FAIRER SCOTLAND DUTY ASSESSMENT OF UNIVERSITY HOSPITAL MONKLANDS REPLACEMENT PROJECT

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TABLE OF CONTENTS

Foreword

In order to meet its statutory obligations, NHS Lanarkshire completed a Fairer Scotland Duty[1] (FSD) assessment in 2018 of the proposal to replace/refurbish University Hospital Monklands (UHM). The report covered the existing site, Gartcosh and Glenmavis. The Cabinet Secretary subsequently commissioned an independent review of the process. In June 2019, the Cabinet Secretary for Health and Sport, announced that staying on the current UHM site should no longer be an option for the project, explaining that "building a new hospital on an existing hospital site takes longer, costs more, risks infection and other patient safety issues, while creating performance and access issues during the long construction phase". A further site for consideration was subsequently identified by the Monklands Replacement Project Team – farm land at Wester Moffat (which will be referred to as Wester Moffat in the report).

The FSD assessment team reviewed the original assessment to ascertain if the new site generated any additional socio-economic impacts or additional issues for consideration. They sought the advice of Dr Margaret Douglas, Chair of Scottish Health and Inequalities Impact Assessment Network (SHIIAN), who had provided guidance and independent verification of the original process. Dr Douglas confirmed that the findings from the additional assessment were appropriate and these were subsequently incorporated into the report. An interim report[2] was published in January 2020 and can be accessed here: https://www.nhslanarkshire.scot.nhs.uk/download/mrp-fairer-scotland-duty-assessment/

Following further guidance, a new Fairer Scotland Duty assessment has taken place, with a stakeholder event and staff focus groups in September 2020; focussing on the three current shortlisted sites of Glenmavis, Gartcosh and Wester Moffat. Analysis of up-to-date data around the sites has also taken place. This report will highlight these findings. It will complement the 2018 and January 2020 FSD assessment reports and findings.

External expert validation of the process was provided by Dr Margaret Douglas (Consultant in Public Health Medicine at the University of Edinburgh) who chairs the Scottish Health Inequalities Impact Assessment Network (SHIIAN). The Fairer Scotland Duty assessment is only one part of the decision-making process for the NHS Lanarkshire Board; it will be considered alongside the formal consultation findings and other relevant background information.

1.0 Introduction

This paper documents the Fairer Scotland Duty (FSD) assessment of the proposal to rebuild University Hospital Monklands (UHM). This report builds upon previous work in 2018 and an interim report in January 2020[2]. As a result of the recommendations of the 2018 FSD assessment NHS Lanarkshire Board has agreed to build a Community Hub at the existing site.

Therefore, this report (November 2020) documents the Fairer Scotland Duty (FSD) assessment of the proposal to rebuild UHM on one of three new short-listed sites – Glenmavis, Gartcosh and Wester Moffat. It complements the 2018 assessment and findings.

The scope of this assessment is to consider the impact of moving UHM to another site from the perspective of those affected by poverty and to identify opportunities to mitigate negative impacts and maximise positive impacts. The assessment is not a detailed socio-economic analysis but rather will aim to identify key themes for consideration by the Board. The methodology employed has been validated as reasonable and proportionate by Dr Margaret Douglas, University of Edinburgh, Chair of the Scottish Health Inequalities Impact Assessment Network (SHIIAN).

It is important to note this is not a full Health Inequalities Impact Assessment (HIIA); the HIIA will be carried out once the NHS Lanarkshire board has decided on the new location, and will accompany the outline business case. The protected characteristics (age, pregnancy/maternity, disability, sex, gender reassignment, sexual orientation, marriage & civil partnerships, race and religion/belief) are considered separately in an Equality and Diversity Impact Assessment.

2.0 Background

2.1 The Fairer Scotland Duty

The Fairer Scotland Duty (FSD) was implemented in April 2018 and exists to protect those most affected by poverty in our communities. It places a legal responsibility on public bodies to pay due regard to socio-economic inequalities of outcome when making policy decisions.

For *each* major strategic decision**,** public bodies must:

• actively consider how they could reduce inequalities of outcome;

• involve relevant communities of people with direct experience of poverty and disadvantage at all stages;

• publish a written assessment.

