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

For any enquiries please contact:

Morag Farquhar

Programme Director

NHS Forth Valley 2nd Floor, Administration Offices, Stirling Community Hospital
Livilands Gate Stirling FK8 2AU

Tel: 01786 454593

Version: 8 Date: 19 April 2018

Contents

Appendices

1.0 Executive Summary

1.1 Introduction

This document has been prepared by NHS Forth Valley (NHS FV), who seek approval for funding to provide a new Health Centre to enable significant improvement in the way in which services are delivered to the people of Doune within the Stirling area of NHS Forth Valley.

1.2 Background

The project described in this Full Business Case (FBC) 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.

The Initial Agreement (IA) was followed by an Outline Business Case (OBC), finalised some time thereafter, including an addendum which reflected upon the changes since the development of the Initial Agreement and the rationale for the selection of the preferred option: the existence of the integrated 'hubs' in Callander and Stirling for which Doune Health Centre will be a 'spoke' and financial position which rule out the 'more ambitious' option.

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 Callander Medical Centre and Stirling Health and Care Village.

1.3 How this document has been produced

This document brings together all the previous and historical work undertaken on the project, including the OBC, which was approved by Scottish Government in December 2017, and the Stage 2 submission by hub East Central, which was presented to NHS FV for approval in February 2018. The information in these documents have been reviewed and updated to be presented in FBC format.

The work of updating the information for this FBC has involved a range of stakeholders including representatives from the Doune community. The purpose of this was to engage in gathering current, relevant information/issues and to explore the options for change, confirming the preferred option and taking this forward into design and approval. In doing so, it has also provided stakeholders with an opportunity to influence the direction of the project and to contribute to this FBC 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 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. The Doune community has been engaged in the form of an open public meeting on how in particular this project should be shaped to respond to the many pressures and opportunities that exist.

A rigorous appraisal of the shortlisted options for the project was undertaken as part of the development of the OBC for the proposals. 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 FBC for Doune Health Centre

The FBC has been prepared using the agreed standards and format for Business Cases, as set out in the Scottish Capital Investment Manual (SCIM) – Business Case Guide. The primary purpose of the FBC is to identify the "market place opportunity" which offers VFM, set out the negotiated commercial and contractual arrangements for the project, demonstrate that it is affordable and put in place the detailed management arrangements for the successful delivery of the project.

NHS FV presented an OBC to the Capital Investment Group (CIG) which received approval on 14 December 2017. A copy of the OBC approval letter is attached at Appendix A. The final stage of the process is presenting a FBC outlining the preferred option in detail for approval by CIG. The application for Planning Permission was submitted to Stirling City Council on 10 August 2017 and received approval on 22 December 2017. A copy of the Decision Notice is attached at Appendix B.

Specifically, the purpose of this FBC is to:

- Review work undertaken within the 0BC, detailing any changes in scope and updating information as required.
- Describe the value for money option including providing evidence to support this.
- Set out the negotiated commercial and contractual arrangements for the project.
- Demonstrate that the project is affordable.

- Establish detailed management arrangements for the successful delivery of the project.

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 Board is capable of delivering the proposed development.

1.6 The Strategic Case

The purpose of the FBC is to identify a preferred option for delivering the preferred way forward that was identified in the OBC for the project. The FBC 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 FBC 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 (an extract of which is attached at Appendix C), 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 Board would also look to introduce mobile working into the new Doune Health Centre facility to improve collaboration and sharing of information between care partners.

The current Health Centre facility constrains significantly the work of the GP Practice and core primary care team.

1.7 National Context

At a national level, the policy drivers supporting the development of the new Health Centre include:

1 **A National Clinical Strategy for Scotland**, February 2016;
2 **Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision**;
3 **Quality Strategy** which underpins the narrative, with the three central ambitions that care should be person centred, safe and effective;
4 **'Renewing Scotland's Public Services',** (the Scottish Government's response to the 'Christie Commission Report') which emphasises the need to make the best use of resources, providing integrated care and improving the quality of health and other public services; and
5 Public Bodies (Joint Working) (Scotland) Act 2014: integrating health and social care services under a single organisation to improve the care experience and outcomes for patients and service users.
6 The new GMS contract and national code of practice for GP premises effective from 1st April 2018

Each of these policies seeks to improve the health and social care responses to the people of Scotland. In addition, a key driving factor is the integration of health and social care services as a result of implementation of the Public Bodies (Joint Working) (Scotland) Act 2014.

1.8 Local Context

In 2014 the NHS Board embarked on a far-reaching review of services and produced their Healthcare Strategy, "Shaping the Future" 2016 – 2021.

The key themes are outlined in the six themes for the vision for the future where:

1. Prevention keeps people well whilst early treatment and support stops conditions from getting worse.
2. Health and social care services are Person Centred recognising that people have differing needs, circumstances and expectations of care.

3. Health Inequalities are reduced, and people are encouraged and supported to take Personal Responsibility for managing their own health and health conditions.
4. Care is provided Closer to Home, and fewer people need to go to hospital.
5. Planning and working in Partnership with staff, patients, local councils and community organisations, avoids emergency hospital admissions and reduces A & E attendances.
6. Unnecessary Delays and Variations in services are minimised and our Workforce is fully supported to deliver high quality, safe and effective care.

1.8.1 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 and employs around 8000 staff. The community of Doune sits in the Stirling rural community and is part of the Callander integrated health and social care hub. Doune is part of the Stirling locality which has a population of 88,740 people.

1.8.2 Business Strategy and Aims

NHS Forth Valley is now entering a new and exciting chapter of transformational change, driving quality improvement throughout the organisation, streamlining patient pathways and achieving greater consistency of care, continuing to design and deliver healthcare services fit for the future. The focus now is to fully embed the new and integrated models of care across the range of care settings from acute through to the network of four community hospitals, based in Bo'ness, Clackmannanshire, Falkirk and Stirling and other primary and community care facilities. This links very closely the joint interests of the NHS and the Health and Social Care Partnership in not only delivering new models of care and facilities but in improving population health and reducing inequalities. The continued focus on partnership working and working towards greater integrated service provision with improved outcomes is one of the cornerstones of the new Integrated Joint Boards for Health and Social Care.

1.8.3 Other Organisational Strategies

These are contained in Section 6 and include those in relation to workforce and digital health and care.

1.8.4 Investment Objectives

These are contained in Section 8 with 4 main objectives being identified as follows:

- Person centred care
- Improved access to treatment
- Service integration
- Improved service effectiveness & efficiency

It should be noted that in developing this project, the Project Team has been mindful of the fact that procuring an asset or service 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.

1.8.5 Existing arrangements and Case for Change

These are contained in Section 3 and reflect upon the constraints of the existing arrangements in terms of existing services and an inability to develop further ones.

1.8.6 Project Scope

The scope of the project is to re-provide existing services in new, purpose built modern facilities to improve access and enable expansion of services as required and appropriate. Since the submission of the OBC there have been no significant changes to the scope of the project.

1.8.7 Changes since OBC

The changes since Outline Business Case to the project are limited and can be summarised as follows:

- Total area of the building confirmed at 555sqm based upon an agreed schedule of accommodation.(605sqm at OBC stage)
- Final area and configuration of the site has been agreed and reflected in the Stage 2 proposals.
- Cost position- total capital costs have increased from OBC from £2,617,000 to c, £2,677,781 reflecting an increase in the construction cost from £1,792,473 at OBC (noted as baseline cost as at late 2015 and to be updated in the FBC) to £1,967,172. Utilisation of the risk allowance at OBC stage has mitigated the full impact of the increase in construction cost.
- A revised Affordability Cap will be required upon approval of the FBC, taking into account the inflationary uplift in the baseline construction costs, technical and design development.

1.9 The Economic Case

The Economic Case in this FBC sets out how the preferred option has been determined and remains the preferred way forward

Previously, a 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, together with the "Status Quo/Do Minimum", formed the shortlist of options shown below which were the subject of a rigorous option appraisal.

1.9.1 Options

	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 out with 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 to maximise the impact of the new model on reducing hospitalisation.
Service Delivery	Status Quo/Do minimum	Integrated Primary and Community Health teams co-located. Capacity within facilities for visiting Health and Social Care services as part of Callander Health & Social Care hub	Additional teams with additional, separate facilities	Fully integrated Health & Social Care teams – part of network with Callander.
Implementation	Gradual Expansion of teams and facilities – reacting to increased demand on services	Development of a new Health Centre based on a single site and implemented as a single scheme	Step Changes by creating new teams with separate facilities as required to meet increases in demand.	Integrated Health Centre developed on a single site and implemented as a single scheme.
Funding	NHS Capital	NHS Capital	NHS Capital	NHS Capital

1.9.2 Non Financial Appraisal Summary

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

1.9.3 Summary of Economic Appraisal

The result of the benefit scoring in the format used in the OBC is summarised in the table below which indicates that Option 2 is the highest scoring option. Costs for all of the options have been updated for the FBC as set out in the Economic Case.

	Option 1 - Do Minimum	Option 2 – Preferred Way Forward	Option 3 – Less Ambitious	Option 4 – More Ambitious
Appraisal Element				
Benefit Score (a)	551	841	593	839
Rank	4	1	3	2
Net Present Cost (b)	£1.238m	£5.773m	£6.404m	£7.030m
Cost per benefit point (b/a)	£0.002m	£0.007m	£0.011m	£0.008m
Rank	1	2	4	3

This validates the outcome at OBC indicating that Option 2, the Preferred Way Forward, provides the greater economic benefit compared to the other options and is the preferred option, discounting the Do Minimum which cannot achieve the stated Investment Objectives.

The option appraisal described in the Economic Case Section reflects a point in time in the development of the business cases, including the 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.

1.10 The Commercial Case

The purpose of the Commercial Case is to detail the planned approach that the project partners will be taking to ensure the project has been competitively marketed for the supply of services and facilities. This in turn will determine whether or not a commercially beneficial deal has been done and achieve the best value for money for the project.

1.10.1 Procurement and Contractual Arrangements

It is agreed 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 which provide enhanced community benefit.
The 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 Maintain 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.

1.10.2 Risk Allocation

Having identified the risks relating to the project and quantifying each, a review of the appropriate allocation of each was undertaken prior to agreement of the Guaranteed Maximum Price.

In accordance with the hub process a total of 1% risk is allowed at the construction stage. This equates to £16,591 which is included within the GMP.

In addition to this, NHS Forth Valley has a separate risk allowance included within the total capital cost of 5% (of the construction cost), £98,359.

