# NHS Fife Board Meeting

<table>
<thead>
<tr>
<th>DATE OF MEETING:</th>
<th>12 July 2017</th>
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<tbody>
<tr>
<td>TITLE OF REPORT:</td>
<td>Capital Investment – Kincardine and Lochgelly</td>
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<tr>
<td>EXECUTIVE LEAD:</td>
<td>Michael Kellet, Director of Health &amp; Social Care</td>
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<td>REPORTING OFFICER:</td>
<td>Claire Dobson, Divisional General Manager West</td>
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## Purpose of the Report

<table>
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<tr>
<th>For Decision</th>
<th>For Discussion</th>
<th>For Information</th>
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## SBAR REPORT

### Situation

NHS Fife has recognised that Kincardine and Lochgelly Health Centres are facilities that limit high quality, modern and integrated patient care and do not meet all current standards.


Authorisation was given by the Capital Planning Group (3rd April 2017) to begin to look at potential capital investment to meet patient and service needs in these priority areas. No other existing facilities had been identified as needing significant capital investment at this time.

The vision for health and social care services is to provide robust integrated care that crosses the boundaries between primary, community, health and social care with GPs, healthcare professionals and social care staff working together as one system, to provide care at home or as close to home wherever possible with a strong focus on early intervention, prevention, anticipatory care and self management. This more coordinated approach will also help people avoid having to navigate their own way through what can be a bewildering maze of specialist services.

Fife H&SCP has identified seven localities; Lochgelly is in the Cowdenbeath Locality, and Kincardine is in the South West Fife Locality.

- Cowdenbeath Locality has been identified for specific targeted investment and intervention to address historical health and social care inequality issues. **It is within the 20% most deprived areas in Scotland** and performs negatively in relation to overall Fife SIMD figures: 35% overall deprived compared to Fife average of 20%; 31st income deprived compared to 20% Fife average; and 25% health deprived compared to 15% for Fife. Per 100,000 population, Cowdenbeath Locality reports over 1000 more individuals (5,132) living with a mental health condition compared to Fife overall (4,116).

- South West Fife Locality local data highlights the Locality is expected to see the highest increase in the over 65's age group by 2026 (compared to working age population); an increase of 13% compared to 8% for Fife and 7% for Scotland. South West Fife Locality is also deemed second highest within Fife in terms of deprived access to a range of key services (including GP practice) due to geography and financial – 30% compared to 18% for...
Fife overall.

As part of the work to develop the Initial Agreement Document (IAD), and as agreed by stakeholders during Option Appraisal exercises, similar patient and service needs were identified including:

- Inability to cope with current and future service priorities through lack of consulting / treatment space
- Inability to provide additional services locally
- Inaccessible for disabled patients
- HAI issues (e.g. floor coverings and wash-hand basins)
- Lack of number and range of support areas necessary to deliver safe and effective services
- Existing facilities below required standards in terms of layout (e.g. small treatment rooms; no double-sided couch access)

In addition, similar opportunities for improvement were also identified including integration of services, involvement of the third sector and co-location of staff.

Both areas expect an increase in population due to proposed house-building as outlined in the Fife Local Development Plan (February 2017), though it is difficult to quantify an expected increase in the short, medium and long term.

Taking account of both the need of these communities for improved health care and the extremely poor state of the current health and social care estate that serves them, the logic of investing in new health centres in Lochgelly and Kincardine remains current, despite the challenging financial environment within the public sector.

[Note the Capital Planning Group has now been revised and is called the Capital Investment Group (CIG)].

**Background**

This paper relates mainly to the Initial Agreement Document (IAD) stage for Kincardine and Lochgelly. National and local strategies have been taken into account in preparing these IADs (including the NHS Fife Clinical Strategy and Fife Health & Social Care Partnership Strategic Plan 2016-2019). The SCIM guidance was followed in preparing these documents.

The Executive Summaries for Kincardine (Appendix 1) and Lochgelly (Appendix 2) can be found on the following link: [Appendix 1-Kincardine Exec Summary-May2017.pdf](#) [Appendix 2-Lochgelly Executive Summary-May2017.pdf]. The full IADs are embedded within the two Executive Summaries.

Following recognition that Kincardine and Lochgelly Health Centres do not meet current healthcare standards and limit high quality, modern and integrated patient care, Strategic Assessments (SAs) for both areas were developed in 2016 and involved engagement of key stakeholders. The SAs were presented to the Capital Planning Group in March 2016 when approval was given to move to the next stage of the planning process – preparation of the IADs.

A significant amount of work is involved in preparing an IAD, including collection of service activity, developing data projections, developing investment objectives, undertaking an option appraisal, preparing a Benefits Register, a Risk Register and a Design Statement.
NHS Fife was successful in securing funded support from Hub East Central Scotland Limited (Hubco) to assist in the development of the IADs. The work to inform the content of the IADs commenced in May 2016 and was completed in March 2017.

