Outline Business Case for Investment in Facilities to Deliver Integrated Primary and Community Care in Doune

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Version: 15 Date: 15 September 2017

Contents

Addendum to Outline Business Case

The outline business case (OBC) has been updated to reflect the significant strategic developments that have taken place since the production of the Initial Agreement including the development of the Health Board's clinical strategy "Shaping the Future" and the establishment of the Clackmannanshire and Stirling Health & Social Care Partnership and the publication of the partnerships first Strategic Plan.

In service terms, there have been some significant changes to the landscape which positively impact on this business case, specifically the Stirling Care Village Business Case and the development of a health & social care hub at Callander.

These changes have been described in the strategic section of the business case with clarity on the positioning of the new Doune facility within a hub and spoke model, linking to both the Callander and Stirling Care Village hubs.

The option appraisal described in the Economic Case Section reflects a point in time in the development of the business case including a more ambitious option that could have established Doune potentially as a health and social care hub. Given the developments described above, this further strengthens the case for the preferred option; mitigates the need for a more ambitious solution and avoids the risk of duplication of services.

It is not proposed to undertake a new economic appraisal in light of these new developments as the preferred option remains the same. There is increased confidence by the Health Board and Health & Social Care Partnership that the preferred option, as described in this business case, will deliver the best and most cost effective solution.

1.0 Executive Summary

1.1 Introduction

This Outline Business Case (OBC) has been developed by NHS Forth Valley supported by community planning partners, third and independent care sectors, carers and representatives of the Doune community.

The purpose of the OBC is to identify a preferred option for delivering the preferred way forward that was identified in the Initial Agreement for the project. The OBC demonstrates that the preferred option fits within the local and national strategic context; delivers benefits for patients and the local community; provides value for money; sets out the likely deal; demonstrates its affordability; details the supporting procurement strategy and the management arrangements for the successful delivery of the project.

The investment sought through this Outline Business Case is a crucial element of a larger programme of work to design and deliver healthcare services fit for the future. The investment enables the Health Board to deliver its vision for future services described in the Healthcare Strategy 2016 – 20121 "**Shaping the Future**", specifically the sustainability of the primary care workforce and the modernisation of primary care premises. By supporting and enabling the delivery of a wider range of health and social care services to the rural community of Doune, it also supports the Clackmannanshire and Stirling Health and Social Care Partnership Strategic Plan, specifically the development of locality and place based services. Both strategic plans are underpinned by detailed clinical and needs assessments which confirm the need for improved and sustained primary care services to meet the current and future need of the community of Doune.

Doune Health Centre sits as part of a wider "hub and spoke" model of care centred around the Callander Health and Social Care Hub. Modernisation and expansion of the Health Centre facility including improved digital and telehealth/care capability will enable the community of Doune to access more services locally and will improve the efficiency and effectiveness of the core primary care team. The current Health Centre facility constrains significantly the work of the GP Practice and core primary care team.

1.2 Background

The project described in this Outline Business Case 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, led to this project being identified as a priority for taking forward to delivery stage.

Subsequently, in 2014 further work was done to develop an Initial Agreement for the project including the development and evaluation of a long list of options which led to the identification of a Preferred Way Forward.

1.3 How this document has been produced

This document brings together all of the previous and historical work undertaken on the project, including the work done in 2014 to develop an Initial Agreement, updates it and presents it in an OBC format.

The work of updating the information for this Outline Business Case 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 Outline Business Case document.

1.4 Public engagement

Stakeholders and community representatives have been involved in extensive public engagement and stakeholder exercises over a number of years most recently as part of the development of NHS Forth Valley's Healthcare Strategy 2016-2021 "**Shaping the Future**" and the development of the **Strategic Plan** for the Clackmannanshire and Stirling Health & Social Care Partnership. 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 has sought 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 and recognised involvement processes of such as the local Community Council to ensure that there is a high level of consistency with all the partners' approaches to planning and service change.

A rigorous appraisal of the shortlisted options for the project was undertaken as part of the development of this OBC. This exercise included a workshop involving a range of stakeholders including General Practitioners, clinicians, service managers and members of the local community and involved an appraisal of the non-financial benefits and risks of the short-listed options.

1.5 Structure of the Outline Business Case

The Outline Business Case has been prepared using the agreed standards and format for Business Cases, as set out in the SCIM – Business Case Guide. The primary purpose of an Outline Business Case is the identification of a preferred option and the assessment of value for money, affordability and achievability.

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.

1.6 The Strategic Case

This Outline Business Case clearly demonstrates that there is a strong Strategic Case for the investment in facilities to support core primary care provision as well as enabling transformational change in the delivery of health & social care through the Callander "Hub and Spoke" model.

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. The proposed new model of service delivery is fully in line with national and local policies and the strategic direction in the delivery of health and social care.

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

- A lack of appropriate and modern facilities limits the ability of the GP Practice team to respond to the changing and expanding need of the community of Doune
- Telecare and telehealth technologies are not able to be fully utilised or enabled in the current Health Centre building
- The opportunity to deliver fully integrated pathways of care as a "spoke" of the Callander hub is limited by the current infrastructure.

The proposals in the OBC will ensure progress is made on the above recommendations and are essential if we are to deliver a sustainable way of delivering appropriate and holistic care to individuals with long term conditions and multiple morbidity.

1.7 The Economic Case

The Economic Case in this Outline Business Case sets out how the Project Group has selected the preferred option for delivering the preferred way forward for the project. Previously, work on the Initial Agreement generated options for the project using the SCIM Options Framework approach. This 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. The preferred way forward 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 preferred way forward, 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 formed the shortlist of options shown below which were the subject of a rigorous option appraisal for this Outline Business Case.

The more ambitious option was discounted in favour of developing the Doune facility as part of the Callander hub rather than as a ‘hub’ in its own right risking duplication of resources within the rural Stirling area.

	Shortlisted Options			
	Option 1 Status Quo/ Do Min	**Option 2 Preferred Way Forward**	**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 - Wider range of 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 operating as a "spoke" in the Callander hub. . 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 as a 'Hub, delivering services beyond Doune catchment.
Service Delivery	Status Quo/Do minimum	Integrated Primary and Community Health teams co-located. Capacity within facilities for visiting Health and Social Care services as part of Callander Health & Social Care hub	Additional teams with additional, separate facilities	Fully integrated Health & Social Care Hub.
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 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.

It is intended that the Doune Health Centre will be delivered via the hub initiative, in partnership with Hub East Central Scotland Ltd (hubco).

The hub route has been established to provide a strategic long-term programme approach to the procurement of community-based development through joint local venture arrangements.

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. The relatively small size of this project means that the other two options are not effective delivery models for this project.

1.9 The Financial Case

The Project will be delivered under a Design and Build Development Agreement with hub East Central Scotland Ltd (hubco), governed by the terms and conditions of the East Central Territory Partnering Agreement and following the hub process.

Net Additional Revenue Costs to the NHS Board have been estimated @ £0.071m per annum including £0.047m of additional capital charges. These figures are net of additional non-reimburseable 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.

With regard to the Board's balance sheet, the asset would initially be capitalised at £2.420m and will be impaired by £0.605m following valuation to a carrying value of £1.815m. This estimate is based on experience of similar projects.

The equipment and IT procured separately will be accounted for by NHS Forth Valley as a non current asset.

1.10 The Outline Management Case

Under the hub initiative, NHS Scotland has provided an exclusivity arrangement which requires NHS Forth Valley to consider hub as the procurement option for all community based projects in excess of capital construction value of £750.000. Only if the project does not demonstrate value for money is there the option to consider other procurement options.

Template project agreements have been developed by the Scottish Futures Trust for Design and Build contracts. These template agreements are designed to be applicable for use by all of the public sector organisations as participants in the National Hub Programme as a basis for improved efficiency in contract procurement and delivery.

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 Outline Business Case 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.

Activity	Date
Stage 1 Completion	**March 2016**
Stage 2 Completion	**April 2017**
Stage 2 Completion	**August 2017**
Financial Close	**September 2017**
Construction	**October 2017 – June 2018**

The Strategic Case

2.0 Strategic Context

2.1 Strategic Context: National

This Business Case supports the following national policies and priorities:-

- **The Scottish Governments 2020 Vision (2011)**, specifically the vision that care will be provided wherever possible within community settings.
- **The National Clinical Strategy for Scotland (2016)**, specifically priorities related to :-
    - Providing effective healthcare services with an emphasis on primary and community care, and;
    - Increasing capacity in primary care across a wide range of professions
- **The Scottish Government Health and Social Care Delivery Plan (2016), including the 'triple aim' principles of better care, better health and better value. Specifically priorities relating to:**
    - Increasing demands from more people with long term conditions needing support from health and social care with an emphasis on self management and a focus on early intervention and prevention.
    - A greater emphasis on multidisciplinary team working in primary and community care including extended roles.
    - Addressing current pressures on primary and community services
    - Through the new Health and Social Care Partnerships, reducing inappropriate use of hospital services; shifting resources to primary and community care; supporting the capacity of community care; and supporting new models of care.
    - Addressing current workload pressures and recruitment challenges facing many GP practices.
- **The Public Bodies (Joint Working) (Scotland) Act 2014**, and its associated guidance, specifically the requirement to develop and implement place based models of care based around agreed health and social care localities. Linked to this is the implementation of the new Scottish GP contract which supports collaborative working across GP practices through GP clusters and multidisciplinary team working across the health and social care interface.

2.2 Strategic Context: Local

This Business Case also supports the following key local priorities:-

- **NHS Forth Valley Healthcare Strategy 2016 (Shaping the Future)** which identifies strategic priorities such as care being provided closer to home and more proactive management of people with long term conditions. The strategy also identifies more immediate priorities including measures to sustain and develop the GP workforce across Forth Valley and an ongoing commitment to modernising and improving primary care premises to better support the delivery of 21st century care.
  The Strategy also includes commitments to further embracing technology from two perspectives: supporting and improving communication between disciplines/agencies to improve team working, decision making and care; enhancing the opportunities for patients to access diagnostic tests and results

at home or in a setting closer to home, reducing unnecessary multiple visits to an acute or other hospital setting. Improvements to information management and sharing and the use of technology (and associated medical equipment) run through many of the key priorities of the Healthcare Strategy.

- **Clackmannanshire and Stirling Health and Social Care Partnership's Strategic Plan (2016-2019)** which supports national and local priorities for primary and community care, emphasising the need for a greater focus on anticipatory and planned care for people with multiple long term conditions; single points of entry to services for GP's and others ; and co-location of staff across professions and organisations.
  The Strategic Plan is underpinned by a strategic needs assessment, including needs assessments at the level of the three agreed localities across the Partnership. The needs assessment for the rural Stirling locality supports the need for improvements in service provision in Doune arising from planned increases in the local population.

2.3 Integrated Models of Care Delivery in Rural Stirling

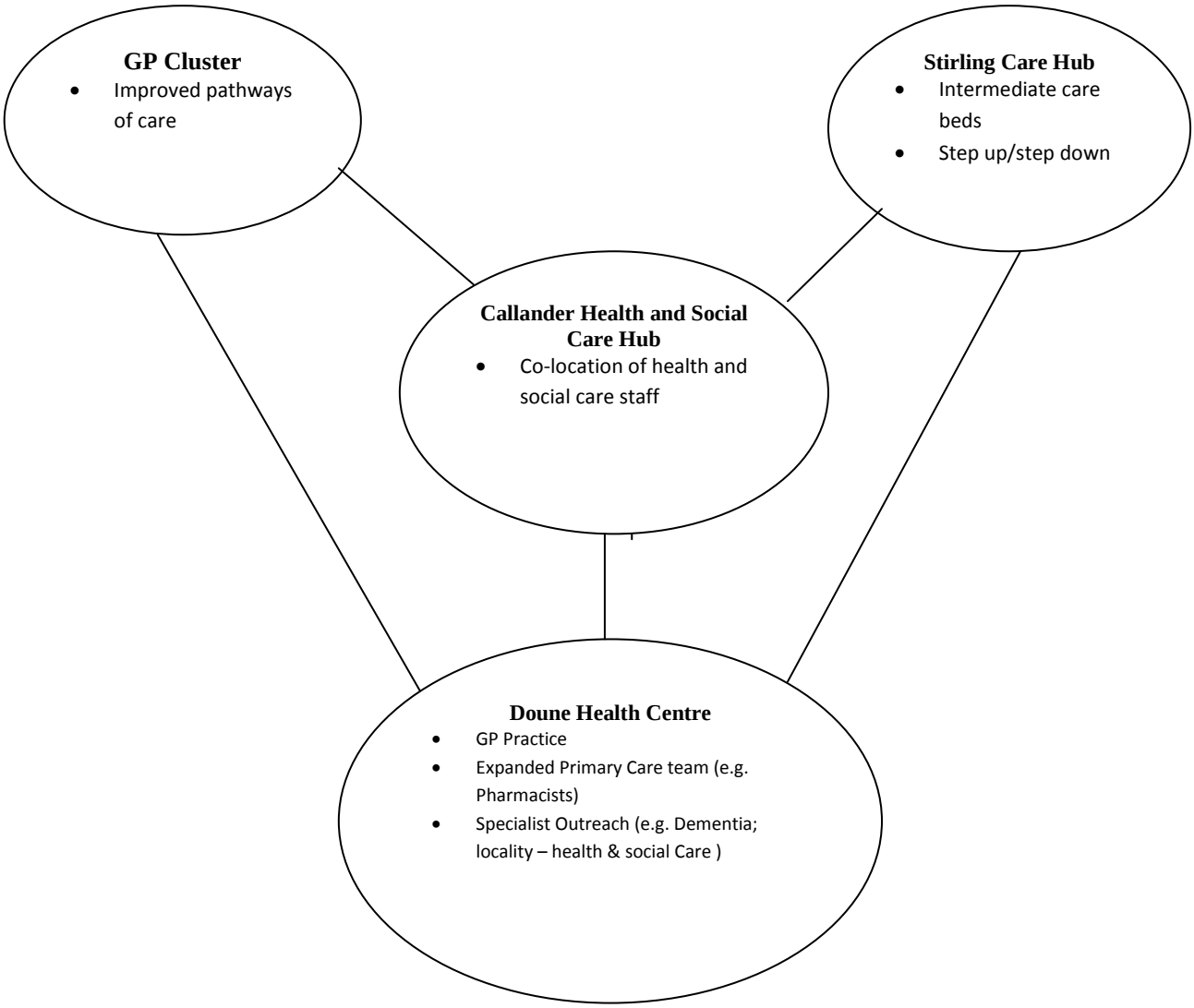
The community of Doune sits in the Stirling rural community and is part of the Callander integrated health and social care hub. The Callander hub was developed some years ago in response to the need for more integrated and coordinated responses aimed at preventing older people from admission to the acute hospital at Larbert or supporting earlier discharge. The Hub, which is based at Callander Health Centre along with GP practices, facilitates the co-location of health and social care staff including district nurses, AHPs, social work and social care staff.