1.11 The Financial Case

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

Net additional recurring revenue costs to the NHS Board have been estimated at £0.087m per annum including £0.053m of additional capital charges. These figures are net of additional non-reimbursable 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 £2.479m and will be impaired by £0.496m following valuation to a carrying value of £1.983m 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 short life asset.

1.12 The 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 track record of effectively managing both capital projects and change programmes to ensure that investment objectives and benefits are successfully delivered. This FBC describes the project governance structure that has been established for this project using an approach 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 Commence	**April 2017**
Stage 2 Completion	**February 2018**
Financial Close	**After CIG FBC approval**
Construction	**Summer 2018 – Spring 2019**

1.12.1 Project Management Arrangements

A Project Steering Group has been established for the project with key roles confirmed. The Steering Group is chaired by Kathy O'Neill, General Manager Community Services Directorate and has representation from the GP Practice, other service providers, Estates & Facilities and Finance Directorates. The Steering Group is supported by the Project Team which has a wider membership including clinical and technical disciplines, who will be responsible for driving the project forward on a day to day basis.

The NHS Board's Performance & Resources Committee will act as the Project Board receiving regular reports and monitoring progress.

The Project Governance Structure is attached at Appendix D.

1.12.2 Consultation Process with Stakeholders and Public

An extensive programme of community engagement has been undertaken as part of the consultation process on the project since the development of the outline business case and will continue as the project progresses. For example, a public event took place in January 2016 at the time of completion of the previous revision to the OBC and was well attended. Also the Community Council, local politicians and MSP have engaged with the Board over the course of recent years. It was agreed at the public meeting held in January 2016 that the Community Council would act as the reference group for the project and any updates would be communicated via them/their local newspaper "The Bridge".

Appendices E and F to this FBC include the Stakeholder Engagement Strategy and NHS FV Communications Plan (as at April 2018) for the project and demonstrate the actual and planned engagement for the development. The Communications Plan in particular is a dynamic document that will be regularly reviewed and updated according to the stage of the project and will incorporate feedback from stakeholders going forward (for example, the document will be updated to include the most recent feedback from a meeting with the Community Council in relation to having a further open public meeting prior to the start of construction).

Further, a letter of support from the GP Practice is attached at Appendix G.

1.12.3 Benefits Realisation, Risk, Contract Management and Post Project Evaluation

The management arrangements for these key areas are summarised as follows:

The Benefits Realisation Plan (BRP) has been extensively reviewed since the OBC. Robust arrangements will be put in place in order to monitor the BRP throughout the development to maximise the opportunities for them to be realised.

The strategy, framework and plan for dealing with the management of risk are as required by SFT regarding all hub projects. A project risk register has been prepared in collaboration with hubco, which is actively managed by the Project Manager and

reviewed on a regular basis with the team. The Project Team and Steering Group will have the Risk Register as a standing item at their regular meetings and will ensure review and monitoring/management of risk takes place.

The risk register includes -

1. Medium pressure gas main on site, Mitigation factors have been put in place through design to ensure that the building has been orientated and away from the exclusion zone for maintenance and repair.
2. Joint access for Rural Stirling Housing Associated who will have right of access through the site.

Following satisfactory completion of the project, a Post Project Evaluation (PPE) will be undertaken and this is set out in detail within Section 38 of the Business Case.

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. An extract from the Strategic Plan is attached at Appendix C.

  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

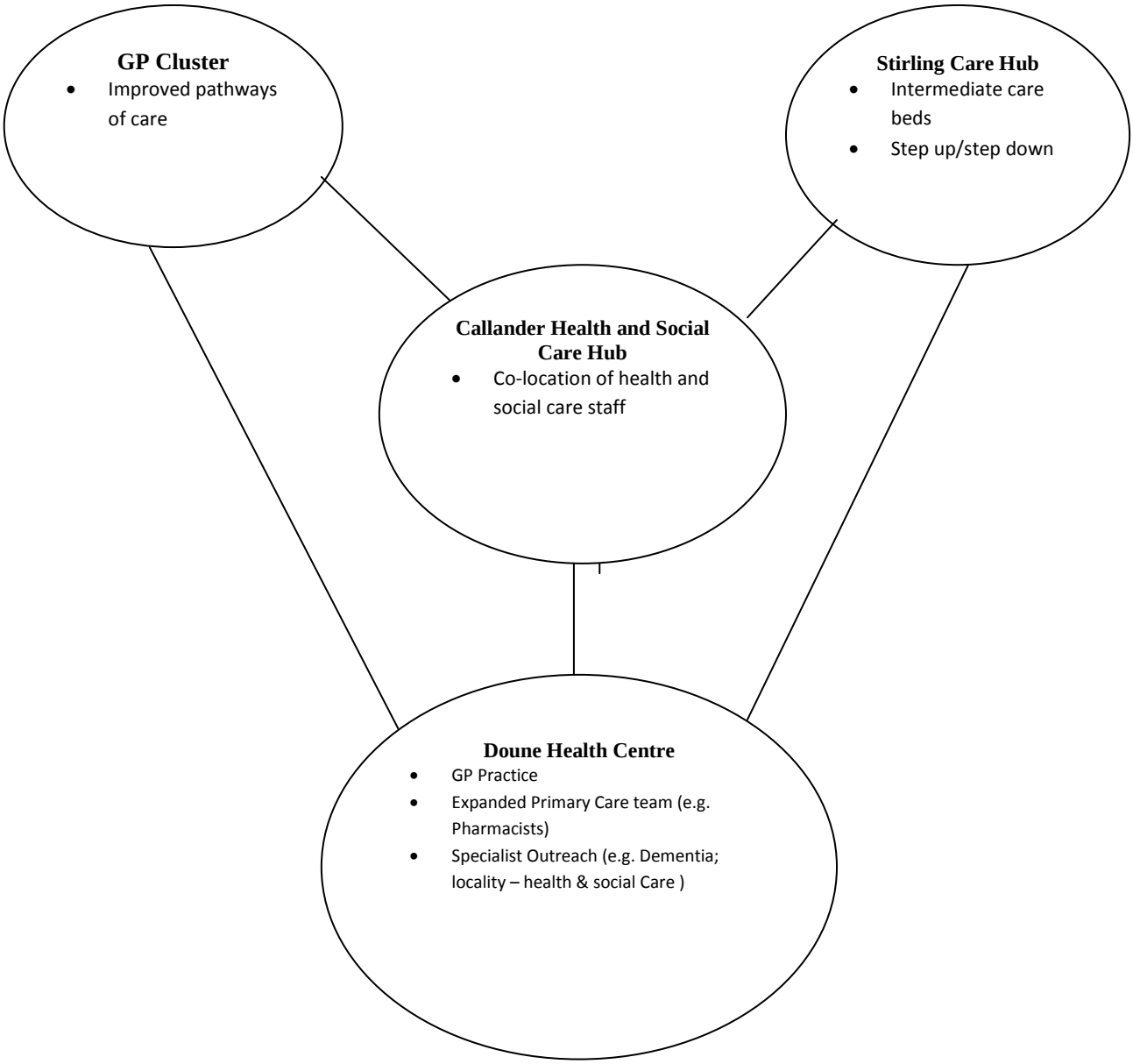
The community of Doune sits in the Stirling rural community and is part of the Callander integrated health and social care hub. The Callander hub was developed some years ago in response to the need for more integrated and coordinated responses aimed at preventing older people from admission to the acute 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. This can be shown as the inclusion of additional accommodation of a Multipurpose room, group room and Community Nurses accommodation. 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. the 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 well under way 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 Scottish Ambulance Service (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, considering 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 FBC 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 4,100 registered patients. Around 180+ new homes/flats have been built in Doune and Deanston over the last few years which has led to an increase in the practice list size of approximately 600 patients.

Furthermore, a new housing development has been constructed in Thornhill recently and there are more planned developments in Dunblane & Deanston over the next 5 years. This is putting increased pressure on the practice, which must respond to the challenge of the needs of an increasing population.

The existing accommodation in Doune is too small for the current population and 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 needs, the proposals in this FBC 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 key facilities to be provided within the new Health Centre are;

1. District, Community and Practice nurse accommodation.
2. 6 GP Consulting Rooms
3. Group Room and Multi-Purpose Meeting Room

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 upon occupation of the proposed new Health Centre.

3.1 NHS FV Property Strategy

Whilst the primary driver for change in project in this FBC 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 (EstateCode Appraisals)			
	Existing	Required	Physical Condition	Statutory Standards	Space Utilisation	Functional Suitability
Doune Health Centre	**267**	**555**	**Investment required to bring back to satisfactory condition**	**Satisfactory**	**Very overcrowded**	**Poor – not fit for purpose**

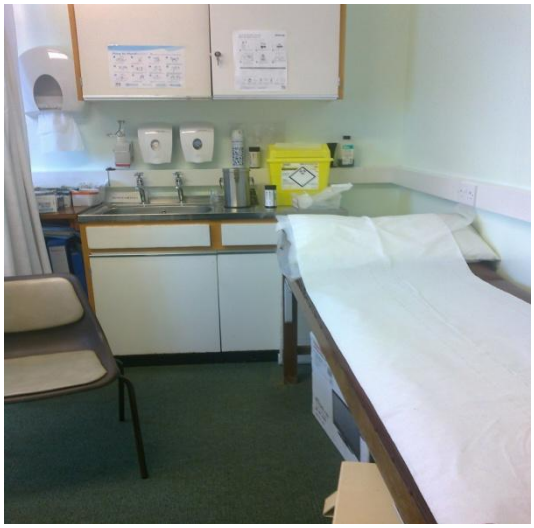
The table shows that the main problems with the existing property are due largely to the lack of space and poor functional suitability.

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.

Detailed below are images of the existing building, including its extensions (two modular units).

Existing Health Centre



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. 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 delivered currently through the Forth Valley Community Health Partnerships (CHPs) in Clackmannanshire, Falkirk and Stirling, co-terminus with the corresponding local authorities

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 local authority social care team.

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 this year 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). This will require further changes to the way services are designed, organised and managed, building on the redesign and improvement work which has already been carried out in many areas. It will also require the commitment and contribution of staff across the organisation to ensure NHS Forth Valley will continue develop and deliver affordable services which not only meet the needs of today's patients, but are also fit for future generations.

NHS Forth Valley is now entering a new and exciting chapter of transformational change, driving quality improvement throughout the organisation, streamlining patient pathways and achieving greater consistency of care, continuing to design and deliver healthcare services fit for the future. The focus now is to fully embed the new and integrated models of care across the range of care settings from acute through to the network of four community hospitals, based in Bo'ness, Clackmannanshire, Falkirk and Stirling and other primary and community care facilities. This links very closely the joint interests of the NHS and the Health and Social Care Partnership in not only delivering new models of care and facilities but in improving population health and reducing inequalities. The continued focus on partnership working and working towards greater integrated service provision with improved outcomes is one of the cornerstones of the new Integrated Joint Boards for Health and Social Care.