An *appropriate officer* must be involved in any assessment process under the Duty, in this case it is Mr Gabe Docherty, NHS Lanarkshire's Director of Public Health. The FSD will be phased in over a three-year period, during which time the Scottish Government (SG) will review, with the European Human Rights Commission, how the Duty is working in practice over the period and will "offer assistance and opportunities to share best practice". The duty will remain a statutory requirement from 1 April 2018 despite having a phased implementation. The Scottish Government also wants to encourage innovation in how public bodies meet the Fairer Scotland Duty and welcomes different approaches.

The guidance[1] states that "how much regard is due will depend on the relevance of the decision to the scale of socio-economic disadvantage and inequalities of outcome in relation to each strategic issue." It also states that "Due regard does not mean there is an obligation to achieve a result''. Public bodies are not required to reduce inequalities of outcome as part of any decision made under the Duty. There may be a range of good reasons why it's not possible to seek to do so in any particular case. However, if it is possible for public bodies to make changes to a policy, programme or decision to reduce inequalities of outcome, and there are no compelling reasons for not doing so, due regard would suggest that those changes should be made." Appendix 1 Table 1 shows the five stages of the FSD process.

2.2 Fairer Scotland Duty Assessment (2018)

The methodology used for the FSD assessment conducted in 2018 was twofold. Firstly, we considered what data and evidence was available which would help inform our understanding of the impact of poverty on hospital rebuild/relocation. Secondly, we consulted with local stakeholders and community members to elicit their views and concerns of the potential impacts that need to be considered. Consultation with local stakeholders was undertaken through a FSD assessment stakeholder workshop and through three focus groups (two held with community members and one with lower paid staff from across different areas of the current UHM hospital).

The Fairer Scotland Duty assessment workshop entailed working through a checklist developed by NHS Grampian which combines NHS Health Scotland's Health Inequalities Impact Assessment checklist[3,] with the FSD. We amended the NHS Grampian document by removing the fields relating to the nine protected characteristics (already assessed in an Equality Impact assessment), leaving only the sections relating to socio-economic impacts. The checklist, along with the full methodology was approved by Dr Margaret Douglas (Chair of Scottish Health and Inequalities Impact Assessment Network (SHIIAN)) prior to the stakeholder event. The workshop attendees were made up of stakeholders with particular knowledge of the local area and population.

The key high level impacts which emerged from the stakeholder session and focus groups were:

- Travel and transport
- Employment
- Sense of belonging/UHM as an asset in local community

The impacts identified were considered, and supported by the data and evidence available, and it was concluded that moving UHM from its existing location would require measures to be taken to mitigate the impact of the move on poverty and that there were opportunities to use the relocation of the hospital as an opportunity for reducing inequalities of outcome.

The following recommendations were made:

- Innovative, enhanced community and public transport links.
- Facilitate lower paid staff to maintain employment at the new hospital.
- Facilitate training opportunities for those in the most socio-economically disadvantaged areas.

- Partners should work together to ensure that the hospital move benefits the community and seeks not just to mitigate the loss of the local asset but to decrease socio-economic inequalities.
- Consider providing community healthcare facilities on the vacated site.
- Ensure that the ambitions of "Achieving Excellence"[4], shifting the balance of care from hospital to local communities, are fully achieved.

These recommendations were accepted by the Accountable Officer and subsequently by NHS Lanarkshire Board. In response to the recommendations, NHS Lanarkshire Board specifically committed to an enhanced community transport model and to retain and regenerate the existing site to support reduction of health inequalities using a community development approach.

3.0 Methodology

The FSD project team consider the key themes and recommendations from the 2018 review to still be relevant to the status of the Monklands Replacement Project in 2020 as they are primarily focused on the impacts of taking the hospital off the existing site to another location.

The purpose of this second report, therefore, is to ensure the data being considered is the most up to date available and to build on the 2018 findings and recommendations by highlighting any differences across the three shortlisted sites that may be relevant.

Further consultation with stakeholders has been undertaken to discuss the impacts identified in 2018 in relation to the three sites and also to identify any new impacts that should be considered.

The consultation methods employed to identify potential impacts were as follows:

- FSD assessment stakeholder online workshop
- Two focus groups with lower paid staff
- Consideration of findings from the MRP consultation telephone survey and focus groups conducted October 2020

A brief description of each of these methods is described below.

3.1 FSD assessment stakeholder online workshop

The Fairer Scotland Duty assessment stakeholder workshop took place on the 8th September and was delivered online in light of COVID-19 restrictions.

