external space.
Approval of design proposals to be submitted to planning authority	Decision by the NHS with advice from the Project Director	NDAP Assessment	AEDET or other assessment of the proposals to determine whether they meet the criteria	Selected design to Stage 4 with elevations etc.
Approval of detailed design proposals to allow construction	Decision by the NHS with advice from the Project Director		AEDET or other assessment of the proposals to determine whether they meet the criteria	Design developed to Stage 5 with agreed specification.
Post occupancy evaluations	Consideration by appropriate internal governance groups with report to SGHD	Independent analysis by service providers, potential third party evaluation.	Assessment by stakeholders to determine whether the completed development met the set objectives.	