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 FBC is a key priority within the PAMS. The investment proposed in this FBC fits within, supports and promotes many existing business strategies and aims, of which this project is an integral part:

- **The Scottish Government's 2020 Vision -** everyone is able to live longer healthier lives at home, or in a homely setting.

- **The National Clinical Strategy for Scotland (2016**) - outlines the need for transformational change in NHS Scotland to meet people's health and social care needs by 2020 and beyond.

- **NHS Forth Valley Healthcare Strategy 2016-21: Shaping the Future** - describes the Board's vision and priorities, providing a new direction and focus for healthcare services in Forth Valley, in order to provide the best healthcare services possible within the resources available.

- **NHS Forth Valley Annual Plan -** sets out the service delivery and service improvement actions for the next 12 months.

- **The Clackmannanshire and Stirling Health and Social Care Partnership Strategic Plan 2016-2019**, which aims to deliver services to enable people to live full and positive lives within supportive communities. The Plan's eight

strategic priorities include the development of single points of entry to services, supporting more co location and the delivery of anticipatory and planned care services.

- **NHS Forth Valley Corporate and Directorate Plans** – operational plans at Directorate and Corporate Department level, which are aligned to the Annual Plan and Local Delivery Plan.

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

6.0 Other Organisational Strategies

Many other organisational strategies have influenced the development of this FBC:

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 the 2020 workstreams which are underpinned by:

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

Digital Health & Care Strategy

The role of tele healthcare 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 Spring 2018) 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 is currently being refreshed and will consider 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 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 a 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 of the work carried out at FBC stage has been undertaken for this FBC and will continue to be assessed through the development process. The investment objectives agreed by the Project Group and ranked in order of priority at the initial stages of this project, were 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 Design Statement included at Appendix H. 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.

The National Design Assessment Process has been followed throughout the life of the project and the self-assessment reviewed at each stage.

9.0 Agreed 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 and 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 NHS Forth Valley is to deliver the service gains needed by patients in the community then there will need to be investment in the environment in which staff are expected 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 FBC 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 & cost avoidance

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	Qualitative & cost avoidance
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 & cost avoidance
Improved working arrangements and facilities for staff resulting in greater job satisfaction and less turnover/sickness	Medium	Medium term	Qualitative & cost avoidance

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 & cost avoidance
People are able to live a longer, healthier life	High	Long term	Qualitative & cost avoidance
Lower premature mortality rate	High	Longer term	Qualitative & cost avoidance
Reducing emergency hospital admissions	High	Medium term	Qualitative & cost avoidance
Reduced lengths of stay in hospitals	High	Medium term	Qualitative & cost avoidance
Reduced adverse events	High	Medium term	Qualitative & cost avoidance
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 & cost avoidance

The 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 16 of this FBC.

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 FBC 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 FBC and throughout the life of the project and then transfer to the operational management of the organisations.

Throughout the stage 2 process and development of the FBC, the project participants have undertaken a series of risk workshops to review and update the risk register. This has included both strategic and design/project related risks. Mitigation and ownership of these risks was considered. An extract from the Risk Register at FBC stage is included in Appendix I.

There are no 'red' risks remaining after mitigation, however, a number of 'amber' rated risks are contained in the register reflecting some continued uncertainty, to be reviewed and closed as the project progresses, in particular in relation to continued affordability and securing funding.

12.0 Constraints and Dependencies

12.1.1 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.

12.1.2 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. The availability of capital funding, therefore, must be regarded as an absolute constraint and reflected in this FBC. All options have been tested for value for money as part of the economic appraisal in this FBC.

12.1.3 Revenue Funding

Equally, there are pressures on revenue funding. The revenue consequences associated with the proposals in this FBC mean that it will cost more than it does now to provide services from existing facilities in revenue terms. The demonstration of the affordability of

this scheme has been tested and a fully detailed revenue model has been developed and reviewed for this FBC.

12.1.4 Timescale and Programme

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.

The building construction and commissioning works are anticipated to be completed in the Spring of 2019 which will meet the requirements of the new model of health and social care services being delivered to the local population of Doune.

The Doune Health Centre cannot start on site until the FBC approvals by NHS Forth Valley and CIG are complete.

12.1.5 Quality

Compliance with all current health guidance and creation of a new facility of which the Board and its stakeholders can be proud.

12.1.6 Sustainability

Achievement of BREEAM Health “Excellent” for new build or other as agreed in the ‘pragmatic approach’ with Health Facilities Scotland.

12.1.7 Site availability / Accessibility

The new facilities required to support the new model of service delivery were required to be provided within Doune in order to best serve the needs of the service users of this catchment population. Having purchased the site within the centre of the community this aides the accessibility by both patients and staff.

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. Public Transport bus stop is 200m from the new facility. For information in this regard, the Transport Assessment and associated Travel Plan are attached at Appendix J.

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.

12.2 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 Clackmannanshire and Stirling Health and Social Care Partnership's Strategic Plan 2016/19 and Stirling Council's strategies and plans, it will provide essential and fundamental support for service change and redesign across the region. Since this project is an enabling one which supports the wider transformational change agenda across the Health Board and Council it is dependent on the integration of operating systems and workforce redesign, to deliver the full benefits of the new model of service delivery.

Clearly, the project described in this FBC 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 out with 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 the partner organisations' plans for service modernisation and redesign, is dependent upon the successful participation of the people of Doune, together with the local authority and third sector partners.

The construction off the new facility is dependent on securing appropriate approvals from Stirling Council Planning Department. Full Planning approval for the new facility was granted on 22 December 2017 (refer to Appendix B); however, there are a number of 'conditions' to this approval that need to be discharged as part of the pre-construction and pre-occupancy process.

The Economic Case

The Economic Case re- examines and appraises the alternative solutions in terms of benefits, costs and risks and provides information on the preferred option.

13.0 Critical Success Factors

The critical success factors were subject to workshop discussion and scoring at the early stages of the project and set out within the OBC. These have been revalidated as part of the preparation of this FBC.

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

14.0 Main Business Options

Summary of OBC conclusion

The Project Group identified a range of possible options that met 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.

14.1 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.

14.2 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

14.3 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.

14.4 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.

15.0 Short listed options

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.

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 FBC are described in the table that follows. The short list of options developed at Outline Business Case was reviewed and confirmed as valid.

	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 out with 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 to maximise the impact of the new model on reducing hospitalisation.
Service Delivery	Status Quo/Do minimum	Integrated Primary and Community Health teams co-located. Capacity within facilities for visiting Health and Social Care services as part of Callander Health & Social Care hub	Additional teams with additional, separate facilities	Fully integrated Health & Social Care teams – part of network with Callander.
Implementation	Gradual	Development of a new	Step Changes by	Integrated

	Expansion of teams and facilities – reacting to increased demand on services	Health Centre based on a single site and implemented as a single scheme	creating new teams with separate facilities as required to meet increases in demand.	Health Centre developed on a single site and implemented as a single scheme.
Funding	NHS Capital	NHS Capital	NHS Capital	NHS Capital

16.0 Non Financial Benefits Appraisal

The short-listed options were scored at OBC Stage using the weighted benefit criteria and the results of the scoring of these options was set out in detail in the Outline Business Case and is replicated in the table below. As part of the preparation of this FBC, the scoring exercise has been revisited and the preferred option remains unchanged from the OBC stage as the highest-ranking option. This included a review of the critical success factor appraisal set out in the OBC. This exercise confirmed that the outcomes presented within the OBC remain valid.

The results from the non-financial benefits appraisal are summarised in the table that follows. The overall weighted benefit scores in the table below 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 options 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.

17.0 Summary of Economic Appraisal

17.1 Capital Cost Estimates

The capital cost estimates for the short-listed options are outlined in the table below. More detail is included at Appendix K.

Option	Capital Cost
Option 1 – Do Minimum	£315,212
Option 2 – Preferred Way Forward	£2,677,781
Option 3– Less Ambitious	£2,767,475
Option 4 – More Ambitious	£3,230,285

* Reflects the cost at OBC, uplifted for inflation
** Construction costs from the Stage 2 submission plus VAT, equipment etc
*** Based on do minimum cost for existing health centre and new build cost for GP Practice accommodation only
*** Based on increased footprint at new build cost in Option 2

NB The costs of Options 2 and 4 do not include any reduction for the anticipated contribution from the Rural Stirling Housing Association or receipt from the sale of the existing health centre site.

17.2 Value for Money Analysis

An economic appraisal of the short-listed options has been undertaken to identify the Net Present Cost (NPC) of the options. This appraisal considers 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; more detail is available in Appendix L.

Option No	Option	Net Present Cost (NPC) £millions over 60 years
1	Status Quo/Do Minimum	1.238
2	Preferred Way Forward (Single new build HC)	5.773
3	Less Ambitious (existing HC + new HC)	6.404
4	More Ambitious (Larger HC serving larger population)	7.030

Combining the above with the non-financial benefit analysis gives the following outcome:

	Option 1 - Do Minimum	Option 2 – Preferred Way Forward	Option 3 – Less Ambitious	Option 4 – More Ambitious
Appraisal Element				
Benefit Score (a)	551	841	593	839
Rank	4	1	3	2
Net Present Cost (b)	£1.238m	£5.773m	£6.404m	£7.030m
Cost per benefit point (b/a)	£0.002m	£0.007m	£0.011m	£0.008m
Rank	1	2	4	3

This confirms that **Option 2 (New build on a new site)** is the highest scoring option in terms of benefits and critical success factors. The net present cost per benefit score is also favourable ranking second only to the do minimum scenario, which is included for comparative purposes only and discounted as it cannot achieve the Investment Objectives.

The closeness of Options 2 and 4 are again noted, however, the Board is content that the more ambitious option that could have established Doune potentially as a health and social care hub is not to be pursued further. Given the developments described previously, i.e. the hubs in Callander and Stirling, the case is further strengthened for the preferred option and mitigates the need for the more ambitious solution avoiding the risk of duplication of services.

18.0 Risk Assessment

The project Risk Register, extract included at Appendix I has been a dynamic document and tool used in the ongoing management of risks throughout the development of the project to date. The Appendix reflects the position as at March 2018. Any residual risks will be noted in the project Health & Safety File or transferred to the Board's risk register as appropriate.

18.1 Financial Risks

Most 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 FBC 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

There is a significant reduction in the level of risk for the preferred option compared to that at OBC stage. In financial terms, the risk allowance has dropped from £214,287 at OBC to £98,359 at FBC stage

18.2 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 options 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.