While the proposed Doune Health Centre will not be a separate hub, it will, through modern and expanded facilities, ensure closer working with the Hub. It will enable expanded multidisciplinary team working and, where appropriate, outreach from Callander. This is not possible within the constraints of the current Doune Health Centre building.

There is also no scope within the current facility for specialist teams to provide clinics/support on an outreach basis e.g. Specialist dementia team is committed to deliver more services within the new facility, and the proposed new facility would support outreach from a range of services.

2.4 Linkages with Other Developments including Stirling Care Hub

Work is now underway on the Stirling Care Village which will include a Care Hub providing an integrated health and social care facility. This will provide intermediate care bed capacity for Stirling city and the part of rural Stirling which is covered by the Callander hub and Doune GP practice. This will enable integrated pathways of care to be developed between the Stirling and Callander hub in the model shown below:-



2.5 Integrated Workforce Models in Primary Care

NHS Forth Valley has experienced a number of significant pressures in sustaining GP workforce in a number of GP practices across Forth Valley, resulting in the Health Board taking on responsibility for the delivery of primary care services for some communities. In responding to these challenges, the Health Board has piloted new and innovative workforce models, expanding the primary care team beyond traditional GP, Practice nursing and District nursing to include Advanced Nurse Practitioners; practice based Pharmacists, Community Psychiatric Nurses and Physiotherapists. A pilot of SAS paramedics attached to a GP practice was also successfully undertaken in one GP practice in Falkirk.

In line with the National Delivery Plan, the National Clinical Services Strategy and the new GP contract, NHS Forth Valley will look to expand the primary care workforce, taking into account the learning from local pilots and national commitments in relation to primary care pharmacists, primary care mental health and the expansion of SAS paramedics.

The learning from the practices where these expanded primary care teams have been developed clearly demonstrates that availability of adequate and appropriate accommodation is a prerequisite to the successful implementation of expanded multidisciplinary team working. The current Doune Health Centre is severely constrained in this respect while the proposed new build would ensure that residents of Doune would be able to benefit from these new models of multidisciplinary working.

Although the project described within this Outline Business Case is relatively small, the effect that it will have on the ability to deliver NHS Forth Valley's strategic vision and the Health and Social Care Partnership's Strategic Plan should not be underestimated. This project provides a vehicle for implementing changes that provide the capacity and capability to achieve significant benefits of strategic and operational importance for patients and staff in the Doune community.

3.0 Existing Arrangements

Doune Medical Practice has had a longstanding challenge in meeting an expanding population. The Practice, currently has 4,000 registered patients. Around 180+ new homes/flats have been built in Doune and Deanston over the last few years and this has led to an increase in the practice list size of approximately 600 patients. It is envisaged that an expected further 100 patients will register when the house building is complete. Furthermore, there is also a further new housing development under construction in Thornhill at present, and planned developments in Dunblane 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 is essentially incapable of extension. (The site size is constrained, surrounded by adjacent, occupied property and could not even if extended, which would be difficult to achieve, provide appropriate clinical and ancillary facilities, on top of parking and accessibility issues.) 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 and future population needs, the proposals in this Outline Business Case 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 in the middle of residential area of Doune and is owned by NHS Forth Valley. A capital receipt will be forthcoming when the building is sold on occupation of the proposed new Health Centre.

Whilst the primary driver for change in project in this Outline Business Case is service modernisation and redesign for transformational change in the provision of care, 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.

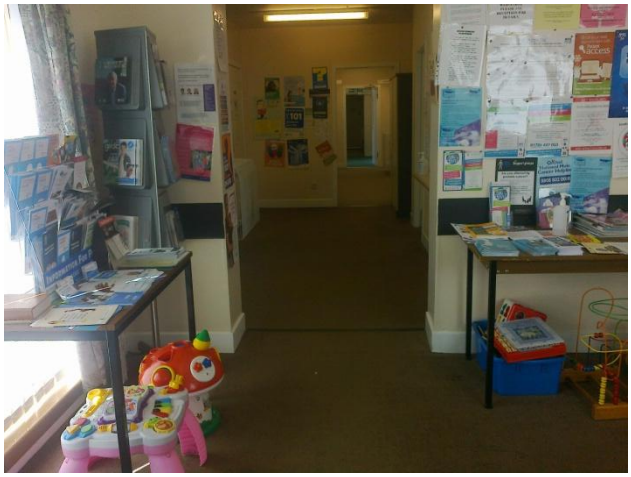
Name	Building floor area sq.m		Current condition & performance of the Estate based on National Standards (Estate Code Appraisals)			
	Existing	Required	Physical Condition	Statutory Standards	Space Utilisation	Functional Suitability
Doune Health Centre	**267**	**605**	**Investment required to bring back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

The table shows that the main problems with the existing property are 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 stage 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. A floor plan of the existing building, including its extensions (two modular units), is included at Appendix A, some images are below.

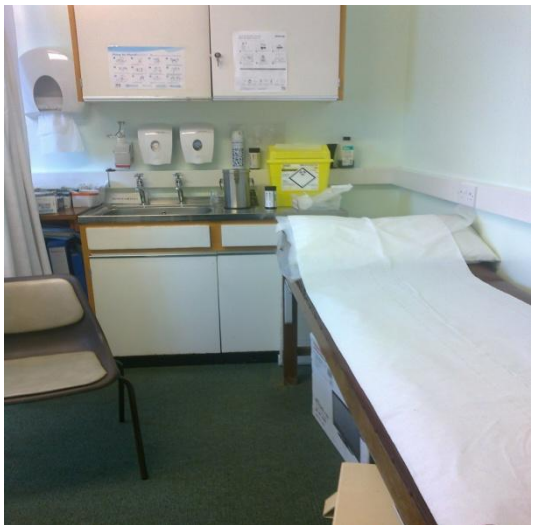
The Existing Health Centre

Reception



View from the Waiting Room

A typical Consulting Room



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

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.

4.0 Organisational Overview

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 planned for and delivered currently through the Health & Social Care Partnerships in partnership with NHS Forth Valley.

Doune is part of the Stirling locality which has a population of 88,740 people and delivers health and social care services in partnership with GP practices and the Health & Social Care Partnership.

5.0 Business Strategy and Aims

The way healthcare is delivered across Forth Valley has been transformed over the last decade and, in 2011; NHS Forth Valley completed major service and infrastructure changes towards achieving the vision with the opening of Forth Valley Royal Hospital. The creation of fully Integrated Joint Boards for Health & Social Care presents a new and exciting opportunity to redefine, recreate, and fundamentally improve how health and social care services are provided, to ensure a coordinated and complementary approach is taken.

The focus now is to continue efforts to deliver high quality, safe and efficient services and fully embed the new ways of working across the organisation, as described in

the NHS Forth Valley Healthcare Strategy 2016-2021 (Shaping the Future) and the Strategic Plan of the Clackmannanshire and Stirling Integration Joint Board.

NHS Forth Valley has developed a Property & Asset Management Strategy (PAMS) to bring together a range of proposals that support and enable NHS Forth Valley to respond to the challenges and drivers for change and grasp the opportunities that these create for improving the quality, effectiveness and efficiency of its services and physical assets. The project described in this OBC is a key priority within the PAMS.

6.0 Other Organisational Strategies

A number of other organisational strategies have influenced the development of this Outline Business Case:

The 2020 Workforce Vision

NHS Forth Valley is fully engaged in the developing 2020 Workforce vision. Building on the current workforce framework "A Force for Improvement", the 2020 workforce vision is currently being developed. Integration of health and social care is a thread that runs through all of the 2020 workstreams which are underpinned by:

- Staff governance and engagement
- Leadership and capability
- Capacity and modernisation.

Digital Health & Care Strategy

The role of telehealthcare in supporting the delivery of strategic initiatives such as *Reshaping Care for Older People* and *Shifting the Balance of Care* has been increasingly recognised within the Scottish Government and Health and Social Care Partnerships.

The development of Scotland's New Digital Health and Care Strategy (which is expected later in 2017) will set out the overarching strategy of Technology Enabled Care (TEC) and Patient Facing Digital Solutions such as remote monitoring and remote patient consultations.

NHS Forth Valley's local eHealth Strategy will be refreshed in 2017 and will take into account the emerging digital agenda along with the national delivery programmes for Outpatients and Closer to Home by using technology supporting more localised care services. This will also build upon the national strategy and plans around " A National Telehealth and Telecare Delivery Plan for Scotland to 2015" and "Driving Improvement Integration and Innovation" in Dec 2012.

7.0 Business needs – Current and Future

This section identifies the 'business gap' in relation to existing arrangements. In other words, the difference between 'where we want to be' (as suggested by the

Investment Objectives) and 'where we are now' (in terms of existing arrangements for the service). This highlights the problems, difficulties and inadequacies associated with the status quo. The following table outlines the existing arrangements in respect of each Investment Objective and describes the problems with these existing arrangements in order to identify 'business need'. It then further describes what is needed to overcome these problems.

Note: the detailed information used to describe the existing arrangement will form the benchmark from which the future achievement of the Investment Objectives can be measured.

Investment Objective	Existing Arrangements	Business Need
Person Centred Care provide care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions.	A lack of appropriate and modern resources and facilities limits the ability of the GP practice team to anticipate patient need; deliver interventions that support prevention or provide more specialist outreach care on a planned basis. Telecare and telehealth technologies are not able to be fully utilised or enabled in the current health centre building.	Local infrastructure that supports patients in a rural location to access services that supports them to manage their own condition or to access as much specialist support as possible as close to home as possible. Local infrastructure that enables access to telehealth and telecare solutions.
Service Integration - deliver integrated service delivery models , including work with local communities	Partial development of integrated pathways and services through Callander Hub. Delivery of traditional/basic levels of primary care services at Doune Health Centre. Multiple points of access to services. Limited use of technology including systems to support information sharing.	Fully integrated pathways of care supported by multidisciplinary teams jointly managed across health and social care. Single point of access for professionals to health and social care. Fully developed access to technology supported care at GP practice level. Local facilities that support modern, flexible access to services and integrated team working.
Improved access to treatment and services - extend the access for the new model of care to include all those living within the Doune area.	Services at Doune limited to traditional GP services delivered at basic contract level due to restrictions and lack of flexibility in accommodation. Limited availability of infrastructure to deliver telehealth or telecare solutions. Patients from Doune require to travel to	In line with national and local strategic plans, seek to provide more services at as local level as possible to the community of Doune through enhanced primary care team or through visiting, specialist services and clinics. Improve access to services providing immediate support to GP's and Primary Care Teams through improved care pathways, single point of access

	Stirling or Larbert to access community (e.g. AHP) or secondary care specialist services.	and improved links with Callander and Stirling Care Hubs.
Improved service effectiveness and efficiency - 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.	Coordinated pathways and service provision across health and social care services through co-location of staff (Callander hub) and single points of access for the public and for professionals to health and social care staff. Development of robust locality working to support the delivery of place based services. Reduction in the need for unplanned admissions to hospital and faster step down discharge from hospital.

8.0 Investment objectives

8.1 Investment Objectives

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. Further appraisal has been undertaken for this OBC and similarly will be re-visited as part of the development of the Full Business Case. The investment objectives agreed by the Project Team and ranked in order of priority, are as follows:

1. **Person Centred Care -** provide care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions.

2. **Integrated Services -** deliver integrated services across the Health and Social Care Partnership and with the NHS and other local authority services. .

3. **Improved access to treatment and services -** extend the access for the new model of care to include all those living within the Doune area.

4. **Improved service effectiveness and efficiency -** 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.

8.2 Design Quality Objectives

The design quality objectives for the scheme have been set out in the attached Design Statement (Appendix E). 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 objectives of stakeholders.

9.0 Desired Scope and Service Requirements

The services included within the scope of the project are intended to deliver a number of service outputs:

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, informing people in order to support them to make realistic choices about medication and treatment, 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.

Supported 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 support them to look after themselves and to facilitate effective anticipatory care planning for patients with long term conditions or end of life care needs. 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 proposed development 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.

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.

Staff

Delivering the change required to bring about a modern, integrated health and social care service will require continued staff engagement– the doctors, nurses, AHPs, social care workers and support staff - and developing a sustainable and capable workforce with effective leadership. Modern models of health and social care rely on multi-disciplinary teams of staff working across traditional skill boundaries and on enabling staff to take on new roles and develop new skills, whilst adopting more flexible working patterns to enhance community services at weekends and evenings.

If we are to deliver the service gains needed by patients in the community then there will need to be investment in the environment in which we expect staff to work, both physically and culturally: facilitating recruitment and retention, training and development and flexible working patterns.

The proposed new 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.

10.0 Benefit Criteria

The investment proposed in this Outline Business Case 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 out 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	Medium	Longer term	Qualitative

Health indicator			
One point of contact for signposting to all health 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, facilitated by accessible technology	High	Medium	Qualitative & potential cash and resource releasing

Some of the above benefits can be quantified financially and have therefore been included in the economic appraisal within this Outline Business Case. Others cannot be quantified financially and these have been brought together as a set of non-financial benefit criteria used in a rigorous appraisal of the shortlisted options for the project. This appraisal of non-financial benefits included a workshop on 7 November 2014 involving a range of stakeholders including General Practitioners, clinicians, service managers and members of the local community. The workshop ranked and weighted the criteria as shown in the table that follows and then scored each option against the benefit criteria.