The same assessment checklist (see 2.2 above) was used as previously in 2018. Participants received background information on the data outlined above in relation to the three sites of Glenmavis, Gartcosh and Wester Moffat. Presentations were given around the background of the Monklands Replacement Project, Fairer Scotland Duty and Scottish Index of Multiple Deprivation[5] (SIMD).

The list of stakeholders who were invited to participate is listed at Appendix 2 and included a range of community planning partners who would be able to bring a perspective around the local community, local services or the impact of poverty. The MRP Stakeholder Engagement Group (SEG) made up of 12 community members representing different areas of Lanarkshire were also invited. In total 20 people participated in the exercise, however, unfortunately only two community members from the SEG attended (see Appendix 2).

Working though the checklist, participants were asked to focus on the perceived positive and negative impacts for each site. Discussions were written up, displayed alongside the original 2018 findings and sent back out to the participants for any further comments and feedback (see Appendix 3 for the checklist summary).

3.2 Staff focus groups

19 UHM staff members from Property and Support Services Division (PSSD) participated in two focus groups on the 16th September 2020. The focus groups were conducted by NHS Lanarkshire Qualitative Researcher and a member of the Public Health/Health Improvement Team.

The staff were self-selected and were asked to consider the three new shortlisted sites of Gartcosh, Glenmavis and Wester Moffat and outline their preference and reasons for their choice. Participant's job roles and where they live were captured. Staff who participated lived in Airdrie or Coatbridge with a few in Bellshill. Job roles were catering assistants, domestic assistants, domestic

supervisors and porters. Another focus group with administrative staff and health care support workers was planned for October 2020, however, due to pressures of COVID-19, this focus groups could not go ahead at this time.

Full details of the focus groups are provided at Appendix 4.

3.3 Consideration of findings of MRP consultation telephone survey and focus groups[6]

As part of the Monklands Replacement Project (MRP) public engagement, a telephone survey of 500 (MRP Phase 2 Survey) local people took place in the 2 weeks following publication of the site options appraisal report which outlines the scores assigned to each site following the postal ballot. Online focus groups then took place with a geographically representative sample of those who engaged in the telephone survey.

The survey sample was selected to reflect those who most use the hospital and was purposefully skewed towards participants who live in SIMD quintile 1 (most deprived) in order to ensure the views of those most affected by poverty were considered. 40% of survey respondents were from SIMD 1.

Participants were specifically asked:

'What impact on you would there be, if any, if University Hospital Monklands was relocated to Gartcosh/Glenmavis/Wester Moffat?'

Within these MRP focus groups there was an opportunity to explore participant's suggestions re mitigation measures or opportunities with regards the impacts identified.

3.4 Data sources

A range of data sources have been considered to support the impacts identified through the consultation methods including:

- Monklands Replacement Project Transport analysis report (2020)
- Scottish Index of Multiple Deprivation (2020)
- NHSL HR Workforce data (2020)
- NHS Lanarkshire Hospital Activity Data (2020)

- Hospital relocation literature review[2] (2018)
- Relevant academic literature and reports
- Monklands Replacement Project Phase 2 Survey (2020)

4.0 Results

The stakeholder session and staff focus groups identified a range of positive and negative impacts which are worthy of further consideration (see Appendix 3 and Appendix 4). Many of these impacts had already been identified in the 2018 report and some are relevant to all three sites whilst others were perceived to have a differential impact across the sites.

In order to bring together the data and evidence base with the qualitative views expressed through the consultation methods the FSD team have grouped the key impacts into four high level themes:

- **Multiple deprivation and income inequality**
- **Employment and economy**
- **Transport and connections**
- **Environment**

The following questions have been used to present the evidence and data available for each theme:

- What did stakeholders tell us?
- What does the data/evidence tell us?
- What are the differences between the 3 proposed sites?
- What are the limitations of this assessment?
- How can concerns be mitigated and opportunities maximised by NHS Lanarkshire?

5.0 Multiple deprivation and income inequality

5.1. What did stakeholders tell us?

- There is significant concern from those who have contributed to the consultation exercises that those who live in areas of deprivation and use the hospital most frequently will be most adversely affected by moving the hospital out of Airdrie.
- The majority of points raised in relation to income through the stakeholder event, focus groups and open sessions were concerns of increasing costs of travel for staff and patients and concern re loss of employment in an area of high multiple deprivation.
- It is felt to be important that healthcare is easily accessible to those in our more deprived communities who experience poorer health outcomes.
- There is also a significant concern expressed by stakeholders around the loss of a local community asset in the Airdrie area with a strong sense of pride felt by both local people and staff in the current UHM.
- It was noted that there are high levels of deprivation in the East of Glasgow which would benefit from the hospital being in Gartcosh however these residents are not part of the NHS Lanarkshire catchment population.
- Participants in the MRP Phase 2 Survey Report[6] and focus groups who are living in more deprived areas in Airdrie reported they were more likely to have accessed UHM than others.