Non-financial Risks	Likelihood Score (0-10)				Impact Score (0-10)				Overal Risk Score			
	Option				Option				Option			
	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
								Rank	4	1	3	2

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.

19.0 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.

At OBC stage for this project it was 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

All of the scenario analyses at OBC stage confirmed the position of Option 2, new build on a new site, as the preferred option.

For this FBC, these analyses have not been revisited as it was clear from OBC that the cost of the preferred option would require to increase significantly and/or the net present cost of the more ambitious option reduce significantly to affect the ranking of the options as shown in the following table from the OBC.

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.

20.0 Preferred Option

The results of the appraisal carried out between that in the OBC, reviewed in this FBC show that Option 2 – New Build on a New Site (Springbank Road) remains the preferred option. Overall, this option is the most likely to maximise the non-financial benefits required from the project, provides best value for money and has an acceptable level of risk.

21.0 Value for Money Scorecard

A Value for Money scorecard has been completed for this project in accordance with the Scottish Government guidance for the implementation of performance metrics. This is enclosed at Appendix M and demonstrates the following:

Area performance measurements:

- area per GP - a 10% improvement on the standard metric at 143.61 sqm/GP (the standard is 160 sq.m./GP for 3GPs);

- ratio of clinical space versus support space – a 12% uplift on the standard metric at a ratio of 1:2.7 (the standard is a ratio of 1:3);

The above metrics show that in terms of area, the design of the proposed Health Centre is efficient, much of the space is shared between the Practice and NHS Board services.

Commercial performance metrics:

- total project costs - all but equal to the total cost metric;
- prime costs - 12% above the prime cost metric; and,
- lifecycle - taken as equal to the metric/not measured.

With regard to the prime costs, benchmarking carried out by hubco for the Stage 2 submission has evidenced that the costs are comparable to those of recent, similar projects within and outwith East Central Territory. The Board, therefore, is content with the indicated costs.

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 a commercially beneficial deal can be done and achieve the best value for money for the project.

22.0 Agreed 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 FBC stage, the Participants Brief has been developed and has informed the developed design, to RIBA Stage 4, with site plan, general layout drawings and room layout drawings as well as mechanical and electrical drawings and specification.

23.0 Agreed 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.

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.

24.0 Agreed 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.

25.0 Agreed 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 and Agreement of all (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 cost effective delivery models.

26.0 Agreed 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 FBC 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.

27.0 Agreed 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 Commencement	**April 2017**
Stage 2 Completion	**February 2018**
Financial Close	**After CIG FBC approval**
Construction	**Summer 2018 – Spring 2019**

The Financial Case

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

28.0 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	0.314	2.479	2.568	2.948
Furniture Fixtures and Equipment, Telecoms & IT	0.000	0.197	0.197	0.281
TOTAL CAPITAL REQUIREMENT	0.314	2.676	2.765	3.228

29.0 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	0.314	2.479	2.568	2.948
Forecast Impairment on Completion	(0.063)	(0.496)	(0.514)	(0.590)
Forecast Carrying Value	0.251	1.983	2.055	2.358

Therefore, for the preferred option, the asset would initially be capitalised at **£2.479m** and will be impaired by £**0.496m** following valuation to a carrying value of **£1.983m.** 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 short life asset.

30.0 Revenue Costs & Overall Affordability

This FBC 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 overleaf.

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	0.053	0.054	0.067
Utilities, Cleaning, Rates and Maintenance	0.033	0.084	0.109	0.100
Income From GP Practice	(0.007)	(0.019)	(0.024)	(0.022)
Net Additional Cost to NHS Board Per Annum	**0.004**	**0.087**	**0.108**	**0.114**

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 recurring revenue costs per annum to the NHS Board can be summarised as follows:

Capital Charges	£0.053m
Other Revenue Costs Net of Income	£0.034m
TOTAL	**£0.087m**

It should also be recognised that the investment in this project will reduce the backlog maintenance expenditure requirement (£120,000) 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.

31.0 Procurement Strategy

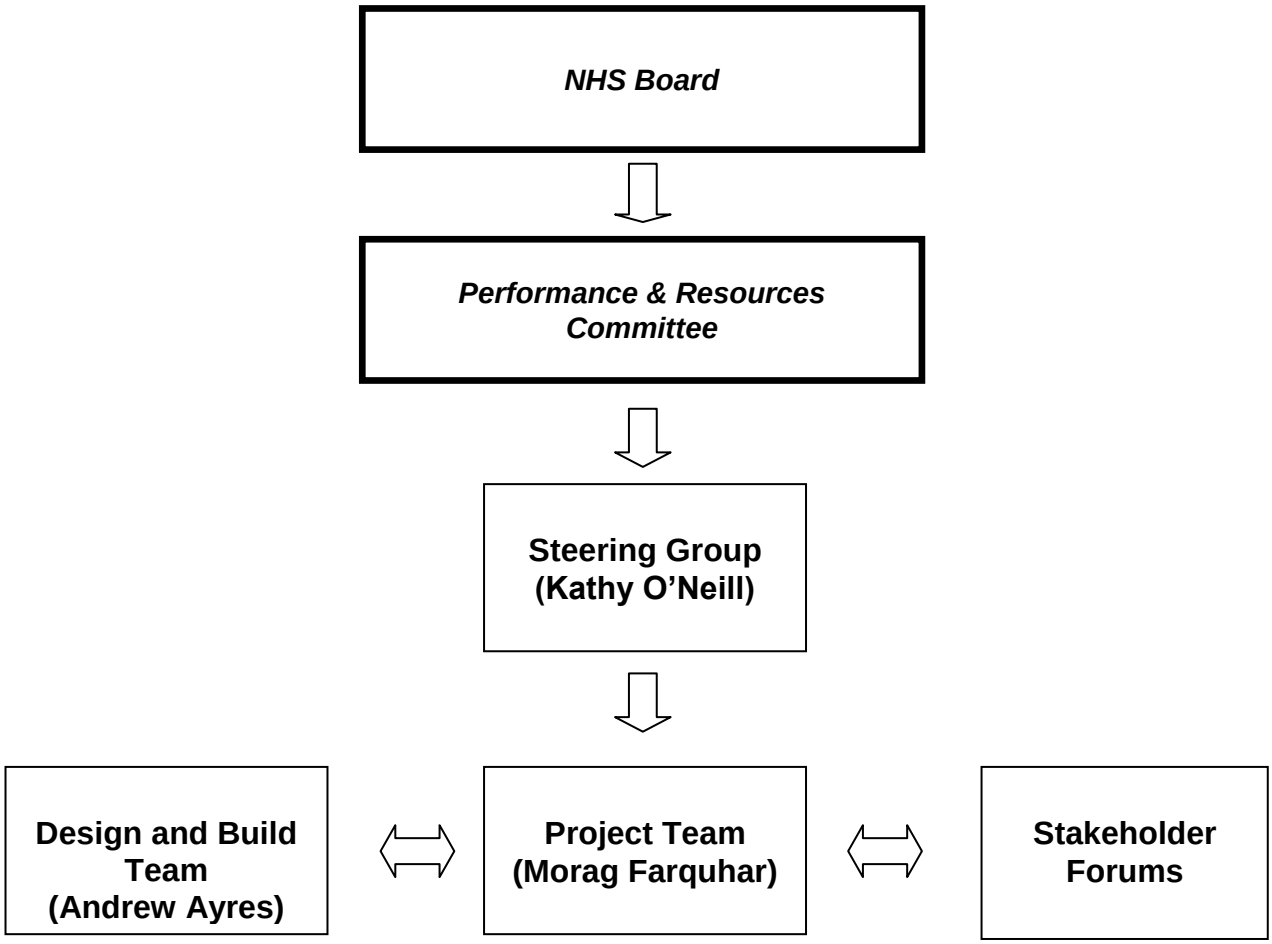
Under the hub initiative, NHS Scotland has provided an exclusivity arrangement which requires all Health Boards to consider hub as the procurement option for all community based projects in excess of capital construction value of £750.000. Only if the project does not demonstrate value for money is there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

32.0 Project Management

NHS Forth Valley has a 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). The governance structure is represented in the diagram below and the full structure is included at Appendix D.



A Project Steering Group has been established for the project with key roles confirmed. The Steering Group is chaired by Kathy O'Neill, General Manager Community Services Directorate and has representation from the GP Practice, other service providers, Estates & Facilities and Finance Directorates. The Steering Group is supported by the Project Team which has a wider membership including clinical and technical disciplines, who will be responsible for driving the project forward on a day to day basis.

The NHS Board's Performance & Resources Committee will act as the Project Board receiving regular reports and monitoring progress.

The project management 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 Community Services Directorate
Project Director	Morag Farquhar, Programme Director
Project Manager	David Cairns, Project Manager

33.0 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.

34.0 Benefits Realisation

The benefits envisaged from the project and as set out this FBC 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 and Health & Social Care Partnership'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 FBC and the final BRP is included at Appendix N. This has been the subject of review via the FBC stage and consolidation against the developing performance framework for the Health & Social Care Partnership and further alignment to the national health & wellbeing outcomes.

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.

35.0 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 FBC 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 FBC is attached at Appendix I.

36.0 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 FBC
2	Monitor progress and evaluate project outputs	On completion of facilities
3	Evaluation of Service Outcomes	12 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

Appendices

A. OBC Approval Letter
B. Statutory Approvals
C. Extract of Strategic Business Plan
D. Project Governance Structure
E. Stakeholder Engagement Strategy
F. Communications Plan
G. Letter of Stakeholder Support
H. Design Statement
I. Extract of Risk Register
J. Transport Assessment & Travel Plan
K. Capital Cost Estimates
L. Economic Appraisal, NPV Analysis
M. Performance Scorecard
N. Benefits Realisation Plan

Director-General Health & Social Care and
Chief Executive NHSScotland
Paul Gray

T: 0131-244 2790
E: dghsc@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

Cathie Cowan
Chief Executive
NHS Forth Valley
Carseview House
Castle Business Park
STIRLING
FK9 4SW

24 May 2018

Dear Cathie

NHS Forth Valley - Investment in Facilities to Deliver Integrated Primary and Community Care in Doune – Full Business Case

The Full Business Case above has been considered by the Health Directorates' Capital Investment Group (CIG) on 22 May 2018. CIG recommended approval and I am pleased to inform you that I have accepted that recommendation and now invite you to proceed to financial close.