Benefit Criteria	Rank	Weight	Normalised Weight
Effective Service Delivery	**1**	**100**	**14.4**
Positive User Experience	**2**	**95**	**13.7**
Safety of Service Provision	**2**	**95**	**13.7**
Access to Care/Services	**4**	**90**	**13.0**
Flexibility	**5**	**80**	**11.5**
Service Integration	**6**	**80**	**11.5**
Best Use of Resources	**7**	**78**	**11.3**
Quality of Accommodation	**8**	**75**	**10.8**
	Total	**693**	**100**

The results from the non-financial benefits appraisal are shown in section 18 of this Outline Business Case.

11.0 Strategic 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 OBC has included an assessment 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. The process of risk management will continue through the development of the Full Business Case and 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	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 to ensure that the retention and recruitment of the staff will match service demand.
3	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.	High	NHSFV working closely with the GP Practice to ensure full commitment and input to the development of this Outline Business Case and subsequent FBC.
4	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.
5	Capital Cost estimates are indicative only at this stage and therefore could escalate.	Medium	The construction cost estimates have been provided by hubco and tested by the Tier 1 Contractor, however, unknowns remain.
6	Building Warrant risk – the implementation of the new Building Regulations could lead to more onerous/expensive design in relation to energy and/or emissions requirements.	Medium	Designers au fait with the new regulations, dialogue with Health Facilities Scotland in relation to similar

			projects and Building Control.
7	Planning risk – issues relating to planning permission or planning constraints for the required facilities developments	Low	Early engagement with Local Authority planning Department.
8	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.
9	Lack of flexibility in the project to respond to the uncertainty of the extent and rate of population growth in the Doune community.	Low	NHSFV party to the LA Local Development Plan re housing developments and the outcomes. .

12.0 Constraints and Dependencies

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 the Board-wide Capital Programme. 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 Outline Business Case and the subsequent FBC document. All options have been tested for value for money as part of the economic appraisal in the OBC.

Revenue Funding

Equally there are pressures on revenue funding. The revenue consequences associated with the proposals in this Outline Business Case 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 has been developed for this OBC.

Timescale

The new facilities required to support the proposed new model of health and social care services must be available for use as soon as possible due to the known issues with the available space within and physical condition of the existing building.

Site availability / Accessibility
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.

Doune is a small village, with all the surrounding land owned by a private company, Moray Estates. The GP Practice with the help of Stirling Council had been searching for a suitable site since 1995. It was only when Moray Estates agreed to sell some land on the North side of Doune for housing, a potential site for a health centre became available with Moray Estates agreeing to sell the land. There were no other suitable, available sites in Doune.

The current site was allocated for healthcare purposes within a Section 75 Agreement with Miller Homes. The period of this Agreement was due to expire at the end of March 2013 and the Board utilised hub enabling funds to purchase it at that time.

The new site is accessible on foot, has good road provision with access from the north by road not having to pass through the village , and a bus stop is within 100m of the proposed health centre. The access is considerably improved compared to the current health centre site which has poor parking provision, difficult ambulance access and is further from bus stops at >250m.

It is clear that the existing site cannot accommodate a development of the required size, it is also constrained in terms of location and accessibility.

A map of Doune indicating the existing and new health centre sites is included at Appendix B, the proposed site plan for the new development is included at Appendix F. Further, a map indicating the wider catchment area of the GP Practice is included at Appendix C.

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 Healthcare Strategy 2016-2021: Shaping the Future, the Clackmanshire and Stirling Health and Social Care Partnership's Strategic Plan 2016/19 and Stirlling Council's strategie 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 Outline Business Case cannot be considered in isolation from the significant challenges known to be faced by NHS Forth Valley, Clackmannanshire and Stirling Health and Social Care Partnership 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 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

The Economic case asks whether the solution being offered represents best value for money. It has examined and appraised alternative solutions in terms of benefits, costs and risks.

13 Critical success factors

In addition to the Investment Objectives set out in the previous section of this Outline Business Case, 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, ranked and weighted in order of importance are shown in the table below.

Critical Success Factor	The extent to which the option:	Weight
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	22
Acceptability	will be acceptable to all stakeholders and the Doune community	20
Flexibility	can be adopted to meet the changing needs of the local population and the developing service model over time	18
Achievability	can be achieved within the overall planning timescale for the project.	15
Value for money	is expected to achieve a good balance of cost, benefit and risk	15
Affordable	is expected to be affordable within the overall Forth Valley health and social care economy	10
		100

14 Main business options

The Project Group has identified a range of possible options that meet the investment objectives, 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 Dunblane and 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 that follows.

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 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.

15 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.

Adopting the Options Framework approach led to the construction of a preferred way forward 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.

16 Short listed options

In addition to the preferred way forward, 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 for detailed appraisal in this Outline Business Case are described in the table that follows.

	Shortlisted Options			
	Option 1 Status Quo/ Do Min	**Option 2 Preferred Way Forward**	**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 as a 'Hub', delivering services beyond Doune catchment.
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 Hub.
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

17 NPC/NPV Findings

An economic appraisal of the short listed options has been undertaken to identify the Net Present Cost (NPC) of the options. This appraisal takes into account the full capital and revenue costs of the options over 60 years using Discounted Cash Flow techniques. Hence, the economic appraisal enables the options to be compared in terms of their total costs (NPC). In accordance with SCIM and HM Treasury Guidance the NPCs have been calculated using the Treasury's Generic Economic Model (GEM) which uses a discount rate of 3.5% for the first 30 years of the appraisal and 3% thereafter. The results are shown in the table that follows.

Option No	Option	Net Present Cost (NPC) £millions over 60 years
1	Status Quo/Do Minimum	0.982
2	Preferred Way Forward (Single new build HC)	3.538
3	Less Ambitious (existing HC + new HC)	4.125
4	More Ambitious (Larger HC serving larger population)	4.588

18 Benefits Appraisal

The results from the non-financial benefits appraisal are summarised in the table that follows. The overall weighted benefit scores have been computed by multiplying the consensus score for each option on each criterion by the weight given to each criterion and then summating these weighted scores to arrive at an overall weighted benefit score for each option.

Option No	Option Description	Weighted Benefits Score	Rank
1	Status Quo/Do Minimum	551	4
2	Preferred Way Forward (Single new build HC)	841	1
3	Less Ambitious (existing HC + new HC)	593	3
4	More Ambitious (Larger HC serving larger population)	839	2

A number of conclusions can be drawn from these results:

- Both option 2 and Option 4 have relatively high overall weighted benefits scores (the maximum possible weighted benefit score using this system is 1000). This indicates that the workshop delegates considered that both of

these options could be expected to perform well in terms of meeting the criteria and delivering the benefits required from the investment in the project. The closeness of the weighted benefits scores for these two option indicates that there is little to choose between them in terms of the expected non-financial benefits.

- The relatively low weighted benefits scores of Option 1 and Option 3 reflect the workshop group's concern that these two options are unlikely to fully deliver the required benefits from the project. The workshop delegates had serious concerns that Option 1: Status Quo/Do minimum will constrain the ability of the service providers to introduce new models of service delivery, new ways of working and will significantly limit the extent to which new and extended services can be developed. Similarly, they were concerned that Option 3: Less Ambitious would result in a fragmentation of the services due to split site working and would be unlikely to facilitate and enable optimisation of services.

- The relatively large difference between the weighted benefits scores between Option 1 and Option 3 confirms that the proposed investment in the Preferred Way Forward is expected to produce a step change in the non-financial benefits delivered to patients, service users and staff. Hence, it confirms that the project is a worthwhile one with an expected significant return on investment in terms of non-financial benefits.

19 Risk Assessment

The majority of risks associated with the short listed options have been measured and quantified in monetary terms and included in the calculated Net Present Cost of each option. Hence, the costs used in the economic appraisal shown in this OBC have been risk adjusted to reflect the main business, operational and project implementation risks including:

- Planning, design and construction risks
- Commissioning risks
- Operational risks
- Service risks
- Business risks
- Optimum bias

Non-financial Risks

Recognising that not all risks can be quantified in monetary terms, the non-financial risks associated with the shortlisted options were identified and appraised at the

workshop on the 7 November 2014. This appraisal was similar to that used for the non-financial benefits and involved.

- Reviewing each of the shortlisted option to identify potential non-financial risks.
- Assessing each risk in terms of its likelihood and impact
- Computing a risk score for each option by multiplying the likelihood and impact scores

The results from the appraisal of non-financial risks is summarised in the table that follows.

	Likelihood Score (0-10)				Impact Score (0-10)				Overal Risk Score			
	Option				Option				Option			
Non-financial Risks	1	2	3	4	1	2	3	4	1	2	3	4
	Do Min	Less Amb	Ref Proj	More Amb	Do Min	Less Amb	Ref Proj	More Amb	Do Min	Less Amb	Ref Proj	More Amb
Operational problems - service managment, logistics, car park managment etc	10	2	5	5	10	7	8	8	100	14	40	40
Risk of demand not being met	10	2	2	1	10	5	7	3	100	10	14	3
Risk of over provision of capacity	0	1	1	4	0	2	2	5	0	2	2	20
Short term implementation risk	0	2	2	2	0	3	3	3	0	6	6	6
Long term risk of model not being effective	8	2	7	5	10	7	8	8	80	14	56	40
					Total Overall Risk Score				280	46	118	109

These results show that the workshop group considered that all the options were relatively low risk (maximum possible risk score is 500) but that Option 1: Do Minimum/Status Quo is considerably higher than the other options. This reflects the workshop delegates concerns that the existing facilities simply cannot support the service provider's requirement to continue to develop and improve services over the medium and longer term.

20 Sensitivity Analysis

Sensitivity analysis is fundamental to option appraisal since it is used to test the robustness of the ranking of options and the selection of a preferred option. It examines the vulnerability of options to changes in underlying assumptions and future uncertainties. For this project it has been undertaken in two stages:

- **Scenario Analysis** – examining the impact of changing scores, weights and net present costs through a number of scenarios
- **Switching Values** – computing the change required to bring about a change in the ranking of the options

Scenario Analysis - Scoring Scenarios

This analysis has examined the impact on the weighted benefit scores of more optimistic or pessimistic scoring scenarios. The optimistic and pessimistic scores from the workshop have been used to re-calculate weighted benefit scores and these are shown in the table below. The weighted benefits score derived from the

consensus scores are also shown in the table for comparative purposes.

		Scoring Scenario					
		Optimistic		Consensus		Pessimistic	
Option No	Option Description	WBS	Rank	WBS	Rank	WBS	Rank
1	Status Quo /Do Minimum	551	4	551	4	524	3
2	Preferred Way Forward (Single new build HC)	878	1	841	1	841	1
3	Less Ambitious (existing HC + new HC)	604	3	593	3	512	4
4	More Ambitious (Larger HC serving larger population)	864	2	839	2	827	2

It can be seen from the table that the ranking of options does not significantly change as a result of adopting more optimistic and more pessimistic scoring.

Scenario Analysis - Weighting Scenarios

The weighted benefit scores shown early in this report have been calculated using the weights developed by the workshop delegates to reflect their views of the relative importance of each criterion. The impact on the overall weighted benefit scores of changing these weights has been examined through adopting two further weighting scenarios:

- **Equal weights** applied to the criteria - This is a reasonable and plausible scenario to examine since experience from other workshops has frequently shown this to be a scenario that broadly represents a wide body of public opinion i.e. all the criteria are equally important.
- **Increased importance given to Access to Services –** Again, this is a reasonable scenario to examine since it is a widely held view that access to services is crucial to service uptake and effectiveness.

The table that follows shows the weights applied in these two scenarios and compares them with those developed by the workshop.

	Weighting Scenarios		
	No1	No2	No3
Benefit Criteria	Workshop	Equal	Priority on Access
Service Integration	11.5	12.5	13.0
Positive User Experience	13.7	12.5	13.0
Access to Care/Services	13.0	12.5	15.0
Effective Service Delivery	14.4	12.5	13.0
Flexibility	11.5	12.5	10.0
Best Use of Resources	11.3	12.5	11.0
Quality of Accommodation	10.8	12.5	11.0
Safety of Service Provision	13.7	12.5	14.0
	100	100	100

The impact on the overall weighted benefit scores of adopting these weighting scenarios is shown in the table that follows.

		Weighting Scenario					
		No 1		No 2		No 3	
		Workshop Weights		Equal Weights		Weights reflecting priority on Access	
Option No	Option Description	WBS	Rank	WBS	Rank	WBS	Rank
1	Status Quo /Do Minimum	551	4	538	4	547	4
2	Preferred Way Forward (Single new build HC)	841	1	838	1	838	1
3	Less Ambitious (existing HC + new HC)	593	3	588	3	594	3
4	More Ambitious (Larger HC serving larger population)	839	2	838	1	838	1

It can be seen that the ranking of options does not materially change as a result of adopting the two different weighting scenarios.

Scenario Analysis - Net Present Cost Scenarios

The net present costs used earlier in this report are the expected outturn costs for the options taking account of the expected impact (monetised) and probability of all risks. It is calculated by determining optimistic and pessimistic outturn costs and the probability of each of these outcomes occurring. An assumption has been made that the optimistic outturn costs has a probability of 0.05 and pessimistic outturn cost has

a probability of 0.15 i.e. the pessimistic outturn cost is more likely than the optimistic one. These outturn costs are shown below.

		Net Present Cost (NPC) £millions over 60 years		
Option No	**Option**	**Optimistic**	**Expected**	**Pessimistic**
1	Status Quo /Do Minimum	0.73	0.98	1.25
2	Preferred Way Forward (Single new build HC)	2.8	3.54	4.2
3	Less Ambitious (existing HC + new HC)	3.6	4.12	4.8
4	More Ambitious (Larger HC serving larger population)	3.9	4.59	5.3

The optimistic and pessimist outturn cost scenarios have been used to re-examine the value for money comparisons and the results are shown in the table that follows:

		Outturn Cost Scenarios					
		Optimistic Outturn Cost		Expected Outturn Cost		Pessimistic Outturn Cost	
Option No	Option	Cost per Unit of Weighted Benefit Score £	Marginal Cost per extra unit of Weighted Benefit Score (Compared to Do Minimum) £	Cost per Unit of Weighted Benefit Score £	Marginal Cost per extra unit of Weighted Benefit Score (Compared to Do Minimum) £	Cost per Unit of Weighted Benefit Score £	Marginal Cost per extra unit of Weighted Benefit Score (Compared to Do Minimum) £
1	Status Quo /Do Minimum	1,325		1,783		2,269	
2	Preferred Way Forward (Single new build HC)	3,329	7,134	4,026	8,807	4,993	10,166
3	Less Ambitious (existing HC + new HC)	6,070	68,139	6,955	74,604	8,093	84,283
4	More Ambitious (Larger HC serving larger population)	4,649	11,007	5,469	12,519	6,317	14,063

The results in the table show that Option 2: The Preferred Way Forward remains best value for money in both the optimistic and pessimistic cost scenarios.