The MRP survey and focus groups reported a greater impact of the hospital move regardless of the chosen site for those living in more deprived areas who relied on public transport or walking.

5.2 What does the data/evidence tell us?

There is strong evidence that people of low income have poorer physical and mental health than more affluent people. For almost every health condition or health indicator, there is a gradient of better health with increasing affluence[7].

Multiple deprivation is where people in communities are experiencing disadvantage across different aspects of their lives. The disease burden in deprived areas is significantly greater than in the least deprived areas[8].

Resilience or social cohesion in communities is related to identity, and focuses on links between groups within a community, financial security and opportunity, or about positive feelings about place. Having a sense of control and involvement in local decision making have also been shown to be effective in maintaining good mental health and wellbeing[7].

5.2.1 Scottish Index of multiple deprivation (SIMD, 2020)

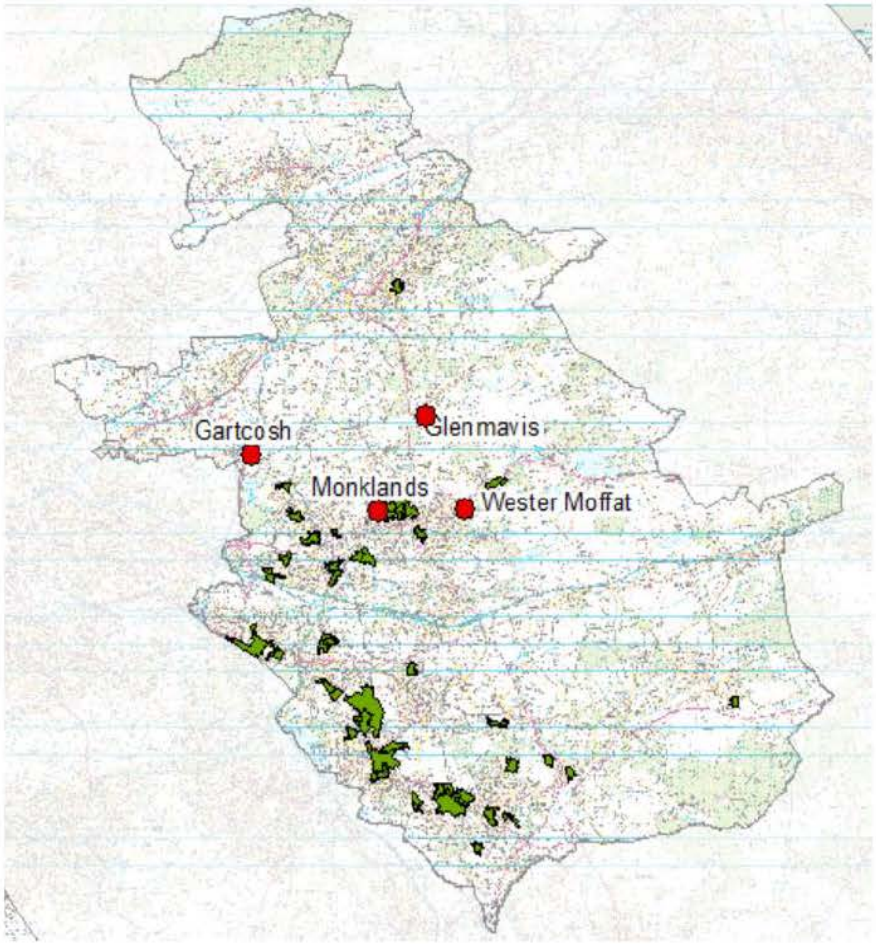
The SIMD 2020[5] consists of 7 weighted domains made up of more than 30 indicators of deprivation to inform the final overall SIMD rank. It is an area based model of deprivation. The domains are income, employment, education, health, access to services, crime and housing.