A number of workshops and events were held to inform the developing IADs and involved engaging a wide group of stakeholders which included GP Practices, other healthcare professionals, Social Work and other Fife Council colleagues, Community Councils and elected members. Most of the workshops were specific to either Lochgelly or Kincardine, but when appropriate - with Stakeholder's agreement - the workshops were combined. A summary of the engagement is included within the Executive Summaries, with full details of the process followed and the outcomes detailed in the IADs. The workshops and options appraisal considered the full range of options for the future provision of both health centres including leasing properties as well as the use of existing public service facilities.

It is worth noting that the General Practice in Kincardine is contracted to NHS Forth Valley and representatives from Forth Valley have been included in the work to date and representation / discussions will be continued throughout the business planning process.

**Assessment**

Following the process required, including the non-financial option appraisal, the preferred options at this time are:

**Lochgelly**

A clearly preferred direction of travel (new build in Lochgelly to deliver the developing service model) and site option (Francis Street) along with a mandate to further explore / develop this option in the short term subject to the outcomes of formal financial appraisal.

**Kincardine**

A clearly preferred direction of travel (new build in Kincardine to deliver the developing service model) and site option (Tulliallan Primary School) along with a mandate to further explore / develop this option in the short term subject to the outcomes of formal financial appraisal.

The IAD’s highlight the stakeholder groups that have been engaged in the workshops and who are likely to support the preferred options, unless something radical changes.

The Scottish Health Council has confirmed that engagement to date has been in line with the Scottish Government guidance of Informing, Engaging and Consulting the Public in Developing Health and Community Care Services (CEL 4 2016).

We have assumed that any change in service provision will be through redesign and that there will be no additional revenue costs.

Indicative costs for each of the short listed options are included in the Executive Summaries and full IADs.

**Recommendation**

- **For Decision: to support and approve the IADs for onward submission to Scottish Government noting**
  - The direction of travel following the non-financial option appraisal process (subject to formal financial appraisal), for Kincardine and Lochgelly as outlined in the Assessment section (above).
Appendices:

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<thead>
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<th>Appendix 1:</th>
<th>Executive Summary Kincardine</th>
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<td>Appendix 2:</td>
<td>Executive Summary Lochgelly</td>
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Objectives: (must be completed)

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<th>Healthcare Standard(s):</th>
<th>Proposals are in line with NHS Fife Clinical Strategy, the Fife Health &amp; Social Care Partnership Strategic Plan 2016-2019, and other relevant national and local strategies.</th>
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<td>HB Strategic Objectives:</td>
<td>The preferred options would contribute to meeting the national outcomes for integration, in particular Outcomes 3, 5, and 9.</td>
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The preferred options would provide:

**Integrated and Co-ordinated Care**

- Potential to develop new models of care across health, social and other services
- Increased access to a range of services
- Significant improvement in the physical environment

**Improving Staff Wellbeing**

- Significant improvement in the physical environment including staff facilities
- Safer working
- Significant improvement in morale

**Reducing Inequalities**

- Potential to target health inequalities
- Accessibility will be greatly improved within the facilities.

**Risk and Harm**

Reduce the potential for risk and harm to patients, carers, visitors and staff by the provision of safe, modern and fit for purpose buildings.

Further Information:

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<th>Evidence Base:</th>
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<tr>
<td>Glossary of Terms:</td>
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<tr>
<td>Parties / Committees consulted</td>
<td>Fife Capital Investment Group</td>
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### Impact: (must be completed)

#### Financial / Value For Money

Indicative costs for each of the short listed options have been prepared as per the guidance in the SCIM. These costs, along with the assumptions they are based on, are detailed in the Executive Summaries of the IADs.

Further detailed costs will be developed as the OBCs and FBCs are prepared.

An assumption has been made that there are no increased revenue costs and that any change in service provision will be through redesign.

#### Risk / Legal:

A Risk Register has been prepared and will be reviewed at each Project Board meeting.

Detailed planning with Estates and Facilities colleagues will ensure all legislation and guidance is complied with.

Expectations within both communities have been raised by the work to date, there may be a risk to the organisation, if these expectations are not met.

#### Quality / Patient Care:

As summarised in the “Summarising the need for change” section within the Executive Summaries (and full IADs):

- Improved capacity to deliver an increased range of services in an integrated way
- Potential to target health inequalities
- Modern, safe and fit for purpose premises that comply with all legislation and guidance, improving performance in clinical and estates services
- Improved accessibility
- Ability to provide group work

[Note: further work with NHS Forth Valley is required to]
facilitate increased service provision and care]

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<tr>
<th>Workforce:</th>
<th>Significantly improved physical environment</th>
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<tr>
<td></td>
<td>- Clinical</td>
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<tr>
<td></td>
<td>- Care</td>
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<tr>
<td></td>
<td>- Staff facilities</td>
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<td></td>
<td>- Patient group work could be undertaken</td>
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<td>- Improved education / meeting facilities</td>
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<td>Facilities</td>
<td>- Safer and more cost effective environment</td>
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<td></td>
<td>Staff representatives have been involved in the work to date and as more detailed planning is undertaken they will be fully involved in the design of the buildings to ensure modern, fit for purpose facilities are provided.</td>
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| Equality:  | The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, [click here](#) EQIA Template [click here](#) |
|           | • Has EQIA Screening been undertaken? **No** |
|           | EQIA's for both projects are being undertaken and will be updated as the planning process is worked through. |