Switching Values

The table below shows the percentage change required on the weighted benefits scores, net present costs and the two vfm measures for the less ambitious and more ambitious options to equal the preferred option.

Switching Values				
Percentage change required in current values to equal the preferred way forward value				
Option	**Weighted Benefit Score**	**Net Present Cost**	**Cost per Unit of Weighted Benefit Score £000**	**Marginal Cost per extra unit of Weighted Benefit Score (Compared to Do Minimum) £**
Less Ambitious	42%	-14%	40%	88%
More Ambitious	0.30%	23%	23%	30%

The results in the table show:

- The Net Present Cost of the Less Ambitious Option is higher than that of the Preferred Way Forward and its significantly inferior Weighted Benefit Score means it offers poor value for money.
- Although the Weighted Benefit Score of the More Ambitious Option would only need to change by 0.3% to the equal that of the Preferred Way Forward its significantly higher Net Present Cost means that very substantial change would be required to improve its two vfm measures.

21 Preferred Option

The results from the five appraisals of the short listed options i.e. benefits, risks, costs, and value for money are brought together in the table that follows which shows the ranking of each option in each appraisal. (1 is highest ranking i.e. best, 4 is lowest ranking i.e. worst).

	Ranking of Options by Appraisal			
Option No/Description	**1**	**2**	**3**	**4**
	Status Quo/Do Minimum	**Preferred Way Forward (Single new Build HC)**	**Less Ambitious (exsiting HC + new HC)**	**More Ambitious (Larger HC serving larger population)**
WBS Consensus	551	841	593	839
Rank	4	1	3	2
Overall NF Risk Score	280	46	118	109
Rank	4	1	3	2
Net Present Costs (60 years) £m	0.98	3.54	4.12	4.59
Rank	1	2	3	4
Cost per Benefit Point £	1,783	4,206	6,955	5,469
Rank	1	2	4	3
Marginal Cost per Extra Benefit Point compared to Do Minimum £	N/A	8.807	74,604	12,519
Rank	N/A	1	3	2

The table shows that Option 2 is ranked highest in three of the five appraisals indicating that overall it is the preferred option since it is the one most likely to maximise the non-financial benefits required from the project, provides best value for money and has an acceptable level of risk.

22 Value for Money Scorecard

In line with the guidance issued in 2013 in relation to primary healthcare premises, a Value for Money Scorecard is included at Appendix G of this document.

The summary diagram shows a variable picture in relation to space utilisation and cost with elements above the metric (total cost at +6%) and below it (area per GP at -2%, support space ratio at -11%). The scorecard will be further interrogated and will remain under review and be updated for the Full Business Case.

The Commercial Case

The Commercial Case sets 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.

23 Potential Scope & Services

It is intended that the new Doune Health Centre will be delivered via the hub initiative, in partnership with hub East Central Scotland Ltd (hubco). The hub route has been established to provide a strategic long-term programme approach to the procurement of community-based development through joint local venture arrangements.

The hub contract with NHS Forth Valley will be a Design & Build Development Agreement (DBDA) form of contract.

At Outline Business Case stage, the Participants Brief has been developed and has informed the developing design, to RIBA Stage 2 Concept Design, with general layout drawings and site plan.

24 Potential Risk Allocation

The Territory Partnering Agreement (to which NHS Forth Valley form is a signatory) requires Participants to enter into a Design Build Development Agreement (the Standard form Project Agreement) for Approved Projects. The Template Standard Project Agreement is contained as a Schedule to the Territory Partnering Agreement and must be entered into in substantially the form set out in that Template. All changes to the Standard Project Agreement require SFT approval, which will only normally be given to changes required for project specific reasons or to reflect changing guidance or demonstrable changing market circumstances.

It has been agreed that NHS Forth Valley will enter into the Standard Project Agreement.

In respect of allocation of risk this has been addressed in a transparent manner. The key features of the Hub Initiative are:

- The parties are encouraged to work together as partners in an open and transparent approach and to ensure that this partnering ethos is maintained
- A clear and transparent system is in place
- A level of cost certainty is determined
- A quantitative and qualitative analysis is used

Risk owners are clearly identified to ensure that whoever is best placed to manage, mitigate and control specific risks is responsible to do so.

25 Potential Charging Mechanism

As noted, the project is being procured through hub East Central Scotland under a DBDA form of contract, with design being led by the Tier 1 Contractor and their design team. As such there is no concession period and therefore no charging mechanism applied.

The project will upon completion be handed over to NHS Forth Valley to manage and operate.

It is worth noting that during the design & construction process cognisance shall be given to the whole life costs of the facility in order that the project achieves a sensible balance between Capital and Lifecycle costs to provide best value.

26 Potential Key Contractual Arrangements

The hub route has been established to provide a strategic long-term programme approach to the procurement of community-based development through joint local venture arrangements. SCIM guidance states that this route should be the default for community based new builds over £750,000.

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. The relatively small size of this project means that the other two options are not effective delivery models.

27 Potential Personnel Implications

At present, it is anticipated that there will be few implications for personnel. The process of assessing and managing the impact of any changes to staffing brought about by implementing the proposals contained within the OBC will be robustly managed by the GP Practice in their role as independent contractors, by NHS Forth Valley separately in terms of the anticipated NHS service provision and by the two jointly should the need arise. This will include an assessment of the following areas:

- The factors that affect the workforce plan.
- How the future staffing requirements will be identified.
- How the change process will be managed

A number of national drivers impact on the approach to workforce planning.

- The 20:20 Workforce Vision
- The Healthcare Quality Strategy for NHS Scotland (2010)
- Integration of Adult Health and Social Care in Scotland

A continuation of current workforce development plan will be a crucial element in delivering the new model of care and ensuring a safe, skilled and effective workforce. Future focus will be on the continued development of team working between the GP Practice and NHS Forth Valley.

In moving forward through the various stages of the development of this project, it will be essential to ensure full compliance with the staff governance standards and to utilise the benefit of the project to ensure that staff are:

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

It is fully envisaged that at the appropriate milestones in the project timetable, colleagues will be fully involved in agreeing processes for the transfer of staff to the new facilities and how that will be facilitated for all staff groups. It will be imperative that these working relationships with colleagues are positive as they will assist with the process of implementing change, supporting staff and ensuring all processes are fair and equitable.

28 Potential Implementation Timescales

The key dates for progressing and delivery of the project are set out in the table that follows**.**

Activity	Date
Stage 1 Completion	**March 2016**
Stage 2 Completion	**April 2017**
Stage 2 Completion	**August 2017**
Financial Close	**September 2017**
Construction	**October 2017 – June 2018**

The programme is under continual review and will be again in Stage 2/FBC in relation to meeting the projected Financial Close date.

The Financial Case

The Financial Case sets out clearly the financial impact of the investment proposals in this OBC.

29 Potential Capital Requirement

The capital requirements for the options are set out in the table below.

Option	1 Status Quo/Do Minimum £m	2 Preferred Way Forward (Single new build HC) £m	3 Less Ambitious (Existing HC + New HC) £m	4 More Ambitious (Larger HC serving larger Population) £m
Forecast Construction/Associated Costs	0.349	2.420	2.572	2.761
Furniture Fixtures and Equipment Telecoms & IT	0.000	0.197	0.197	0.239
TOTAL CAPITAL REQUIREMENT	**0.349**	**2.617**	**2.769**	**3.000**

30 Potential Impact on Balance Sheet and Accounting Treatment

NHS Forth Valley will recognise the value of the property as a non-current asset on its Balance Sheet. The asset will initially be capitalised at full cost, and following a valuation by the Valuation Office Agency, the carrying value will be based on their assessment of the Depreciated Replacement Cost.

The impact on the Board's balance sheet for the options is set out in the table below.

Option	1 Status Quo/Do Minimum £m	2 Preferred Way Forward (Single new build HC) £m	3 Less Ambitious (Existing HC + New HC) £m	4 More Ambitious (Larger HC serving larger Population) £m
Forecast Construction/Associated Costs	0.349	2.420	2.572	2.761
Forecast Impairment on Completion	(0.087)	(0.605)	(0.643)	(0.690)
Forecast Carrying Value	0.261	1.815	1.929	2.071

Therefore, for the preferred option, the asset would initially be capitalised at **£2.420m** and will be impaired by **£0.605m** following valuation to a carrying value of **£1.815m.** This estimate is based on experience of similar projects.

The equipment and IT procured separately will be accounted for by NHS Forth Valley as a non current asset.

31 Revenue Costs & Overall Affordability

This Outline Business Case has been prepared on the assumption that the project is procured through hubco using NHS Capital.

The projected revenue costs of the options are detailed in the table below.

Option	1 Status Quo/Do Minimum £m	2 Preferred Way Forward (Single new build HC) £m	3 Less Ambitious (Existing HC + New HC) £m	4 More Ambitious (Larger HC serving larger Population) £m
Capital Charges	0.009	0.050	0.052	0.059
Utilities, Cleaning, Rates and Maintenance	0.032	0.074	0.094	0.082
Income from GP Practice	(0.006)	(0.022)	(0.025)	(0.025)
Net Additional Cost to NHS Board per Annum	**0.005**	**0.071**	**0.091**	**0.085**

The NHS Board will provide for the revenue consequences of this business case within its financial plan. These figures are net of additional 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.

For the preferred option, the projected net additional revenue costs per annum to the NHS Board can be summarised as follows:

Capital Charges	£0.047m
Other Revenue Costs Net of Income	£0.024m
TOTAL	**£0.071m**

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.

The Management Case

The Management Case describes how the organisation will ensure the project will be managed effectively and the investment objectives and benefits will be delivered successfully.

32 Procurement Strategy

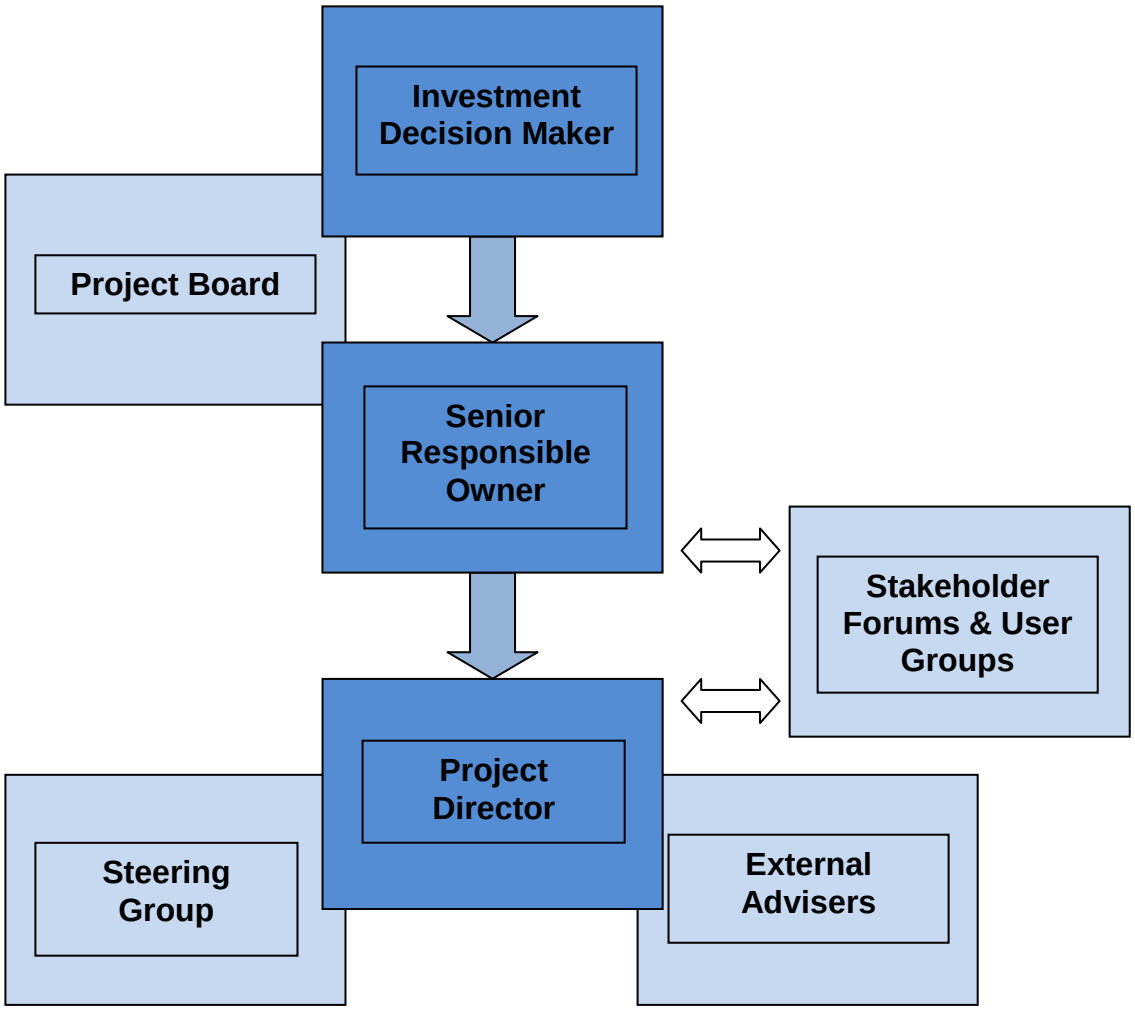
Under the hub initiative, NHS Scotland has provided an exclusivity arrangement which requires all Health Boards to consider hub as the procurement option for all community based projects in excess of capital construction value of £750.000. Only if the project does not demonstrate value for money is there the option to consider other procurement options. One of the benefits which hub will deliver is improved procurement efficiency. The Procurement legislation requirements have been met in the procurement for the Private Sector Development Partner and the associated contract documents. This means that projects procured through the hubco will not be required to undertake these stages saving cost and time.