A public version of the document should be sent to the CIG mailbox (NHSCIG@gov.scot) within one month of receiving this approval letter, for submission to the Scottish Parliament Information Centre (SPICe). It is a compulsory requirement within SCIM, **for schemes in excess of £5 million** that NHS Boards set up a section of their website dedicated specifically to such projects. The approved Business Cases / contracts should be placed there, together with as much relevant documentation and information as appropriate. Further information can be found at http://www.pcpd.scot.nhs.uk/Capital/Approval.htm

I would ask that if any publicity is planned regarding the approval of the business case that NHS Forth Valley liaise with SG Communications colleagues regarding handling.

As always, CIG members will be happy to engage with your team during the development of the Full Business Case and to discuss any concerns which may arise. In the meantime, if you have any queries regarding the above please contact Alan Morrison on 0131 244 2363 or e-mail Alan.Morrison@gov.scot.

Yours sincerely

Paul Gray

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

For any enquiries please contact:

Morag Farquhar

Programme Director

NHS Forth Valley 2nd Floor, Administration Offices, Stirling Community Hospital
Livilands Gate Stirling FK8 2AU

Tel: 01786 454593

Version: 8 Date: 19 April 2018

Contents

Appendices

1.0 Executive Summary

1.1 Introduction

This document has been prepared by NHS Forth Valley (NHS FV), who seek approval for funding to provide a new Health Centre to enable significant improvement in the way in which services are delivered to the people of Doune within the Stirling area of NHS Forth Valley.

1.2 Background

The project described in this Full Business Case (FBC) 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.

The Initial Agreement (IA) was followed by an Outline Business Case (OBC), finalised some time thereafter, including an addendum which reflected upon the changes since the development of the Initial Agreement and the rationale for the selection of the preferred option: the existence of the integrated 'hubs' in Callander and Stirling for which Doune Health Centre will be a 'spoke' and financial position which rule out the 'more ambitious' option.

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 Callander Medical Centre and Stirling Health and Care Village.

1.3 How this document has been produced

This document brings together all the previous and historical work undertaken on the project, including the OBC, which was approved by Scottish Government in December 2017, and the Stage 2 submission by hub East Central, which was presented to NHS FV for approval in February 2018. The information in these documents have been reviewed and updated to be presented in FBC format.

The work of updating the information for this FBC has involved a range of stakeholders including representatives from the Doune community. The purpose of this was to engage in gathering current, relevant information/issues and to explore the options for change, confirming the preferred option and taking this forward into design and approval. In doing so, it has also provided stakeholders with an opportunity to influence the direction of the project and to contribute to this FBC 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 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. The Doune community has been engaged in the form of an open public meeting on how in particular this project should be shaped to respond to the many pressures and opportunities that exist.

A rigorous appraisal of the shortlisted options for the project was undertaken as part of the development of the OBC for the proposals. 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 FBC for Doune Health Centre

The FBC has been prepared using the agreed standards and format for Business Cases, as set out in the Scottish Capital Investment Manual (SCIM) – Business Case Guide. The primary purpose of the FBC is to identify the "market place opportunity" which offers VFM, set out the negotiated commercial and contractual arrangements for the project, demonstrate that it is affordable and put in place the detailed management arrangements for the successful delivery of the project.

NHS FV presented an OBC to the Capital Investment Group (CIG) which received approval on 14 December 2017. A copy of the OBC approval letter is attached at Appendix A. The final stage of the process is presenting a FBC outlining the preferred option in detail for approval by CIG. The application for Planning Permission was submitted to Stirling City Council on 10 August 2017 and received approval on 22 December 2017. A copy of the Decision Notice is attached at Appendix B.

Specifically, the purpose of this FBC is to:

- Review work undertaken within the 0BC, detailing any changes in scope and updating information as required.
- Describe the value for money option including providing evidence to support this.
- Set out the negotiated commercial and contractual arrangements for the project.
- Demonstrate that the project is affordable.

- Establish detailed management arrangements for the successful delivery of the project.

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 Board is capable of delivering the proposed development.

1.6 The Strategic Case

The purpose of the FBC is to identify a preferred option for delivering the preferred way forward that was identified in the OBC for the project. The FBC 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 FBC 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 (an extract of which is attached at Appendix C), 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 Board would also look to introduce mobile working into the new Doune Health Centre facility to improve collaboration and sharing of information between care partners.

The current Health Centre facility constrains significantly the work of the GP Practice and core primary care team.

1.7 National Context

At a national level, the policy drivers supporting the development of the new Health Centre include:

1 **A National Clinical Strategy for Scotland**, February 2016;
2 **Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision**;
3 **Quality Strategy** which underpins the narrative, with the three central ambitions that care should be person centred, safe and effective;
4 **'Renewing Scotland's Public Services',** (the Scottish Government's response to the 'Christie Commission Report') which emphasises the need to make the best use of resources, providing integrated care and improving the quality of health and other public services; and
5 Public Bodies (Joint Working) (Scotland) Act 2014: integrating health and social care services under a single organisation to improve the care experience and outcomes for patients and service users.
6 The new GMS contract and national code of practice for GP premises effective from 1st April 2018

Each of these policies seeks to improve the health and social care responses to the people of Scotland. In addition, a key driving factor is the integration of health and social care services as a result of implementation of the Public Bodies (Joint Working) (Scotland) Act 2014.

1.8 Local Context

In 2014 the NHS Board embarked on a far-reaching review of services and produced their Healthcare Strategy, "Shaping the Future" 2016 – 2021.

The key themes are outlined in the six themes for the vision for the future where:

1. Prevention keeps people well whilst early treatment and support stops conditions from getting worse.
2. Health and social care services are Person Centred recognising that people have differing needs, circumstances and expectations of care.

3. Health Inequalities are reduced, and people are encouraged and supported to take Personal Responsibility for managing their own health and health conditions.
4. Care is provided Closer to Home, and fewer people need to go to hospital.
5. Planning and working in Partnership with staff, patients, local councils and community organisations, avoids emergency hospital admissions and reduces A & E attendances.
6. Unnecessary Delays and Variations in services are minimised and our Workforce is fully supported to deliver high quality, safe and effective care.

1.8.1 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 and employs around 8000 staff. The community of Doune sits in the Stirling rural community and is part of the Callander integrated health and social care hub. Doune is part of the Stirling locality which has a population of 88,740 people.

1.8.2 Business Strategy and Aims

NHS Forth Valley is now entering a new and exciting chapter of transformational change, driving quality improvement throughout the organisation, streamlining patient pathways and achieving greater consistency of care, continuing to design and deliver healthcare services fit for the future. The focus now is to fully embed the new and integrated models of care across the range of care settings from acute through to the network of four community hospitals, based in Bo'ness, Clackmannanshire, Falkirk and Stirling and other primary and community care facilities. This links very closely the joint interests of the NHS and the Health and Social Care Partnership in not only delivering new models of care and facilities but in improving population health and reducing inequalities. The continued focus on partnership working and working towards greater integrated service provision with improved outcomes is one of the cornerstones of the new Integrated Joint Boards for Health and Social Care.

1.8.3 Other Organisational Strategies

These are contained in Section 6 and include those in relation to workforce and digital health and care.

1.8.4 Investment Objectives

These are contained in Section 8 with 4 main objectives being identified as follows:

- Person centred care
- Improved access to treatment
- Service integration
- Improved service effectiveness & efficiency

It should be noted that in developing this project, the Project Team has been mindful of the fact that procuring an asset or service 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.

1.8.5 Existing arrangements and Case for Change

These are contained in Section 3 and reflect upon the constraints of the existing arrangements in terms of existing services and an inability to develop further ones.

1.8.6 Project Scope

The scope of the project is to re-provide existing services in new, purpose built modern facilities to improve access and enable expansion of services as required and appropriate. Since the submission of the OBC there have been no significant changes to the scope of the project.

1.8.7 Changes since OBC

The changes since Outline Business Case to the project are limited and can be summarised as follows:

- Total area of the building confirmed at 555sqm based upon an agreed schedule of accommodation.(605sqm at OBC stage)
- Final area and configuration of the site has been agreed and reflected in the Stage 2 proposals.
- Cost position- total capital costs have increased from OBC from £2,617,000 to c, £2,677,781 reflecting an increase in the construction cost from £1,792,473 at OBC (noted as baseline cost as at late 2015 and to be updated in the FBC) to £1,967,172. Utilisation of the risk allowance at OBC stage has mitigated the full impact of the increase in construction cost.
- A revised Affordability Cap will be required upon approval of the FBC, taking into account the inflationary uplift in the baseline construction costs, technical and design development.

1.9 The Economic Case

The Economic Case in this FBC sets out how the preferred option has been determined and remains the preferred way forward

Previously, a 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, together with the "Status Quo/Do Minimum", formed the shortlist of options shown below which were the subject of a rigorous option appraisal.

1.9.1 Options

	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 out with 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 to maximise the impact of the new model on reducing hospitalisation.
Service Delivery	Status Quo/Do minimum	Integrated Primary and Community Health teams co-located. Capacity within facilities for visiting Health and Social Care services as part of Callander Health & Social Care hub	Additional teams with additional, separate facilities	Fully integrated Health & Social Care teams – part of network with Callander.
Implementation	Gradual Expansion of teams and facilities – reacting to increased demand on services	Development of a new Health Centre based on a single site and implemented as a single scheme	Step Changes by creating new teams with separate facilities as required to meet increases in demand.	Integrated Health Centre developed on a single site and implemented as a single scheme.
Funding	NHS Capital	NHS Capital	NHS Capital	NHS Capital

1.9.2 Non Financial Appraisal Summary

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

1.9.3 Summary of Economic Appraisal

The result of the benefit scoring in the format used in the OBC is summarised in the table below which indicates that Option 2 is the highest scoring option. Costs for all of the options have been updated for the FBC as set out in the Economic Case.

	Option 1 - Do Minimum	Option 2 – Preferred Way Forward	Option 3 – Less Ambitious	Option 4 – More Ambitious
Appraisal Element				
Benefit Score (a)	551	841	593	839
Rank	4	1	3	2
Net Present Cost (b)	£1.238m	£5.773m	£6.404m	£7.030m
Cost per benefit point (b/a)	£0.002m	£0.007m	£0.011m	£0.008m
Rank	1	2	4	3

This validates the outcome at OBC indicating that Option 2, the Preferred Way Forward, provides the greater economic benefit compared to the other options and is the preferred option, discounting the Do Minimum which cannot achieve the stated Investment Objectives.

The option appraisal described in the Economic Case Section reflects a point in time in the development of the business cases, including the 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.

1.10 The Commercial Case

The purpose of the Commercial Case is to detail the planned approach that the project partners will be taking to ensure the project has been competitively marketed for the supply of services and facilities. This in turn will determine whether or not a commercially beneficial deal has been done and achieve the best value for money for the project.