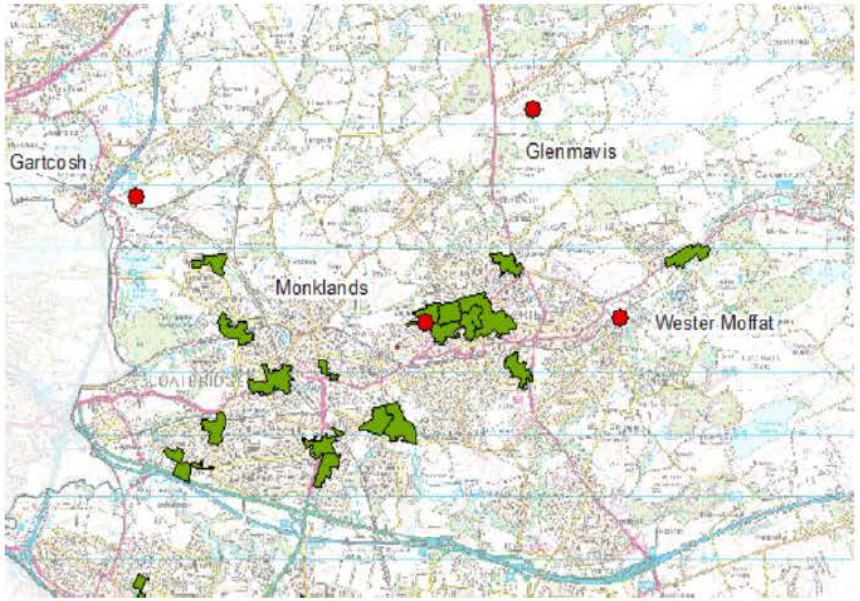
Datazones are small geographical areas and in North Lanarkshire the population in each datazone varies from 345 to just under 1,600 people.

It is important to note the SIMD provides a ‘relative’ measure of deprivation across datazones by ranking these small areas across Scotland and is not based on ‘absolute’ measures of poverty. Therefore, the SIMD should be used in conjunction with ‘absolute’ measures of household poverty where appropriate, e.g. where individuals and households may be living in poverty outwith the designated deprived areas. However, deprivation should not be viewed as relating solely to ‘poor’ or ‘low income’ families, but can also reflect limited resources and opportunities, e.g. where health and education is concerned, so there is a need to look at the SIMD data which reflects multiple deprivation alongside more absolute measures.

Figure 1 shows the datazones in North Lanarkshire within the 20% most deprived in Scotland in relation to the UHM proposed sites. There are 2 datazones within UHM catchment that are in the 1% of most deprived areas in Scotland, both of these are in Coatbridge. See Appendix 2 for full Public Health Scotland locality profiles for all UHM catchment localities.

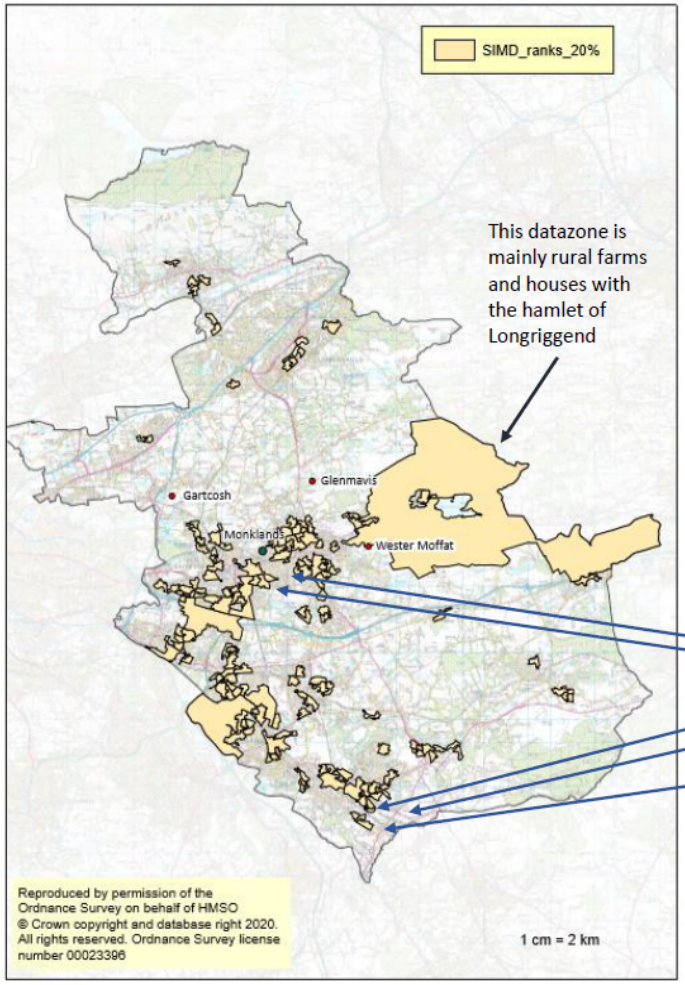
Figure 1: North Lanarkshire SIMD 2020- datazones with a ranking within the 20% most deprived communities in Scotland.