Standard form project agreements have been developed by the Scottish Futures Trust Design and Build contracts. These template agreements are designed to be applicable for use by all of the public sector organisations as participants in the National Hub Programme as a basis for improved efficiency in contract procurement and delivery.

33 Project Management

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
Steering Group	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	Forth Valley NHS Board
Senior Responsible Owner	Kathy O'Neill, General Manager Forth Valley CHPs
Project Director	Morag Farquhar, Programme Director

34 Change Management

The partners in the project have developed a series of principles that will underpin the change process:

- Recognise the need to maximise the benefits of the change for patients and service users, who are at the heart of the changes made
- Take advantage of the time available to complete the new facilities to start the change process and thereby avoid risks related to a 'big bang' approach
- Test and prove the changes through careful piloting of any aspects of the new models and processes that can be implemented before the new facility is finally commissioned
- The change management philosophy and principles will be communicated to all staff.
- Work in partnership with staff and other stakeholders to engage all those involved in the delivery of care in the change process
- Focus on staff skills and development required so that staff are both capable and empowered to deliver care effectively and to a high quality standard in the new facility

35 Benefits Realisation

The benefits envisaged from the project and as set out this OBC will require active management if they are to be fully realised. Benefits Realisation is the overarching process which incorporates the Benefits Realisation Plan (BRP) as part of a process of continuous improvement. It takes due account of changes in the project during the delivery phase which impact on, or alter the anticipated benefits. As such the benefits management approach is a cycle of identification, planning, execution and review.

In developing the BRP the Partners have sought to ensure that stakeholders are at the centre of the benefits realisation process. A number of stages have been identified for the development of the BRP, namely:

- How benefits will contribute to the Board's local strategies and to National Strategies
- How benefits will be delivered
- The owner's roles and responsibilities for defining, realising and managing benefits
- The mechanism for monitoring benefits and identify corrective actions, if required
- The arrangements for transition to the operational phase
- The schedule for benefit reviews and identification of further benefits

As part of the further development of BRP the partners will agree baseline measures reflecting the current status of each benefit area and the timeline for attaining the anticipated full realisation of the benefits. This will also be linked to the Change Management Plan to provide assurance on delivery.

The benefits of each Investment Objective have been reviewed and updated throughout the development of this OBC and the Draft BRP is included at Appendix H. This draft will be subject to further review at Full Business Case stage and consolidation against the developing performance framework for the Health & Social Care Partnership and further alignment to the national health & wellbeing outcomes.

36 Risk Management

The key high level risks associated with this project have been identified and these have formed the basis of a more detailed risk register, utilising the standard hub format, which has been regularly reviewed and updated as the OBC has been developed.

The philosophy for managing risks considers effective risk management to be a positive way of achieving the project's wider aims, rather than a mechanistic exercise, to comply with guidance. Inadequate risk management would reduce the potential benefits to be gained from the project.

The partners recognise the value of an effective risk management framework to systematically identify, actively manage and minimise the impact of risk. This is done by:

- Having strong decision making processes supported by a clear and effective framework of risk analysis and evaluation
- Identifying possible risks before they crystallise and putting processes in place to minimise the likelihood of them materialising with adverse effects on the project
- Putting in place robust processes to monitor risks and report on the impact of planned mitigating actions
- Implement the right level of control to address the adverse consequences of the risks if they materialise.

The risks have been allocated across a range of categories depending on where these risks would apply within the overall structure of the project. These include:

- The phase of the project to which they apply
- Those that would have a major impact on the cost of the project
- The ownership of the risks including those which can be transferred to the hubco (Tier 1) contractor or retained by NHS Forth Valley

Each risk has subsequently been assessed for its probability and impact, and where relevant its expected value.

The risk register is maintained as a dynamic document will continue to be reviewed and updated as the project progresses and will be a standing item at the regular project meetings. An extract from the Risk Register as at development of the OBC is attached at Appendix I.

37 Post Project Evaluation

The partners in the project are committed to ensuring that thorough and robust post-project evaluation is undertaken at key stages in the process to ensure that the expected benefits from the project are realised and that positive lessons can be learnt from the project.

Scottish Government has published guidance on PPE, which supplements that incorporated within the Scottish Capital Investment Manual (SCIM). The key stages applicable for this project are set out in the table below:

Stage	PPE Evaluation Undertaken	Timing
1	Develop PPE Plan with benefits measures	On completion of OBC
2	Monitor progress and evaluate project outputs	On completion of facilities
3	Evaluation of Service Outcomes	6 months after commissioning of the new facilities

4	Post occupancy evaluation	2 years after commissioning of the new facilities

Within each stage, the following issues will be considered:

- The extent to the project objectives have been achieved
- The extent to which the has progressed against the PPE plan
- Where the plan was not been followed, what were the reasons
- Where relevant, how plans for the future projects should be adjusted

The Project Owner will be responsible for ensuring that the arrangements have all been put in place and that the requirements for PPE are fully delivered. The Project Director will be responsible for day to day oversight of the PPE process, reporting to the Project Owner and Project Board. The Project Owner and the Project Director will set up an Evaluation Steering Group (ESG), which will:

- Represent interests of all relevant stakeholders
- Have access to, professional advisers who have appropriate expertise for advising on all aspects of the project.

The Project Manager will coordinate and oversee the evaluation. The key principle is that the evaluation is objective. The Evaluation Team will be multi-disciplinary and include the following professional groups, although the list is not exhaustive:

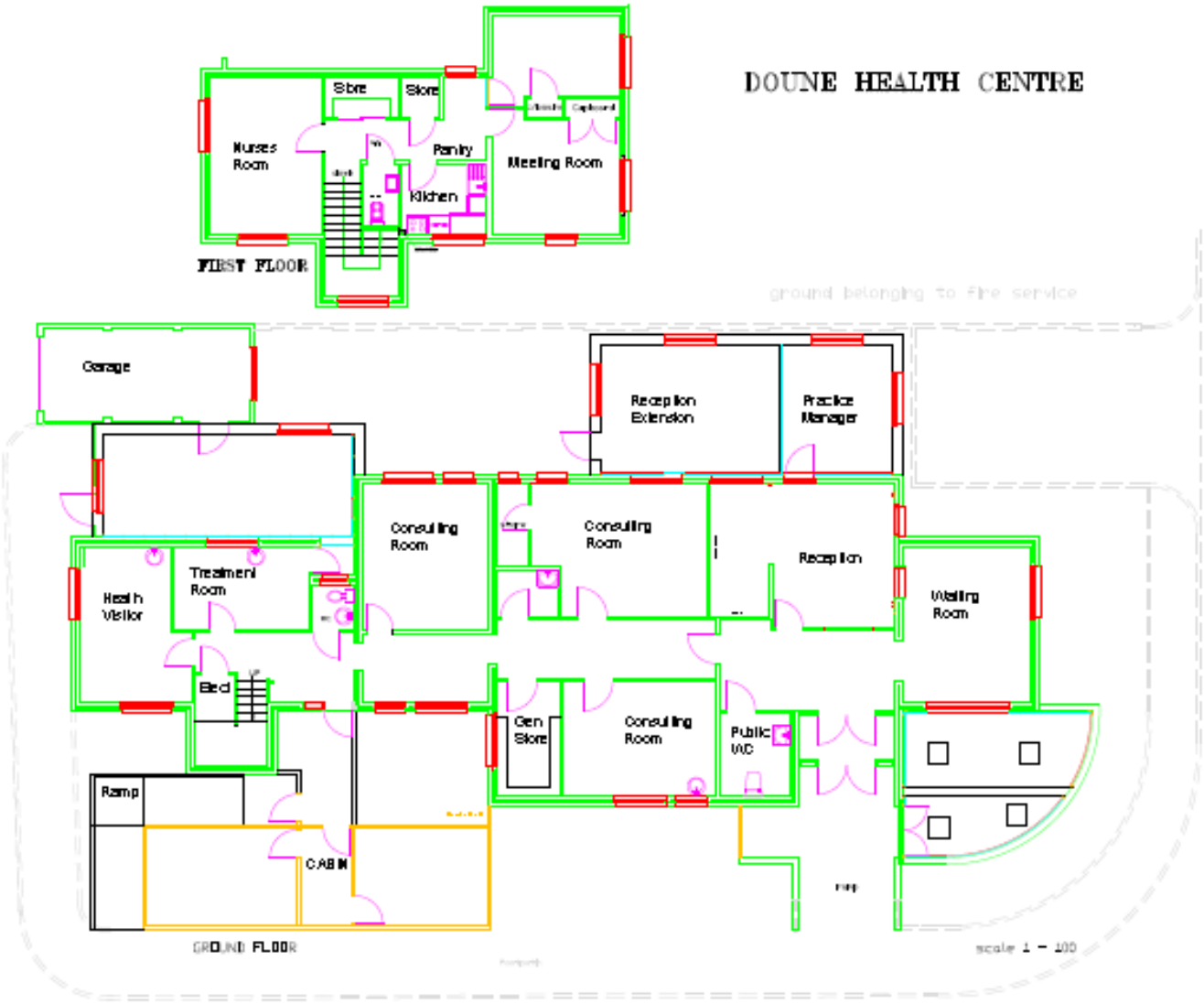
- Clinicians including nursing staff, clinical support staff, Allied Health Professionals and social workers
- Healthcare Planners, Estates professionals and other specialists that have an expertise on facilities
- Accountants and finance specialists, IM&T professionals, plus representatives from any other relevant technical or professional grouping
- Patients and service users and/or representatives from patient and public groups.

Appendices

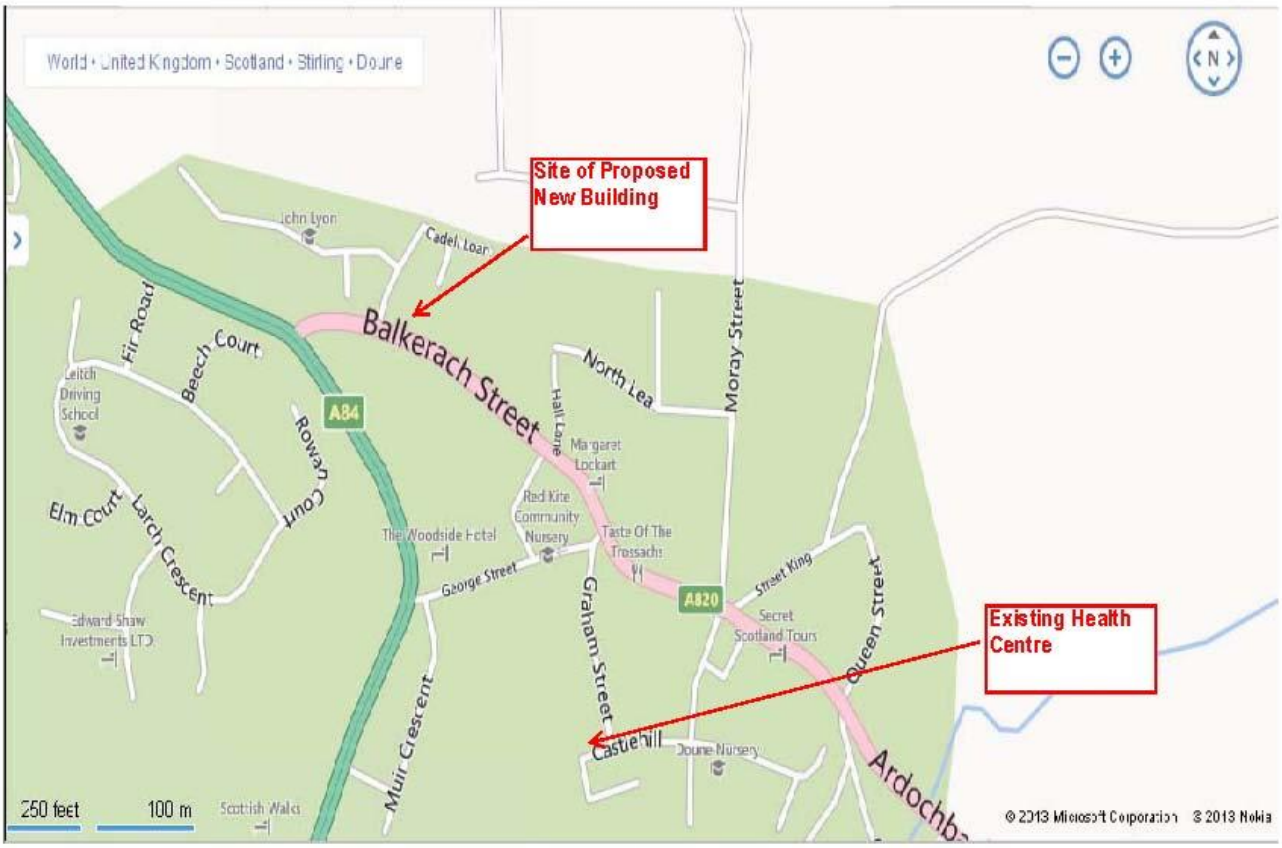
A – Floorplan of Existing Doune Health Centre
B – Map of Doune: location of existing and new sites
C – Map Including GP Practice Catchment Area
D – Extract from Clackmannanshire & Stirling Strategic Plan 2016-2019
E – Design Statement
F – Proposed Site Plan
G – Value for Money Scorecard
H – Draft Benefits Realisation Plan
I – Extract from Risk Register
J – Letter of Stakeholder Support