1.10.1 Procurement and Contractual Arrangements

It is agreed 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 which provide enhanced community benefit.
The 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 Maintain 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.

1.10.2 Risk Allocation

Having identified the risks relating to the project and quantifying each, a review of the appropriate allocation of each was undertaken prior to agreement of the Guaranteed Maximum Price.

In accordance with the hub process a total of 1% risk is allowed at the construction stage. This equates to £16,591 which is included within the GMP.

In addition to this, NHS Forth Valley has a separate risk allowance included within the total capital cost of 5% (of the construction cost), £98,359.

1.11 The Financial Case

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

Net additional recurring revenue costs to the NHS Board have been estimated at £0.087m per annum including £0.053m of additional capital charges. These figures are net of additional non-reimbursable 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 £2.479m and will be impaired by £0.496m following valuation to a carrying value of £1.983m 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 short life asset.

1.12 The 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 track record of effectively managing both capital projects and change programmes to ensure that investment objectives and benefits are successfully delivered. This FBC describes the project governance structure that has been established for this project using an approach 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 Commence	**April 2017**
Stage 2 Completion	**February 2018**
Financial Close	**After CIG FBC approval**
Construction	**Summer 2018 – Spring 2019**

1.12.1 Project Management Arrangements

A Project Steering Group has been established for the project with key roles confirmed. The Steering Group is chaired by Kathy O'Neill, General Manager Community Services Directorate and has representation from the GP Practice, other service providers, Estates & Facilities and Finance Directorates. The Steering Group is supported by the Project Team which has a wider membership including clinical and technical disciplines, who will be responsible for driving the project forward on a day to day basis.

The NHS Board's Performance & Resources Committee will act as the Project Board receiving regular reports and monitoring progress.

The Project Governance Structure is attached at Appendix D.

1.12.2 Consultation Process with Stakeholders and Public

An extensive programme of community engagement has been undertaken as part of the consultation process on the project since the development of the outline business case and will continue as the project progresses. For example, a public event took place in January 2016 at the time of completion of the previous revision to the OBC and was well attended. Also the Community Council, local politicians and MSP have engaged with the Board over the course of recent years. It was agreed at the public meeting held in January 2016 that the Community Council would act as the reference group for the project and any updates would be communicated via them/their local newspaper "The Bridge".

Appendices E and F to this FBC include the Stakeholder Engagement Strategy and NHS FV Communications Plan (as at April 2018) for the project and demonstrate the actual and planned engagement for the development. The Communications Plan in particular is a dynamic document that will be regularly reviewed and updated according to the stage of the project and will incorporate feedback from stakeholders going forward (for example, the document will be updated to include the most recent feedback from a meeting with the Community Council in relation to having a further open public meeting prior to the start of construction).

Further, a letter of support from the GP Practice is attached at Appendix G.

1.12.3 Benefits Realisation, Risk, Contract Management and Post Project Evaluation

The management arrangements for these key areas are summarised as follows:

The Benefits Realisation Plan (BRP) has been extensively reviewed since the OBC. Robust arrangements will be put in place in order to monitor the BRP throughout the development to maximise the opportunities for them to be realised.

The strategy, framework and plan for dealing with the management of risk are as required by SFT regarding all hub projects. A project risk register has been prepared in collaboration with hubco, which is actively managed by the Project Manager and

reviewed on a regular basis with the team. The Project Team and Steering Group will have the Risk Register as a standing item at their regular meetings and will ensure review and monitoring/management of risk takes place.

The risk register includes -

1. Medium pressure gas main on site, Mitigation factors have been put in place through design to ensure that the building has been orientated and away from the exclusion zone for maintenance and repair.
2. Joint access for Rural Stirling Housing Associated who will have right of access through the site.

Following satisfactory completion of the project, a Post Project Evaluation (PPE) will be undertaken and this is set out in detail within Section 38 of the Business Case.

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. An extract from the Strategic Plan is attached at Appendix C.

  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

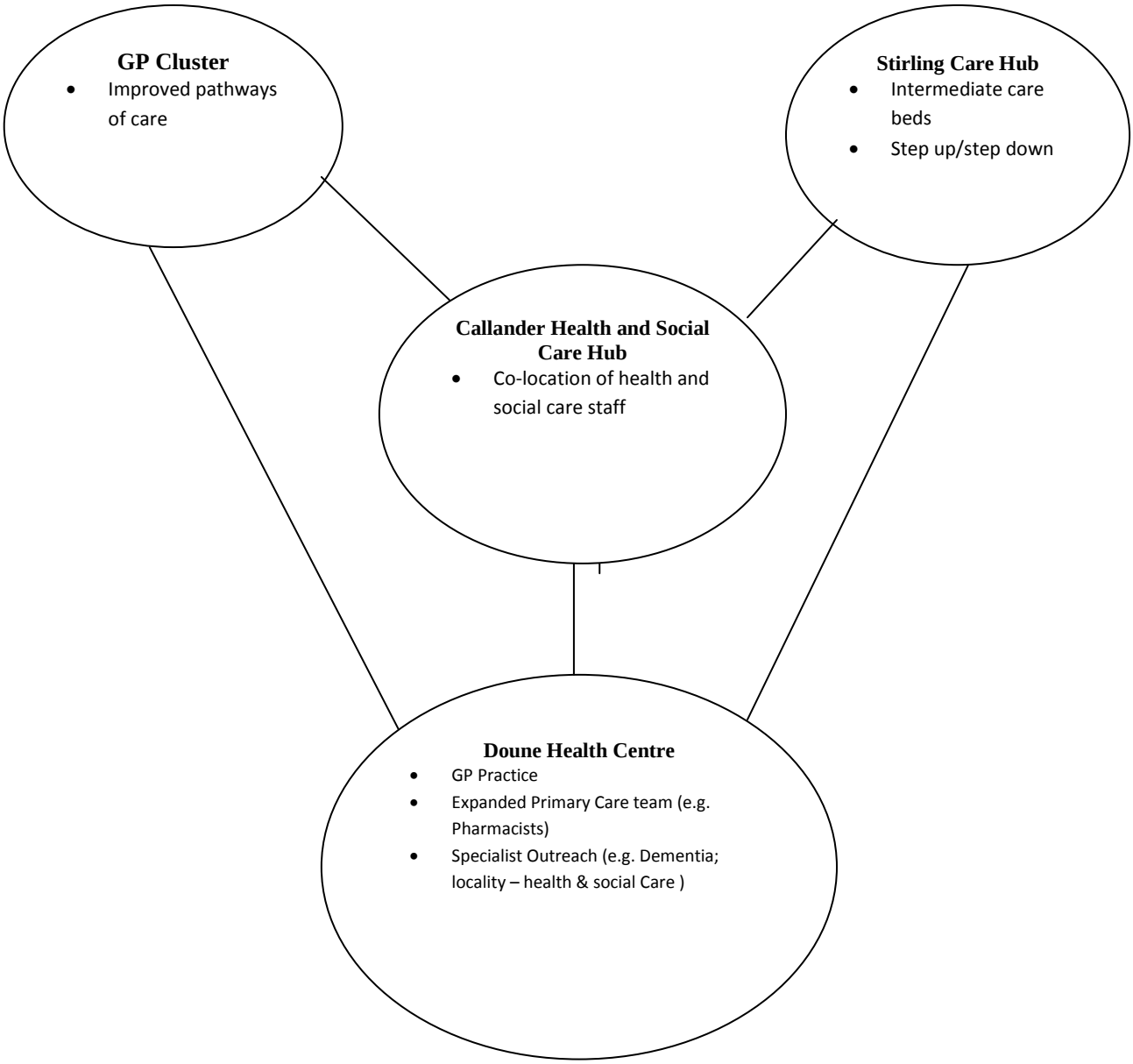
The community of Doune sits in the Stirling rural community and is part of the Callander integrated health and social care hub. The Callander hub was developed some years ago in response to the need for more integrated and coordinated responses aimed at preventing older people from admission to the acute 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. This can be shown as the inclusion of additional accommodation of a Multipurpose room, group room and Community Nurses accommodation. 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. the 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 well under way 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 Scottish Ambulance Service (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, considering 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 FBC 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 4,100 registered patients. Around 180+ new homes/flats have been built in Doune and Deanston over the last few years which has led to an increase in the practice list size of approximately 600 patients.

Furthermore, a new housing development has been constructed in Thornhill recently and there are more planned developments in Dunblane & Deanston over the next 5 years. This is putting increased pressure on the practice, which must respond to the challenge of the needs of an increasing population.

The existing accommodation in Doune is too small for the current population and 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 needs, the proposals in this FBC 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 key facilities to be provided within the new Health Centre are;

1. District, Community and Practice nurse accommodation.
2. 6 GP Consulting Rooms
3. Group Room and Multi-Purpose Meeting Room

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 upon occupation of the proposed new Health Centre.

3.1 NHS FV Property Strategy

Whilst the primary driver for change in project in this FBC 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 (EstateCode Appraisals)			
	Existing	Required	Physical Condition	Statutory Standards	Space Utilisation	Functional Suitability
Doune Health Centre	**267**	**555**	**Investment required to bring back to satisfactory condition**	**Satisfactory**	**Very overcrowded**	**Poor – not fit for purpose**

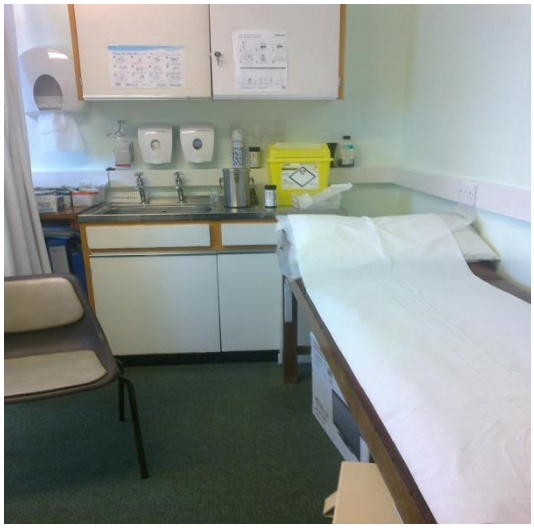
The table shows that the main problems with the existing property are due largely to the lack of space and poor functional suitability.

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.

Detailed below are images of the existing building, including its extensions (two modular units).

Existing Health Centre



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. 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 delivered currently through the Forth Valley Community Health Partnerships (CHPs) in Clackmannanshire, Falkirk and Stirling, co-terminus with the corresponding local authorities

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 local authority social care team.