SIMD 2020 datazones with a ranking within the 20% most deprived communities in Scotland.

Figure 2: Five North Lanarkshire Datazones in the 1% of most deprived communities in Scotland



- The Scottish Index of Multiple Deprivation (SIMD) is published by the Scottish Government to show relative deprivation in the datazones across the country.
- It was most recently published in February 2020.
- Each datazone is given a rank from 1 – very deprived to 6,976 not at all deprived.
- Datazones ranking from 1 to 1395 are known collectively as the 20% most deprived in the country
- This may also be referred to as the datazones in "SIMD 1"
- 153 datazones in NLC are in this 20% most deprived
- Within this 20% some datazones experience acute deprivation and are within the 1% most deprived in the country.

Datazone Number	Datazone Name	SIMD Rank
S01011598	Cliftonville - Towers and Dunbeth nursery	3
S01011609	Greenend - John Smith Gardens to Southfield Crescent	36
S01011383	Craigneuk - Meadowhead Street to Kimberley Street	49
S01011361	Gowkthrapple - Birkenshaw Brae	53
S01011384	Craigneuk - Flaxmill Avenue to Aldersyde Avenue	55

Table 1 shows the % of the UHM catchment population living in SIMD 1 ranked areas (SIMD 1 areas are those that are within the 20% **most** deprived areas in Scotland) alongside those in the **least** deprived (SIMD 5).

Table 1: % of population living in SIMD 1 and 5

Locality	% living in SIMD 1 (most deprived)	% living in SIMD 5 (least deprived)
Airdrie	42.3%	3.2%
Bellshill	41.2%	3.6%
Coatbridge	40.9%	9.4%
Hamilton	29.6%	15.3%
North	12.3%	21.5%

Appendix 5 shows SIMD colour coded maps for each of the NHS localities in the UHM catchment and demonstrates the difference in the extent of deprivation between areas. It is colour coded from green to red to show best to worst respectively.

A summary overview of each locality area in the UHM Catchment zone is also provided in Table 2 below. The table is colour coded from green to red to show best to worst respectively.

Table 2: Summary of SIMD 2020 data

Category	Measure/ Description	Type	Airdrie	Bellshill	Coatbridge	North	Bothwell/ Uddingston (SLC)
Population	Total number of Datazones	N	76	57	65	111	17
Deprivation	Datazones in 5% most deprived data zones in Scotland	N	3	6	6	0	0
		%	3.9%	10.5%	9.2%	0.0%	0.0%
	Datazones in 20% most deprived data zones in Scotland	N	34	21	28	15	1
		%	44.7%	36.8%	43.1%	13.5%	5.9%
Income Deprivation	Datazones above NLC average of 15% for income deprivation	N	42	25	41	36	1
		%	55.3%	43.9%	63.1%	32.4%	5.9%
Employment Deprivation	Data zones above NLC average of 11% for employment deprivation	N	43	29	36	38	1
		%	56.6%	50.9%	55.4	34.2%	5.9%

5.2.2 Income deprivation

Table 2 above shows that there are proportionately more income deprived datazones in Airdrie, Bellshill and particularly Coatbridge than in the North locality. Appendix 6 shows the 20% most income deprived datazones across North Lanarkshire and provides 1, 2 and 3 mile radii around the three proposed sites.

The indicator data for the income domain of SIMD includes an actual count of people who are income deprived. Each locality has a total number of people who are income deprived and this is shown in Table 3. These individuals live in all the datazones in the locality that are within all SIMD ranks. This data shows a different picture from purely considering SIMD rank areas alone.

Table 3: Count of those income deprived

	No. income deprived	Locality population	% of locality population
Airdrie	8994	56435	15.9%
Bellshill	6745	41967	16.1%
Coatbridge	8595	50435	17.0%
North locality	9455	85761	11.0%
NLC total	50897	339960	15.0%
Bothwell/Uddingston	962	12,956	7.4%

Note: population figures are based on former NLC local area partnership boundaries/ Health and Social Partnership Integration boundaries. This corresponds with the boundaries used by Public Health Scotland. SIMD population data for income and employment deprivation is 2017 based.