Appendix A – Floorplan of Existing Doune Health Centre

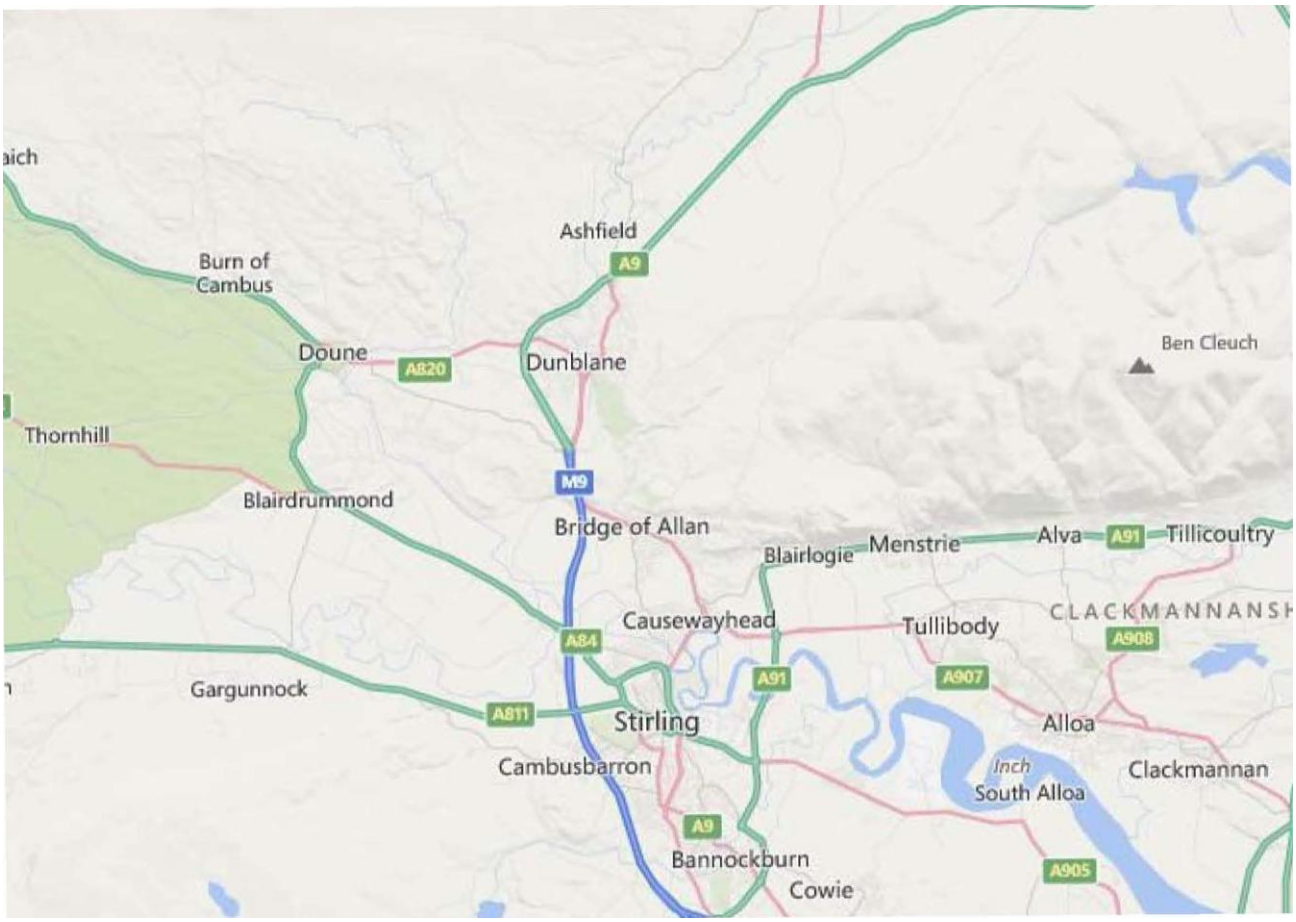
DOUNE HEALTH CENTRE



Appendix B – Map of Doune: location of existing and new sites


World • United Kingdom • Scotland • Stirling • Doune
Site of Proposed New Building
Existing Health Centre
Balkerach Street
Fir Road
Beech Court
Rowan Court
Elm Court
Larch Crescent
A84
North Lea
Moray Street
Hall Lane
Margaret Lockart
Red Kite Community Nursery
Taste Of The Trossachs
The Woodside Hotel
George Street
Graham Street
A820
Street King
Secret Scotland Tours
Queen Street
Muir Crescent
Castlehill
Doune Nursery
Edward Shaw Investments LTD
Scottish Walks
250 feet
100 m
© 2013 Microsoft Corporation © 2013 Nokia

Appendix C – Map Including GP Practice Catchment Area



Doune, Dunblane, Thornhill

Appendix D – Extract from Clackmannanshire & Stirling Strategic Plan 2016-2019

Key Themes and Ambitions

Keeping SAM at the centre and using material gathered as part of the engagement sessions and from other events, we have identified our ambitions for what an 'integrated future' should look like for each Theme:

1 Early intervention and prevention. The right care is delivered for me at the right time

"Sam can access the right service at the right time"

"Sam and those who care about her know who to call and talk to if they needed help."

Sam has a **named care coordinator** (or single point of contact), who 'facilitates' her care and supports on her behalf, being able to ensure timely access to appropriate services.

When Sam requires to make contact with services, she can do so **easily and quickly**, **knowing where to go** for help. This is supported through, for example, availability of relevant and appropriate **7-day services, co-located services** and **single points of access** which operate **beyond business hours.**

Sam also has **easy access to information** about community based voluntary groups and activities that help her to **stay socially connected and physically active** within her own neighbourhood. This reduces her likely hood of isolation and **minimises the need for formal services**.

2 Service users are supported to self manage and plan care proactively

"Sam is supported to plan for the future."

Sam **has an integrated, single, shared care plan,** which is **regularly reviewed,** and which is also **anticipatory** in nature. This plan is **flexible** enough to respond where her needs change, and ensuring that **outcomes are shared,** even if Sam loses capacity.

Those providing care and support **proactively identify any change** in Sam's condition and ensure **early intervention**, avoiding the need for a subsequent crisis response.

"Sam lives a life – not always dealing with a crisis."

3 Service Users exercise Choice & Control

"Sam takes on responsibilities for her care and has fewer unnecessary intrusions in her life"

Sam is **supported to self-manage**, through education and awareness-raising. This is balanced by ensuring that she knows who to contact/where to go, should she need help. **Technology solutions** are in place which enables Sam to be more independent, by providing care closer to home. She has better co-ordinated care, with fewer people involved, consistent faces that she knows, and a frequency of their involvement matched to her needs.

Sam is **well-informed,** has a clear understanding of **what she can expect and from whom**, and is able to access all of the information that she needs. She is in control, having **choice and ownership** of her care (e.g. through Self-directed Support), including **where and when it**

"Sam has the information to make decisions about what she needs."

4 Staff are skilled and supported to deliver person-centred and integrated care

"Sam's care is wrapped around her needs, not the other way round."

Sam receives **high-quality, holistic, person-centred, outcomes-focussed** care, which meets her individual needs and is **effectively coordinated and streamlined** even when moving between services.

5 Carers are recognised and valued as equal partners in the delivery of care

"Sam's carer is recognised as a key partner in her care."

Unpaid carers are themselves **well-supported**, their own needs having been assessed and met in a timely manner.

6 There is a focus on Rehabilitation Recovery and Reablement across all services. There are fewer avoidable admissions and discharge planning is effective and efficient.

"Sam does not require unplanned, emergency, hospital care"

If Sam is admitted to hospital; effective joint planning takes place to ensure a **smooth, safe and timely discharge. Rehabilitation and reablement** services are in place which help Sam to remain at home, or to return home quickly, but safely following a period in hospital.

7 Services work together with communities to improve access to services and build capacity – working with third sector, community groups across and within localities. This reduces health inequalities within and across our communities.

"Sam is able to stay at home and participate in community activities"

"Sam has access to additional, targeted information and advice to support her to manage her health care needs"

This is supported through improved availability and use of **assets within her community**.

Our Priorities

In order to address the key themes presented on the previous pages and to achieve our ambitions for Sam **we will**:

- **Further develop systems to enable front line staff to access and share information** across professions and organisations. This will enable people receiving services, named care coordinators, and other relevant staff to minimise the time spent duplicating assessment and maximise opportunities to create 'seamless' personal outcomes focused care.
- **Support more co-location of staff from across professions and organisations** to enable working in an integrated way where this facilitates the best quality of care, support, and enablement/independence to be achieved.
- **Develop single care pathways** which recognise that there are many more conditions than services available. While one size doesn't fit all there are benefits to be had from providing consistent and predictable processes.
- **Further develop anticipatory and planned care serves** for people with multiple long term conditions. This will include people with dementia and will be tailored to meet people's preferred personal outcomes and maximises their ability to be actively involved in managing their own conditions.
- **Provide more single points of entry to services** where named care coordinators help people receive more holistic services. Internal links will be made to any other services and supports needed rather than service users approaching each service anew.

- **Deliver the Stirling Care Village** to realise many of the expected benefits of greater levels of Health & Social Care Integration. This will include improved personal outcomes and reduced numbers of assessments by demonstrating many of the innovations noted above.
- **Develop seven-day access to appropriate services** to maximise quality of care; the potential for rehabilitation and recovery; and flow through acute and community services.
- **Take further steps to reduce the number of unplanned admissions to hospital and acute services** by supporting more prevention, early intervention, and community based services. This includes medical and social forms of prevention that could impact on future health such as providing information about local groups and activities that can help people stay socially connected and physically active along with more 'Keep Well' style health screening and support.

The decisions associated with our priorities identified in this section of the Strategic Plan will be based on the efficient and effective use of available resources, what we already know works well in this area, and from the evidence base and findings of well conducted local, national, and international research.

Appendix E - Design Statement

Doune Health Centre: SCIM DESIGN STATEMENT
Introduction

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.

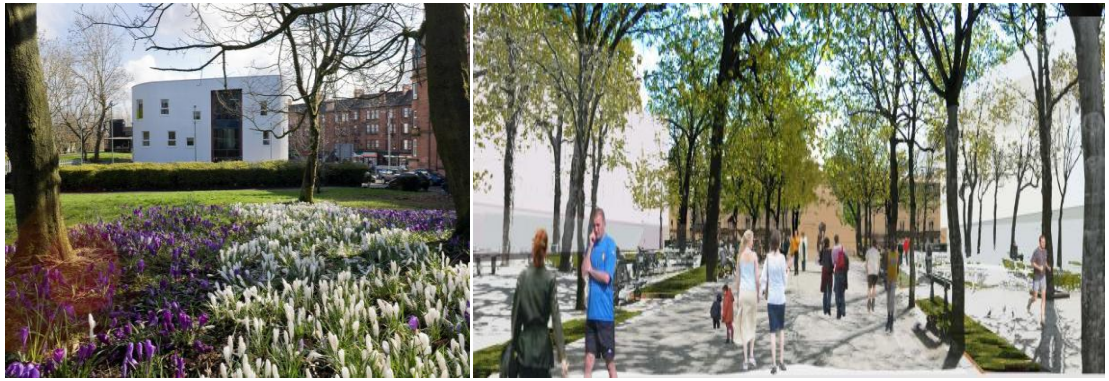
Therefore, in order to realise the above objectives through investment in facilities, the resultant facility must possess the following attributes:

1 Non-Negotiables for Patients

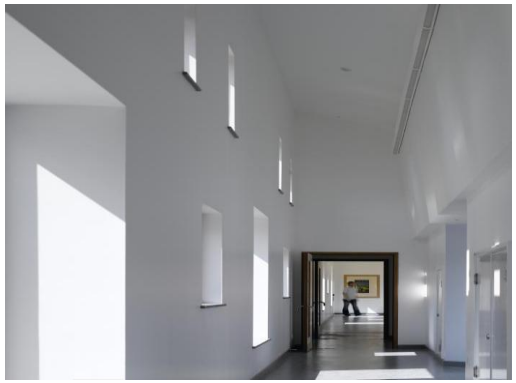
Physical accessibility to the site and into and around the building is paramount. There is a need to ensure Equality Act compliance including wheelchair user accessibility – appropriately designed, barrier-free paths, automatic entrance doors to be provided, corridor doors to be appropriate (either easy 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	• 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.

harder for those walking from the village or using buses. Its location must be clear for infrequent and ‘one-off’ patients such as tourists.	• Pedestrian on site routes to be attractive and well lit, with a ‘nature walk’ feel. • 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

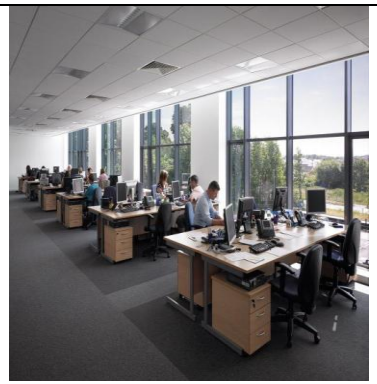
	  Images: The Bamburgh Clinic, St Nicholas Hospital, Stratheden Hospital
1.5 The waiting area (including any immediately accessible external areas) must cater for the different needs of patients, considering age and personal preferences, a pleasant place providing: • opportunities for social interaction 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

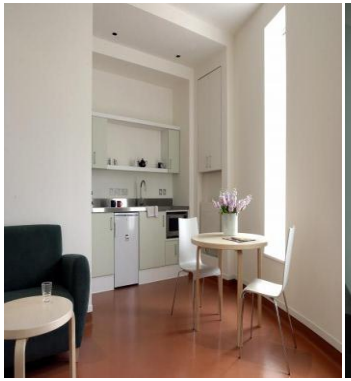
	 Images: Advance Dental Centre, New Stobhill Hospital, Kentish Town Centre
1.6 The design and location of consulting and treatment rooms must provide good daylight while retaining adequate visual and audio privacy.	 Images: The Waldron Health Centre, Kentish Town Centre (x2)

	 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 Estates & 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 necessary, nomination of other designers for consideration.	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. Elevations/3D visuals.
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.	