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 this year 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). This will require further changes to the way services are designed, organised and managed, building on the redesign and improvement work which has already been carried out in many areas. It will also require the commitment and contribution of staff across the organisation to ensure NHS Forth Valley will continue develop and deliver affordable services which not only meet the needs of today's patients, but are also fit for future generations.

NHS Forth Valley is now entering a new and exciting chapter of transformational change, driving quality improvement throughout the organisation, streamlining patient pathways and achieving greater consistency of care, continuing to design and deliver healthcare services fit for the future. The focus now is to fully embed the new and integrated models of care across the range of care settings from acute through to the network of four community hospitals, based in Bo'ness, Clackmannanshire, Falkirk and Stirling and other primary and community care facilities. This links very closely the joint interests of the NHS and the Health and Social Care Partnership in not only delivering new models of care and facilities but in improving population health and reducing inequalities. The continued focus on partnership working and working towards greater integrated service provision with improved outcomes is one of the cornerstones of the new Integrated Joint Boards for Health and Social Care.

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 FBC is a key priority within the PAMS. The investment proposed in this FBC fits within, supports and promotes many existing business strategies and aims, of which this project is an integral part:

- **The Scottish Government's 2020 Vision -** everyone is able to live longer healthier lives at home, or in a homely setting.

- **The National Clinical Strategy for Scotland (2016**) - outlines the need for transformational change in NHS Scotland to meet people's health and social care needs by 2020 and beyond.

- **NHS Forth Valley Healthcare Strategy 2016-21: Shaping the Future** - describes the Board's vision and priorities, providing a new direction and focus for healthcare services in Forth Valley, in order to provide the best healthcare services possible within the resources available.

- **NHS Forth Valley Annual Plan -** sets out the service delivery and service improvement actions for the next 12 months.

- **The Clackmannanshire and Stirling Health and Social Care Partnership Strategic Plan 2016-2019**, which aims to deliver services to enable people to live full and positive lives within supportive communities. The Plan's eight

strategic priorities include the development of single points of entry to services, supporting more co location and the delivery of anticipatory and planned care services.

- **NHS Forth Valley Corporate and Directorate Plans** – operational plans at Directorate and Corporate Department level, which are aligned to the Annual Plan and Local Delivery Plan.

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

6.0 Other Organisational Strategies

Many other organisational strategies have influenced the development of this FBC:

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 the 2020 workstreams which are underpinned by:

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

Digital Health & Care Strategy

The role of tele healthcare 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 Spring 2018) 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 is currently being refreshed and will consider 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 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 a 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 of the work carried out at FBC stage has been undertaken for this FBC and will continue to be assessed through the development process. The investment objectives agreed by the Project Group and ranked in order of priority at the initial stages of this project, were 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 Design Statement included at Appendix H. 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.

The National Design Assessment Process has been followed throughout the life of the project and the self-assessment reviewed at each stage.

9.0 Agreed 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 and 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 NHS Forth Valley is to deliver the service gains needed by patients in the community then there will need to be investment in the environment in which staff are expected 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 FBC 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 & cost avoidance

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	Qualitative & cost avoidance
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 & cost avoidance
Improved working arrangements and facilities for staff resulting in greater job satisfaction and less turnover/sickness	Medium	Medium term	Qualitative & cost avoidance

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 & cost avoidance
People are able to live a longer, healthier life	High	Long term	Qualitative & cost avoidance
Lower premature mortality rate	High	Longer term	Qualitative & cost avoidance
Reducing emergency hospital admissions	High	Medium term	Qualitative & cost avoidance
Reduced lengths of stay in hospitals	High	Medium term	Qualitative & cost avoidance
Reduced adverse events	High	Medium term	Qualitative & cost avoidance
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 & cost avoidance

The 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 16 of this FBC.

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 FBC 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 FBC and throughout the life of the project and then transfer to the operational management of the organisations.

Throughout the stage 2 process and development of the FBC, the project participants have undertaken a series of risk workshops to review and update the risk register. This has included both strategic and design/project related risks. Mitigation and ownership of these risks was considered. An extract from the Risk Register at FBC stage is included in Appendix I.

There are no 'red' risks remaining after mitigation, however, a number of 'amber' rated risks are contained in the register reflecting some continued uncertainty, to be reviewed and closed as the project progresses, in particular in relation to continued affordability and securing funding.

12.0 Constraints and Dependencies

12.1.1 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.

12.1.2 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. The availability of capital funding, therefore, must be regarded as an absolute constraint and reflected in this FBC. All options have been tested for value for money as part of the economic appraisal in this FBC.

12.1.3 Revenue Funding

Equally, there are pressures on revenue funding. The revenue consequences associated with the proposals in this FBC mean that it will cost more than it does now to provide services from existing facilities in revenue terms. The demonstration of the affordability of

this scheme has been tested and a fully detailed revenue model has been developed and reviewed for this FBC.

12.1.4 Timescale and Programme

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.

The building construction and commissioning works are anticipated to be completed in the Spring of 2019 which will meet the requirements of the new model of health and social care services being delivered to the local population of Doune.

The Doune Health Centre cannot start on site until the FBC approvals by NHS Forth Valley and CIG are complete.

12.1.5 Quality

Compliance with all current health guidance and creation of a new facility of which the Board and its stakeholders can be proud.

12.1.6 Sustainability

Achievement of BREEAM Health “Excellent” for new build or other as agreed in the ‘pragmatic approach’ with Health Facilities Scotland.

12.1.7 Site availability / Accessibility

The new facilities required to support the new model of service delivery were required to be provided within Doune in order to best serve the needs of the service users of this catchment population. Having purchased the site within the centre of the community this aides the accessibility by both patients and staff.

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. Public Transport bus stop is 200m from the new facility. For information in this regard, the Transport Assessment and associated Travel Plan are attached at Appendix J.

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.

12.2 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 Clackmannanshire and Stirling Health and Social Care Partnership's Strategic Plan 2016/19 and Stirling Council's strategies and plans, it will provide essential and fundamental support for service change and redesign across the region. Since this project is an enabling one which supports the wider transformational change agenda across the Health Board and Council it is dependent on the integration of operating systems and workforce redesign, to deliver the full benefits of the new model of service delivery.

Clearly, the project described in this FBC 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 out with 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 the partner organisations' plans for service modernisation and redesign, is dependent upon the successful participation of the people of Doune, together with the local authority and third sector partners.

The construction off the new facility is dependent on securing appropriate approvals from Stirling Council Planning Department. Full Planning approval for the new facility was granted on 22 December 2017 (refer to Appendix B); however, there are a number of 'conditions' to this approval that need to be discharged as part of the pre-construction and pre-occupancy process.

The Economic Case

The Economic Case re- examines and appraises the alternative solutions in terms of benefits, costs and risks and provides information on the preferred option.

13.0 Critical Success Factors

The critical success factors were subject to workshop discussion and scoring at the early stages of the project and set out within the OBC. These have been revalidated as part of the preparation of this FBC.

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

14.0 Main Business Options

Summary of OBC conclusion

The Project Group identified a range of possible options that met 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.

14.1 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.

14.2 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

14.3 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.

14.4 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.

15.0 Short listed options

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.

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 FBC are described in the table that follows. The short list of options developed at Outline Business Case was reviewed and confirmed as valid.

	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 out with 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 to maximise the impact of the new model on reducing hospitalisation.
Service Delivery	Status Quo/Do minimum	Integrated Primary and Community Health teams co-located. Capacity within facilities for visiting Health and Social Care services as part of Callander Health & Social Care hub	Additional teams with additional, separate facilities	Fully integrated Health & Social Care teams – part of network with Callander.
Implementation	Gradual	Development of a new	Step Changes by	Integrated

	Expansion of teams and facilities – reacting to increased demand on services	Health Centre based on a single site and implemented as a single scheme	creating new teams with separate facilities as required to meet increases in demand.	Health Centre developed on a single site and implemented as a single scheme.
Funding	NHS Capital	NHS Capital	NHS Capital	NHS Capital

16.0 Non Financial Benefits Appraisal

The short-listed options were scored at OBC Stage using the weighted benefit criteria and the results of the scoring of these options was set out in detail in the Outline Business Case and is replicated in the table below. As part of the preparation of this FBC, the scoring exercise has been revisited and the preferred option remains unchanged from the OBC stage as the highest-ranking option. This included a review of the critical success factor appraisal set out in the OBC. This exercise confirmed that the outcomes presented within the OBC remain valid.

The results from the non-financial benefits appraisal are summarised in the table that follows. The overall weighted benefit scores in the table below 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 options 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.

17.0 Summary of Economic Appraisal

17.1 Capital Cost Estimates

The capital cost estimates for the short-listed options are outlined in the table below. More detail is included at Appendix K.

Option	Capital Cost
Option 1 – Do Minimum	£315,212
Option 2 – Preferred Way Forward	£2,677,781
Option 3– Less Ambitious	£2,767,475
Option 4 – More Ambitious	£3,230,285

* Reflects the cost at OBC, uplifted for inflation
** Construction costs from the Stage 2 submission plus VAT, equipment etc
*** Based on do minimum cost for existing health centre and new build cost for GP Practice accommodation only
*** Based on increased footprint at new build cost in Option 2

NB The costs of Options 2 and 4 do not include any reduction for the anticipated contribution from the Rural Stirling Housing Association or receipt from the sale of the existing health centre site.

17.2 Value for Money Analysis

An economic appraisal of the short-listed options has been undertaken to identify the Net Present Cost (NPC) of the options. This appraisal considers 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; more detail is available in Appendix L.

Option No	Option	Net Present Cost (NPC) £millions over 60 years
1	Status Quo/Do Minimum	1.238
2	Preferred Way Forward (Single new build HC)	5.773
3	Less Ambitious (existing HC + new HC)	6.404
4	More Ambitious (Larger HC serving larger population)	7.030

Combining the above with the non-financial benefit analysis gives the following outcome:

	Option 1 - Do Minimum	Option 2 – Preferred Way Forward	Option 3 – Less Ambitious	Option 4 – More Ambitious
Appraisal Element				
Benefit Score (a)	551	841	593	839
Rank	4	1	3	2
Net Present Cost (b)	£1.238m	£5.773m	£6.404m	£7.030m
Cost per benefit point (b/a)	£0.002m	£0.007m	£0.011m	£0.008m
Rank	1	2	4	3

This confirms that **Option 2 (New build on a new site)** is the highest scoring option in terms of benefits and critical success factors. The net present cost per benefit score is also favourable ranking second only to the do minimum scenario, which is included for comparative purposes only and discounted as it cannot achieve the Investment Objectives.