5.2.3 Hospital presentations

Monklands Catchment area includes the North Lanarkshire localities of Airdrie, Bellshill, Coatbridge and North as well as the Bothwell and Uddingston areas of the Hamilton locality in South Lanarkshire.

It is important to note that whilst patients attend the hospital from across North and South Lanarkshire for some scheduled care, the majority of unscheduled care patients live within the hospital catchment area. For the purposes of this assessment the focus is more on unscheduled care appointments and outpatients' appointments given these are likely to have a greater impact on travel than planned scheduled admissions.

NHS Lanarkshire's patient flow analysis (see Appendix 5) shows that 82.4 % of outpatient attendances are from the Monklands catchment and 17.6% from elsewhere. 27% are from Airdrie, 23% are from Coatbridge, 20% are from North and 13% are Bellshill.

A significant proportion of outpatient attendances come from the most deprived SIMD quintiles in Airdrie, Coatbridge and Bellshill (33%, 26% and 14% respectively). In the North locality population, just over 7% of outpatient attendances are from the most

deprived quintile. Local 'Did Not Attend' (DNA) data shows those living in areas of deprivation are also more likely to miss appointments (see Appendix 7). A similar pattern is observed for emergency admissions. (See Appendix 7).

It is important to note that the residents of North locality also use hospitals in NHS Greater Glasgow and Clyde (NHS GGC), therefore, the outpatient and emergency admissions will not be a true indication of hospital activity in the area. Public Health Scotland data shows that A&E attendances and admissions at Monklands are higher for Airdrie and Coatbridge residents than for other localities. Attendances are highest within SIMD 1 across the localities[9].

Over time, how scheduled care is delivered will change in line with the ambitions of 'Achieving Excellence'[4]. We have already seen the expansion of technological approaches for patient care and innovations within the community such as satellite clinics and use of digital technology. This will reduce the need for some travel to hospitals in the future. There is also a national review of unscheduled care which aims to better support patients within the community and reduce the need for unscheduled care presentations.

Technological advances also create a challenge in how we can support patients who are digitally excluded. This disproportionately affects vulnerable people, low-income groups, the elderly and the more marginalised communities in our society. Individuals from higher socio-economic groups are more likely to have digital skills and access to higher quality digital devices and peripherals, with stable access to higher speeds of connectivity and less limitation on data[10]. People who are digitally excluded are also likely to be high users of NHS services[10].

5.3 What are the differences between the 3 proposed sites?

5.3.1 Gartcosh

Gartcosh sits within the North locality. Table 1 shows that there are much fewer multiple deprivation SIMD 1 areas overall in the North locality than in the other UHM catchment localities. It also has the highest number of SIMD 5 areas. However, it is important to recognise that the locality boundaries are set by the statutory sector and do not necessarily represent discrete communities. Gartcosh takes in some of the deprived areas of Coatbridge within a 3-mile radius of the site and Coatbridge has two of the 1% most deprived datazones in Scotland. Also of note within the 3-mile radius is a significant proportion of the population within Glasgow postcode areas living within SIMD 1. This could significantly increase patient flow and requires careful consideration in terms of increasing hospital capacity, infrastructure and staffing.

The actual count of those who are income deprived shows that whilst the North locality has proportionately less people who are income deprived relative to the wider locality population, they have the highest crude number of people who are income deprived. This reflects the larger size of the North locality overall and that the areas of residence are more spread out and less densely concentrated than in the Airdrie locality. To the west of Gartcosh, patients living in more deprived areas of Easterhouse may also benefit from the hospital being sited here, however, these would be residents of Greater Glasgow and Clyde Health Board area rather than Lanarkshire.

Residents from the North locality proportionately make up less of the outpatient and emergency presentations at UHM relative to their population (see Appendix 7). However, this is likely due to their usage of hospitals in Greater Glasgow and Clyde which are in close proximity.

5.3.2 Glenmavis and Wester Moffat

Glenmavis and Wester Moffat are both within Airdrie locality. This locality has the highest number of SIMD 1 areas and the least amount of SIMD 5 areas amongst the UHM catchment. From the SIMD data, Airdrie locality has more datazones in the 20% most deprived than other localities, but slightly less than Coatbridge and Bellshill with respect to the 5% most deprived.