SELF ASSESSMENT PROCESS

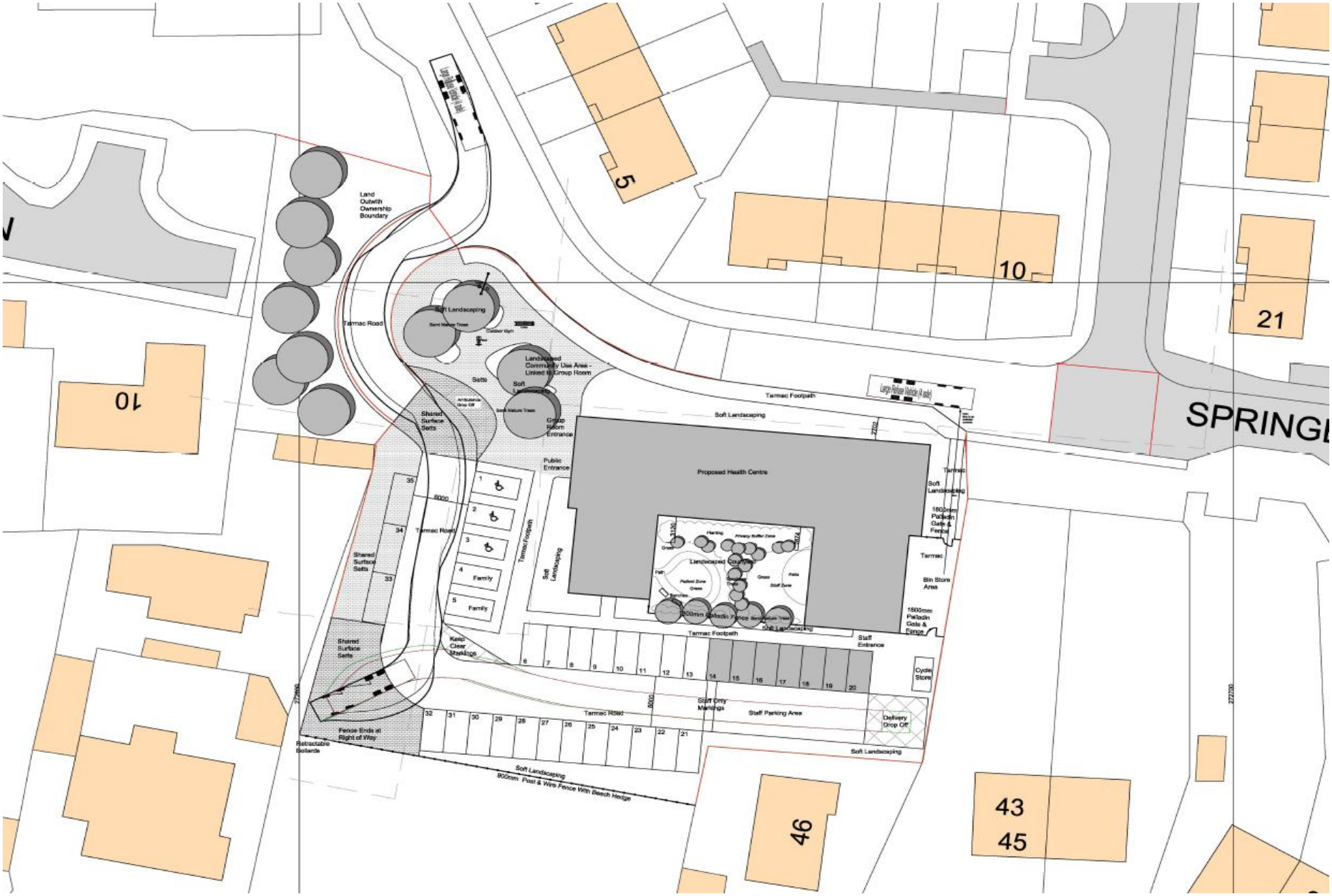
REVIEWED AT OUTLINE BUSINESS CASE STAGE

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.
OBC Review *Project Director advice following stakeholder engagement on the form of the building, confirmation of the Schedule of Accommodation, site analysis etc – site capacity confirmed with future development zone, horizontally at the 'courtyard'. Initial Site Plan developed including parking, waste, external access.*				
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
OBC Review *Design Statement issued as part of New Project Request Process to hubco and Tier 1 Contractor and Affordability Cap calculated in liaison with Hub East Central Scotland and used in the OBC.*				

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 necessary, nomination of other designers for consideration.	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.
OBC Review *Participant involvement in the Supply Chain selection process for the project from issue of information through evaluation of responses and interview/selection. Previous experience considered, eg selected Architect has recent experience of small scale health centre development delivered via hub.*				
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. Elevations/3D visuals.

OBC Review *Initial proposals developed. Stakeholder review taken place, clinical and technical of proposals (internal layout and site plan with externals), also presentation at public stakeholder event. AEDET process ongoing with workshop 15 January 2016, further workshops will take place at appropriate milestones.*				
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.
OBC Review N/A				
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.
OBC Review N/A				
Post occupancy evaluations	Consideration by appropriate internal governance groups with report to SGHSCD	Independent analysis by service providers, potential third party evaluation.	Assessment by stakeholders to determine whether the completed development met the set objectives.	
OBC Review N/A				

Appendix F – Proposed Site Plan


Land Outwith Ownership Boundary
Tarmac Road
Soft Landscaping
Semi Native Trees
Outdoor Gym
Landscaped Community Use Area - Linked to Group Room
Setts
Soft Landscaping
Semi Native Trees
Ambulance Drop Off
Shared Surface Setts
Group Room Entrance
Public Entrance
Tarmac Footpath
Soft Landscaping
Large Refuse Vehicle (4 axle)
Proposed Health Centre
Tarmac
Soft Landscaping
1800mm Palisade Gate & Fence
Tarmac
Bin Store Area
1800mm Palisade Gate & Fence
Tarmac Footpath
Soft Landscaping
Staff Entrance
Cycle Store
Tarmac Road
Tarmac Footpath
Soft Landscaping
Parking
Primary Buffer Zone
Landscaped Courtyard
Path
Patient Zone
Green
Staff Zone
Patio
Exercise
1800mm Palisade Fence
Semi Native Trees
Shared Surface Setts
Family
Family
Keep Clear Markings
Shared Surface Setts
Tarmac Road
Staff Only Markings
Staff Parking Area
Delivery Drop Off
Soft Landscaping
Fence Ends at Right of Way
Retractable Bollards
Soft Landscaping
900mm Post & Wire Fence With Beech Hedge
5
10
10
21
SPRINGF
46
43
45

Appendix G – Value for Money Scorecard

VALUE FOR MONEY SCORECARD

Doune Health Centre

Version 1.0

18 January 2016

PROJECT SUMMARY

Project Name:	Doune Health Centre	
Health Board:	NHS Forth Valley	
Local Authority:	N/A	
Total Project Cost:	£1,944,614	(Incl NHS Direct Costs)
Hubco Affordability Cap:	£1,792,473	
Hubco Current Project Cost:	£1,792,473	(Equivalent to the Affordability Cap)
Site Abnormals:	£0	
Gross Internal Area:	569	m2
Nr of GP's:	3	nr
Car Parking Spaces:	35	nr
Storey's:	1	nr

1.0 SUMMARY OF METRICS	Updated Metric	New Project (Excl Abnormals)	Diff +/-
Total Project Cost *(£/m2)*	£3,222	£3,421	£199
Prime Cost *(£/m2)*	£1,895	£1,487	-£408
Area Per GP *(m2/GP)*	160	156.87	-2.73
Ratio Support Space *(Ratio)*	1:3	2.7	-0.34
Life Cycle *(£/m2)*	£18.00	£18.00	£0.00

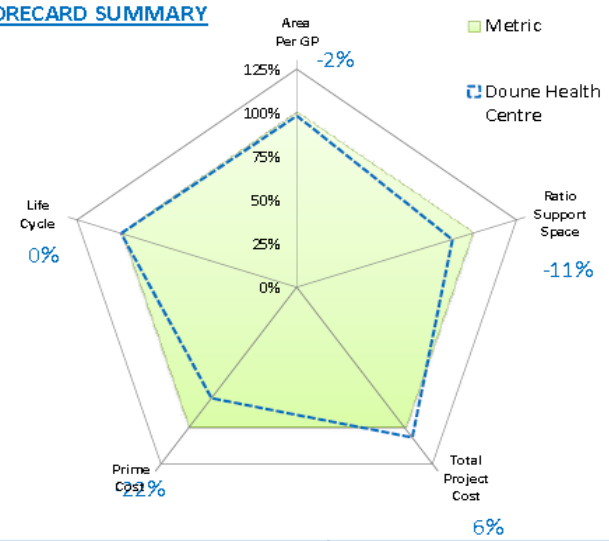
PERFORMANCE METRICS

5.0 Cost Metric	Metric at 4Q 2012		Updated Metric at FC	
	Base	4Q2012	FC Date	2Q 2016
	Project Cost £/m2	Prime Cost £/m2	Project Cost £/m2	Prime Cost £/m2
<1000m2	£2,550	£1,500	£3,222	£1,895
1,001 – 5,000m2	£2,350	£1,450	£2,969	£1,832
5,001m2>	£2,250	£1,400	£2,843	£1,769

Inflation Uplift:-	26.34%
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

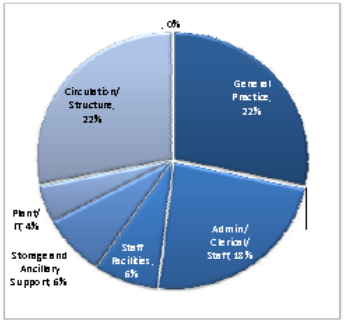
3.0 Total Project Cost Breakdown	Total (Incl Abnormals)	Rate £/m2	Total (Excl Abnormals)	Rate £/m2
Substructure	£65,687	£116	£65,687	£116
Superstructure	£361,462	£636	£361,462	£636
Finishes	£69,974	£123	£69,974	£123
Fittings & Furnishing	£76,495	£135	£76,495	£135
M&E	£271,679	£478	£271,679	£478
Prime Cost	£845,296	£1,487	£845,296	£1,487
External Works	£303,286	£533	£303,286	£533
Project Fees (Design, surveys, Hubco fee)	£643,891	£1,133	£643,891	£1,133
Hubco Affordability Cap	£1,792,473	£3,153	£1,792,473	£3,153
NHS -Decant/Management	£10,000	£18	£10,000	£18
NHS - Contingency	£142,141	£250	£142,141	£250
TOTAL PROJECT COST	£1,944,614	£3,421	£1,944,614	£3,421

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	1.8%	£13,893
Pre FC Risk	0.0%	
NHS Cont	7.8%	£138,926

NHS Board Commentary on Financial Assessment

AREA METRIC ASSESSMENT



7.0 Functional Area	Area	%
General Practice	127	22%
Other Health Services	29	5%
Local Authority	0	0%
Patient Interface	94	16%
Admin / Clerical/ Staff	105	18%
Staff Facilities	34	6%
Storage and Ancillary Support	34	6%
Plant/ IT	21	4%
Circulation/ Structure	126	22%
Total GIA	569	100 %
Omit Abnormals		
GP & Other Health Services	-156	-
LA Facilities (Incl circ/plant)	0	-
Nett Support Space	413	Diff
Ratio Clinical Vs Support Space	1: 2.7	0.3

Nr of GP	Metric (m2/GP)	Actual (m2/GP)
3	160	157

NHS Board Commentary on Area Provisions

Appendix H – Draft Benefits Realisation Plan

Doune Health Centre – DRAFT Benefits Realisation Plan

This Benefits Realisation Plan (BRP) is a fundamental part of this project, running from the project's beginning to its end, and beyond. The aim is to ensure that the intended benefits from the project are delivered and that the resources allocated to the project are fully utilised. The BRP is also intended to demonstrate how the investment in this project is contributing to overall service improvement for the partners in the project. By focusing on benefits realisation planning, the partners will be able to track whether intended benefits have been realised and sustained after the end of the project. Furthermore, it helps to ensure a clear signposting of who is responsible for the delivery of those benefits.

The benefits realisation plan will be reviewed and updated through the development of the Full Business Case and at regular intervals once the project has been completed. This will help to monitor the changes made as a result of the project and if necessary enable corrective action to be taken to ensure that the original benefits are being achieved.

Investment Objective: **Service Integration -** deliver joint working between the NHS, local authorities and other partners						
Benefit	**Stakeholders impacted**	**Enablers required to realise benefit**	**Outcomes displayed if benefit realised**	**Current baseline measure**	**Who is responsible**	**Target Date**
Delivery of more effective care with improved user outcomes	Patients /Service users/Unpaid Carers	Deliver service redesign influenced by public involvement	Network enabling access to high quality, safe and cost effective services as locally as possible. More people supported to live well in their own home	Percentage of population living at home.	Integration Joint Board *	Annual Report
Greater collaboration between partner organisations to improve effectiveness of preventative and intermediate care	Patients/ Service users/Unpaid Carers All Health and Social Care Providers	Deliver service redesign influenced by public involvement	People are able to look after and improve their own wellbeing/living for longer. People are able to live independently and at home.	Emergency admission rates Achievement of delayed discharge target Rate of admission to Care Homes	Integration Joint Board *	Annual Report

Investment Objective: **Service Integration** (continued) - deliver joint working between the NHS, local authorities and other partners						
Benefit	**Stakeholders impacted**	**Enablers required to realise benefit**	**Outcomes displayed if benefit realised**	**Current baseline measure**	**Who is responsible**	**Target Date**
Improved staff engagement & communication between partner organisations	Staff	Co-location, joint and integrated working,	Enabled partnership culture & care coordination. Effective coordination of care	Staff surveys Evidence of staff engagement. Provision of staff communications	Registered Manager Practice Managers/ Service Manager	Annual Report
Shared use of partner resources	NHS Board and partners in delivery of Health and Social Care	Co-location of service providers Flexible working arrangements	Facilitate new ways of working and delivery of care between partners	Evidence of integration: (a)Workforce (b) Management (c) Pooled budgets (d) Facilities.	Integration Joint Board *	Annual Report
Improved working arrangements and facilities for staff resulting in greater job satisfaction and less turnover / sickness	Staff	Modern, good quality accommodation.	Lower staff turnover and sickness rates. Number of staff in training and development.	Percentage of staff who would recommend their workplace as a good place to work.	Integration * Joint Board	Annual Report

Investment Objective: **Person Centred Care -** provide care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions						
Benefit	**Stakeholders impacted**	**Enablers required to realise benefit**	**Outcomes displayed if benefit realised**	**Current baseline measure**	**Who is responsible**	**Target Date**
Positive experience of health and social care	Patients/Service Users/Unpaid Carers	Increased involvement in management of own condition(s).	Delivery of service redesign influenced by public involvement.	Percentage of users who feel respected, involved and consulted (Health and Social Care Experience Survey)	Integration Joint Board *	Annual Report
More people able to access care from their preferred location	Patients/Service Users/Unpaid Carers	Systematic support for long term conditions	Access to community resource and services	Proportion of care delivered locally	Integration Joint Board *	Annual Report
Better transition through each care journey	Patients/Service Users/Carers/Unpaid Carers	Implementation of continuity of care in all care pathways	Increase involvement in management of own condition(s).	Percentage of users who feel respected, involved and consulted (Health and Social Care Experience Survey)	Integration Joint Board *	Annual Report
Positive experience of the environment in which services are provided	Patients/Service Users/Unpaid Carers	Provision of good quality buildings and environment	Environment created where excellence & safety can flourish efficiently	6 Facet Survey information	Director of Estates & Facilities	PAMS review, annual