The closeness of Options 2 and 4 are again noted, however, the Board is content that the more ambitious option that could have established Doune potentially as a health and social care hub is not to be pursued further. Given the developments described previously, i.e. the hubs in Callander and Stirling, the case is further strengthened for the preferred option and mitigates the need for the more ambitious solution avoiding the risk of duplication of services.

18.0 Risk Assessment

The project Risk Register, extract included at Appendix I has been a dynamic document and tool used in the ongoing management of risks throughout the development of the project to date. The Appendix reflects the position as at March 2018. Any residual risks will be noted in the project Health & Safety File or transferred to the Board's risk register as appropriate.

18.1 Financial Risks

Most 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 FBC 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

There is a significant reduction in the level of risk for the preferred option compared to that at OBC stage. In financial terms, the risk allowance has dropped from £214,287 at OBC to £98,359 at FBC stage

18.2 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 options 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.

Non-financial Risks	Likelihood Score (0-10)				Impact Score (0-10)				Overal Risk Score			
	Option				Option				Option			
	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
								Rank	4	1	3	2

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.

19.0 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.

At OBC stage for this project it was 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

All of the scenario analyses at OBC stage confirmed the position of Option 2, new build on a new site, as the preferred option.

For this FBC, these analyses have not been revisited as it was clear from OBC that the cost of the preferred option would require to increase significantly and/or the net present cost of the more ambitious option reduce significantly to affect the ranking of the options as shown in the following table from the OBC.

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.

20.0 Preferred Option

The results of the appraisal carried out between that in the OBC, reviewed in this FBC show that Option 2 – New Build on a New Site (Springbank Road) remains the preferred option. Overall, this option is the most likely to maximise the non-financial benefits required from the project, provides best value for money and has an acceptable level of risk.

21.0 Value for Money Scorecard

A Value for Money scorecard has been completed for this project in accordance with the Scottish Government guidance for the implementation of performance metrics. This is enclosed at Appendix M and demonstrates the following:

Area performance measurements:

- area per GP - a 10% improvement on the standard metric at 143.61 sqm/GP (the standard is 160 sq.m./GP for 3GPs);

- ratio of clinical space versus support space – a 12% uplift on the standard metric at a ratio of 1:2.7 (the standard is a ratio of 1:3);

The above metrics show that in terms of area, the design of the proposed Health Centre is efficient, much of the space is shared between the Practice and NHS Board services.

Commercial performance metrics:

- total project costs - all but equal to the total cost metric;
- prime costs - 12% above the prime cost metric; and,
- lifecycle - taken as equal to the metric/not measured.

With regard to the prime costs, benchmarking carried out by hubco for the Stage 2 submission has evidenced that the costs are comparable to those of recent, similar projects within and outwith East Central Territory. The Board, therefore, is content with the indicated costs.

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 a commercially beneficial deal can be done and achieve the best value for money for the project.

22.0 Agreed 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 FBC stage, the Participants Brief has been developed and has informed the developed design, to RIBA Stage 4, with site plan, general layout drawings and room layout drawings as well as mechanical and electrical drawings and specification.

23.0 Agreed 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.

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.

24.0 Agreed 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.

25.0 Agreed 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 and Agreement of all (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 cost effective delivery models.

26.0 Agreed 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 FBC 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.

27.0 Agreed 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 Commencement	**April 2017**
Stage 2 Completion	**February 2018**
Financial Close	**After CIG FBC approval**
Construction	**Summer 2018 – Spring 2019**

The Financial Case

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

28.0 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	0.314	2.479	2.568	2.948
Furniture Fixtures and Equipment, Telecoms & IT	0.000	0.197	0.197	0.281
TOTAL CAPITAL REQUIREMENT	0.314	2.676	2.765	3.228

29.0 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	0.314	2.479	2.568	2.948
Forecast Impairment on Completion	(0.063)	(0.496)	(0.514)	(0.590)
Forecast Carrying Value	0.251	1.983	2.055	2.358

Therefore, for the preferred option, the asset would initially be capitalised at **£2.479m** and will be impaired by £**0.496m** following valuation to a carrying value of **£1.983m.** 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 short life asset.

30.0 Revenue Costs & Overall Affordability

This FBC 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 overleaf.

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	0.053	0.054	0.067
Utilities, Cleaning, Rates and Maintenance	0.033	0.084	0.109	0.100
Income From GP Practice	(0.007)	(0.019)	(0.024)	(0.022)
Net Additional Cost to NHS Board Per Annum	**0.004**	**0.087**	**0.108**	**0.114**

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 recurring revenue costs per annum to the NHS Board can be summarised as follows:

Capital Charges	£0.053m
Other Revenue Costs Net of Income	£0.034m
TOTAL	**£0.087m**

It should also be recognised that the investment in this project will reduce the backlog maintenance expenditure requirement (£120,000) 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.

31.0 Procurement Strategy

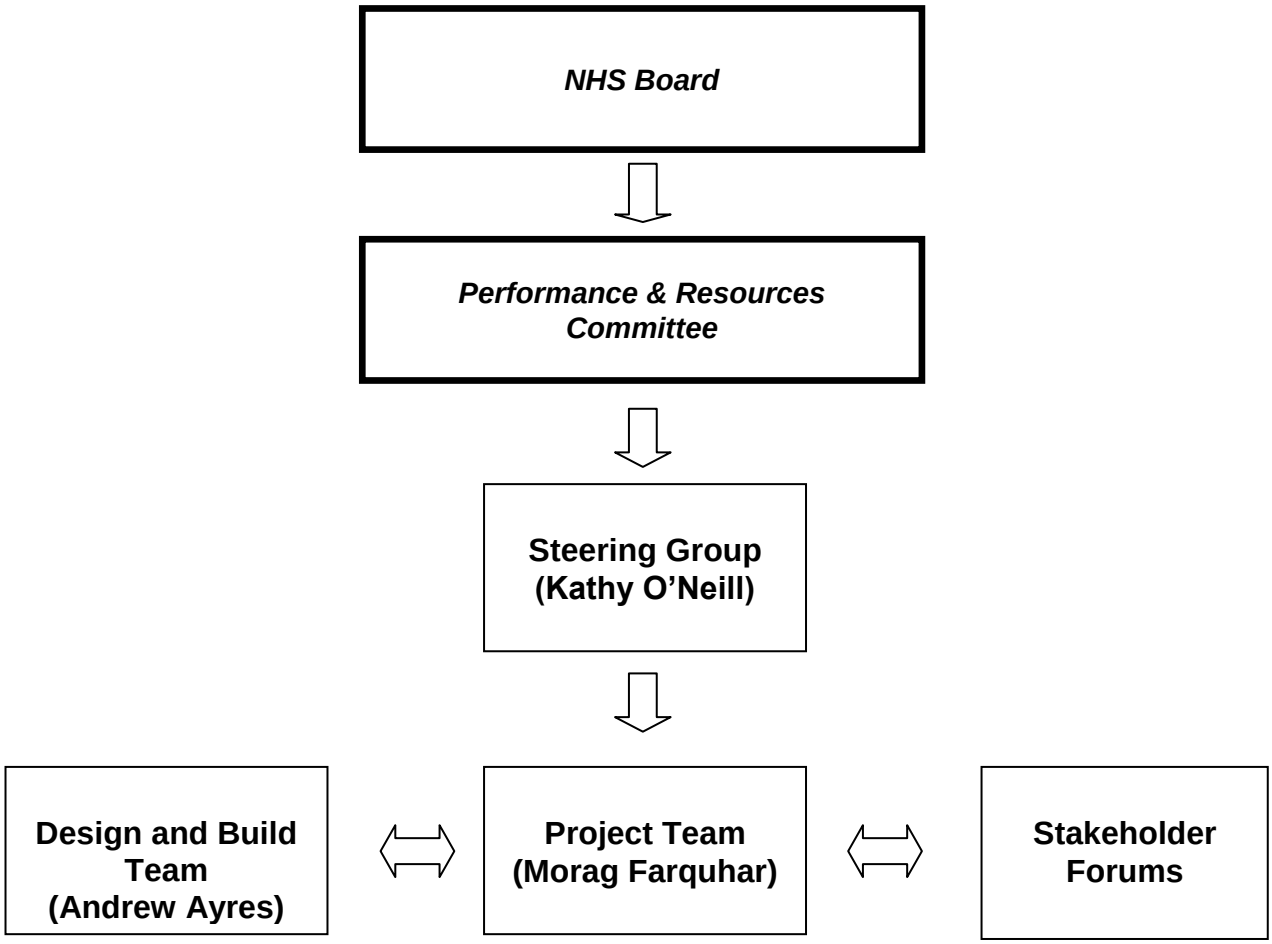
Under the hub initiative, NHS Scotland has provided an exclusivity arrangement which requires all Health Boards to consider hub as the procurement option for all community based projects in excess of capital construction value of £750.000. Only if the project does not demonstrate value for money is there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

32.0 Project Management

NHS Forth Valley has a 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). The governance structure is represented in the diagram below and the full structure is included at Appendix D.



A Project Steering Group has been established for the project with key roles confirmed. The Steering Group is chaired by Kathy O'Neill, General Manager Community Services Directorate and has representation from the GP Practice, other service providers, Estates & Facilities and Finance Directorates. The Steering Group is supported by the Project Team which has a wider membership including clinical and technical disciplines, who will be responsible for driving the project forward on a day to day basis.

The NHS Board's Performance & Resources Committee will act as the Project Board receiving regular reports and monitoring progress.

The project management 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 Community Services Directorate
Project Director	Morag Farquhar, Programme Director
Project Manager	David Cairns, Project Manager

33.0 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.

34.0 Benefits Realisation

The benefits envisaged from the project and as set out this FBC 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 and Health & Social Care Partnership'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 FBC and the final BRP is included at Appendix N. This has been the subject of review via the FBC stage and consolidation against the developing performance framework for the Health & Social Care Partnership and further alignment to the national health & wellbeing outcomes.

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.

35.0 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 FBC 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 FBC is attached at Appendix I.

36.0 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 FBC
2	Monitor progress and evaluate project outputs	On completion of facilities
3	Evaluation of Service Outcomes	12 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

Appendices

A. OBC Approval Letter
B. Statutory Approvals
C. Extract of Strategic Business Plan
D. Project Governance Structure
E. Stakeholder Engagement Strategy
F. Communications Plan
G. Letter of Stakeholder Support
H. Design Statement
I. Extract of Risk Register
J. Transport Assessment & Travel Plan
K. Capital Cost Estimates
L. Economic Appraisal, NPV Analysis
M. Performance Scorecard
N. Benefits Realisation Plan