Investment Objective**: Improved access to treatment and services -** extend the access for the new model of care to include all those living within the Doune area						
Benefit	**Stakeholders impacted**	**Enablers required to realise benefit**	**Outcomes displayed if benefit realised**	**Current baseline measure**	**Who is responsible**	**Target Date**
More people able to access care from their preferred location	Patients/Service Users/Unpaid Carers	Systematic support for long term conditions	Enabled and convenient access to modernised services. Access to community resource with acceptable accommodation.	Percentage discharged home from Intermediate Care Proportion of care delivered for local population in Doune	Integration Joint Board *	Annual Report
Better transition through each care journey	Patients/Service Users/Unpaid Carers Service Provider Organisations	Implementation of continuity of care in all care pathways	Speedy access to modernised services Integrated service provision Increased “one stop” service provision	Percentage of users who feel respected, involved and consulted (Health and Social Care Experience Survey) GP Health & Care Experience Survey	Practice Managers	Annual Report
Maximised range of health and social care services available locally	Patients/Service Users/Unpaid Carers Service Provider Organisations	Integrated health and social care model of service provision	Service provision closely matched to needs	Demonstrable shifts in balance of care and use of resources and range of services available locally	Integration Joint Board *	Annual Report

Investment Objective: **Improved service effectiveness and efficiency -** 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						
Benefit	**Stakeholders impacted**	**Enablers required to realise benefit**	**Outcomes displayed if benefit realised**	**Current baseline measure**	**Who is responsible**	**Target Date**
Affordable service delivery	NHS Board and partners in delivery of Health and Social Care	Integrated Health and Social Care Model implemented	Facilitating the use of technology to support both care and administrative processes.	Cost as measured by key financial performance indicators. IRF Cost Indicators	Finance Manager	Annual Report
Meeting service user preferences is more cost effective	NHS Board and partners in delivery of Health and Social Care	Efficient and effective service model	Increased service provision at same or lower costs	Cost as measured by key financial performance indicators	Finance Manager	Annual Report
Reduced demand for more expensive care pathways	NHS Board and partners in delivery of Health and Social Care	Shift in the balance of care	Shift in balance of care	Rate of admission and length of stay in Care Homes and hospital. Percentage of population with anticipatory care plans	Integration Joint Board *	Annual Report
Operational cost of building reduced	NHS Board	New more energy efficient construction, fittings etc, reduction in maintenance burden	Reduced running costs	Costs as reported in the Cost Book/PAMS	Director of Estates & Facilities	PAMS Review/ SAFR, annual

*Integration Joint Board or whichever group or individual is given delegated authority/function.

Appendix I – Extract from Risk Register

AmberBlue

Hubco Risk Register

hub

				Prior to Mitigation						Post Mitigation			
Ref No:	Risk Description	Risk Category Ref	Risk Category	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Action Plan Completed?	Time / Cost Impact	Mitigation	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Time / Cost Impact
1	May fail to identify appropriate Stakeholders	A	Clarity and Understanding of Client Brief and Objectives	3	4	12		T&C	Develop communications and engagement plan to determine all relevant stakeholders	1	4	4	T&C
2	May fail to engage with Stakeholders	A	Clarity and Understanding of Client Brief and Objectives	3	4	12		T&C	Implementing project governance structure and implement communications plan to ensure regular communication	1	4	4	T&C
3	Different Stakeholders with contradictory aspirations	A	Clarity and Understanding of Client Brief and Objectives	3	4	12		T&C	Implementation of engagement plan and consensus on an agreed brief and stakeholder	2	4	8	T&C
4	May not involve appropriate Professional expertise to develop the design (Design, Commercial, Clinical/Educational)	A	Clarity and Understanding of Client Brief and Objectives	4	4	16		T&C	Selection of design consultants with relevant appropriate experience to deliver project of similar nature	1	4	4	T&C
5	May fail to adequately determine the overall programme	E	Programme, Information Release, Decision Making, Timing and Adequacy	3	5	15		T&C	Continual agreement on programmes with Client, Tier 1 and design team on ability to deliver programme dates	2	4	8	T&C
6	Securing Funding from Scottish Government to deliver the project	D	Funding and Business Case Issues	3	5	15		T&C	Within NHS Boards plan to deliver, submitted to Government for review. Issue of revised initial agreement to outline case for project delivery	2	5	10	T&C
7	May fail to acquire Planning Permission	G	Planning, Statutory Approvals and Health & Safety	2	5	10		T&C	re-engage with Planning and maintain dialogue to ensure satisfactory design for planning approvals.	1	5	5	T&C
8	The Requirement Statement may fail to keep abreast with future Clinical Practices & Legislation	A	Clarity and Understanding of Client Brief and Objectives	3	4	12		T&C	Right people involved with initial development of brief and horizon scanner and consideration of future proofing and potential adaptation within the design	2	3	6	T&C
9	The Requirement Statement may be subject to uncontrolled Scope Creep	A	Clarity and Understanding of Client Brief and Objectives	3	3	9		T&C	Ensure brief is correct first time and implement management/change control measures to minimise changes to scope. Initial meeting with Estates to define initial scope of M&E design, look to freeze scope of design at earliest opportunity.	2	3	6	T&C
~~10~~	Changes to Building Regulations	~~G~~	~~Planning, Statutory Approvals and Health & Safety~~	2	3	6		~~T&C~~	~~Identify key dates for changes to regs implementations and manage programme dates to suit. Meeting dates dependent on OBC approvals and NPR submission. Current 3-4 month window of Building Reg changes. Risk increased post mitigation 02.02~~	3	3	9	~~T&C~~
11	The Options may fail to identify and address Site constraints, (environmental concerns, ground conditions).	M	Design and Specification	3	5	15		T&C	Carry out initial screening, obtain information in relation to site services. Develop scope of Ground investigations for site. Early results from SI indicate contamination on site. Develop strategy to deal with once full results known.	3	4	12	T&C
12	Delay to programme affecting Construction Inflation calculations within the affordability cap	D	Funding and Business Case Issues	3	3	9		T&C	Develop realistic programme for delivery. Obtain consensus for delivery of objective by project team. Allow for additional inflation period within cost planning for any potential programme slippage. Programme developed accounting for	1	3	3	T&C
13	There may be a lack of resource (Funds, time or people) to complete the Business Case Document effectively	D	Funding and Business Case Issues	3	4	12		T&C	Identify relevant people and key dates for delivery of Business Case document. Secure support to produce documentation. Consider timescales for third party processes and programme target dates.	2	4	8	T&C
14	Road mouth is out with red-line boundary on title deeds.	F	Third Party and External Disruption to Operations	4	4	16		T&C	Identify landowner, obtain permissions to undertake work and identify within title report what provisions there are. CLO to consider options for additional ownership of land accessing the site	3	5	15	T&C
15	Heras fence to rear of neighbouring business James Innes & Son appears to encroach on NHS land? Risk of disagreements over works access and extent of work on site	F	Third Party and External Disruption to Operations	3	3	9		T	Discussion with neighbouring stone mason to establish correct site boundaries. Consider provision of access during construction and beyond	3	4	12	T
16	Planning conditions are onerous and fall out with expected scope for dealing with site abnormals (traffic calming measures/conservations area etc..)	G	Planning, Statutory Approvals and Health & Safety	3	3	9		T&C	Early discussions with Planning to ensure planning conditions are identified and are proportionate to the development. Meeting with planning indicated that no onerous conditions likely to be applied.	2	3	6	T&C

				Prior to Mitigation						Post Mitigation			
Ref No:	Risk Description	Risk Category Ref	Risk Category	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Action Plan Completed?	Time / Cost Impact	Mitigation	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Time / Cost Impact
17	Right of way on site - interference with proposed development on the site	G	Planning, Statutory Approvals and Health & Safety	2	4	8		T&C	Develop site proposals to allow right of way to remain	1	3	3	T&C
18	No build zones from mains utilities - restriction of development in nearby area	H	Construction, Site Conditions, Ground and Weather	3	4	12		T&C	Consult with utilities to establish requirements and advise on proposed areas for development. Medium pressure main at north side of Boundary. Hand dig with SGN to took place 05.02.15 to establish exact location, with results proving inconclusive. Further information identified Gas Main at 1.5m depth further hand digging required	3	4	12	T&C
19	Risk of contamination from previous use of site	H	Construction, Site Conditions, Ground and Weather	4	3	12		T&C	Carry out initial screening, obtain information in relation to site services. Develop scope of Ground investigations for site. Early results from SI indicate contamination on site. Develop strategy to deal with once full results known.	4	3	12	T&C
20	Identify nature of future expansion; scope and type of service provision, failure to incorporate client requirements and brief	A	Clarity and Understanding of Client Brief and Objectives	3	3	9		T&C	Highlight future expansion provision within design. Stakeholder and Participant approval on provisions. MF advised that expansion to account for 2 additional consulting rooms. Arch to develop as part of design.`	1	3	3	T&C
~~21~~	~~Overhead cables crossing site - diversions.~~		~~#N/A~~	5	4	20		~~T&C~~	~~identify cables on site and requirement to manage any required diversions~~	5	4	20	~~T&C~~
22	Dialogue with NHS estates to inform the design preventing abortive design work	A	Clarity and Understanding of Client Brief and Objectives	3	3	9		T&C	Early engagement with NHS Estates and define scope of works to ensure compliance. Meeting held 20th Jan with Ian Kinloch. Proposals to be further developed for feedback by NHS Estates. Further engagement scheduled to review design proposals	1	3	3	T&C
23	hub support to meet key dates for submission of Business Cases and external approvals	D	Funding and Business Case Issues	3	3	9		T&C	Continual engagement with Participant and Stakeholders to identify resources and target key dates	1	3	3	T&C
24	Buried services at western perimeter of the site.	H	Construction, Site Conditions, Ground and Weather	4	4	16		T&C	Undertake further trial pits and trace to establish services and exact locations, GPR survey located existing services, action to be taken to det5ermine whether these are active and potentially need to be	3	4	12	T&C
25	Wayleave Requirement for existing services - risk that no agreed wayleaves in place affecting time and programme	G	Planning, Statutory Approvals and Health & Safety	3	4	12		T&C	Establish what wayleaves in place and commence any required process at earliest opportunity. Place early order for incoming utilities and ensure that legal teams act as soon as possible	2	4	8	T&C
26	Existing Drainage layout - risk that current assumptions differ resulting in additional drainage design requirements.	H	Construction, Site Conditions, Ground and Weather	3	4	12		T&C	As built information from DR Murray with DIA information to inform capacity requirements, Early contact to be made with Scottish Water	2	3	6	T&C
27	BREEAM - Time sensitive credits, risk that these are missed meaning lost credits affecting BREEAM rating	D	Funding and Business Case Issues	3	4	12		T&C	Discussion ongoing with Hulley & Kirkwood to clarify time sensitive credits at what stages and activities to be undertaken.	2	3	6	T&C
28	Potential Design, Time & cost implications as a result of implementation and compliance with Section 6 (Energy) of current Building Regulations as of Oct 2015	G	Planning, Statutory Approvals and Health & Safety	4	4	16		T&C	Engage with design team to implement an options appraisal of viable solutions to adhere to Building Regulation. Research existing solutions being used/implemented on similar projects	3	4	12	T&C
29	Potential design changes as a result of the energy strategy impacting on the planning and environmental design resulting in a chimney from the Biomass heating solution.	G	Planning, Statutory Approvals and Health & Safety	4	4	16		T&C	Engage with design team to implement an options appraisal of viable solutions to satisfy planning and environmental health requirements.	3	4	12	T&C
30	Location of Gas Main and the designated exclusion zone of min 3m impacting on the position of the building	H	Construction, Site Conditions, Ground and Weather	5	5	25		T&C	Further information identified Gas Main at 1.5m depth further hand digging required to establish exact location provisionally scheduled for Jan	5	5	25	T&C
31	Impacts on programme from adjacent RSHA construction site using Doune HC site for access	H	Construction, Site Conditions, Ground and Weather	2	3	6		T&C	Close liaison with both developments to ensure that programmes are co-ordinated, continual consultation between all parties	1	2	2	T&C

Appendix J – Letter of Stakeholder Support

Doune Health Centre

Doune

10th Nov 2015.

Re A New Health Centre for Doune.

In my capacity as Senior Partner at Doune, I write in support of NHS Forth Valley's project to build a new health centre in Doune.

General Practice is changing with a new GP Contract planned for Scotland in 2017. A model framework is already in discussion and this is aiming to introduce an expansion of the primary health care team, to include pharmacists, advanced nurse practitioners and more practice nurse support. In order to have any possibility of moving with the new direction for general practice we would need expanded new premises. Also the New Contract will address the need to work more closely with secondary care, to keep patients out of hospital with more care in the community. An expansion of services for this will be required, and space and facilities will be needed, a new health centre will enable us to offer more services locally. There would be facilities available for visiting secondary health care personal to use the new premises , for example, with the rise in the ageing population dementia care will need large expansion for the future and Doune has the potential to be a local base , allowing less travel for patients and more local services. This is just one example, other services could include physiotherapy, dermatology, dietetics, psychology and counseling.

In addition, the practice area has seen a large rise in new housing in the last 2 years. The list size has gone up from 3,200 patients to 4,000 patients, adding further pressure to our current inadequate premises.

Our current premises were built in 1972 and were designed for one doctor working at a time with one nurse. The practice now has 3 partners and 1 trainee at all times, and other periods 2 trainees, with 2 practice nurses and a full complement of district nurses and health visitor working out of the current premises. As a consequence, the current premises are very cramped , there is often standing room only in the waiting room, and a marked lack of patient privacy. There is a long term damp problem in one of the portacabins which leads to a constant odour. There are issues with infection control, patient access, parking and health and safety for staff and patients.

I, the practice team, and patient representatives have worked closely with the Health Board through the planning case, and design over the last 2 years, and we have agreed on a design of a new building which will meet our needs, and the patients needs for general practice care for the future. The practice is willing to accept the future costs which would accrue to the practice, as estimated and to be confirmed at financial close. I would urge full support for the proposed New Health Centre.

Dr Philip Rose