In comparison to the Gartcosh site, Wester Moffat and Glenmavis are both surrounded by more areas of multiple deprivation and have few areas zoned within the least deprived.

Overall, the Airdrie locality has proportionately more people who are income deprived than the North locality as do Coatbridge and Bellshill. In terms of crude numbers, North locality has the most income deprived people followed by Airdrie and then Coatbridge and Bellshill.

Airdrie and Coatbridge residents make most use of the hospital for outpatients and unscheduled care and those in the most deprived areas attend more than those in the least deprived areas. Those who miss appointments are also more likely to be from deprived areas (see Appendix 7).

UHM has been in the Airdrie area for over 40 years and is regarded as a community asset to local people and to staff. There may be a sense of loss for local people if the hospital is moved from this area.

5.4 What are the limitations of this assessment?

This assessment has taken into consideration current SIMD data and datazones which are based on ranking areas made up of populations of 345 to just under 1,600 people and provided some broad analysis of localities based on deprivation relative to the rest of North Lanarkshire and Scotland as a whole. It is important to note that whilst Airdrie and North localities have different SIMD profiles, the area of Coatbridge, which is adjacent to both, is an area of significant deprivation.

It is important to note the locality boundaries are imposed by NHS Lanarkshire and do not represent discrete communities. Thus, significant caution must be applied when discussing SIMD data at locality level.

It is also important to note the different ways that SIMD data has been presented above in terms of overall SIMD area ranks and individuals who are income deprived across all SIMD areas.

We can't predict the future changes to SIMD data as a result of the hospital relocation as this would be dependent upon wider economic and social policy.

5.5 How can concerns be mitigated and opportunities maximised by NHS Lanarkshire?

- Work with partners and the local community to use community wealth building approaches to maximise the opportunities that both the hospital build and any new development at the vacated site can bring to the local community in terms of community development, regeneration and employment. This will help to mitigate the loss of the local asset and also contribute to reducing socio-economic inequalities through community development and regeneration opportunities, using a community wealth building approach.
- Recognise moving the hospital to Gartcosh would be moving the hospital out of an area which has significant multiple deprivation to an area with proportionately less multiple deprivation. However, there are still pockets of multiple deprivation in the North locality. Gartcosh is however close to Coatbridge which also has significant multiple deprivation and the highest number of people affected by income deprivation live in the North locality.
- Work with our community planning partners to improve digital exclusion so that people are not disadvantaged through increased use of technology.
- Routinely examine the causes of non-attendance (DNAs) and proactively seek to reduce barriers to access experienced by particular groups.
- Maximise access to local community satellite clinics for scheduled care.

- Work with partners to support frequent attenders at A&E to access community supports earlier thus ensuring a preventative and early intervention approach.

6.0 Employment and Economy

6.1 What did stakeholders tell us?

- There are concerns around ensuring the new hospital build creates jobs for those living in the local area.
- Lower paid staff have concerns around maintaining employment should the site move to Gartcosh particularly those who work two jobs or work split shifts.
- Consideration should be given to working with partners to support those lower paid staff who may not be able to sustain employment at new site to gain other training or employment.
- Stakeholders are keen that there are opportunities for jobs for local people in the new hospital both as part of the build process and beyond.
- Opportunity should be considered for supporting the local economy through procurement practices including community benefit clauses.
- There should be opportunities for employment at the community hub which will be built on the existing UHM site.
- Opportunities for employment for young people through apprenticeships should be maximised both in the build process and in the new hospital.
- There may be opportunities to support the local economy around the hospital and attract other businesses to the area.
- Availability of a selection of shops where people can buy fresh healthy food and support the local economy should be a consideration.
- A larger hospital at Gartcosh, due to expected cross boundary flow, may result in slightly more employment opportunities. However, this is countered by concerns that people from Greater Glasgow and Clyde may more likely benefit from employment opportunities. This may also be relevant, to a lesser extent for the Airdrie sites, in terms of proximity to West Lothian.
- Improving transport overall across North Lanarkshire will increase access to other employment in the area and beyond.
- In the MRP focus groups, there was a concern around increased unemployment and the particular impact this would have on people not being able to afford taxi's if public transport is not sufficient.

6.2 What does the evidence and data tell us?

The building of the new hospital, regardless of where it is sited, has huge potential to support the community wealth building agenda through building on the strong partnerships that are already in place.

There is good evidence that for the majority of people, being unemployed brings poorer health outcomes and is associated with increased mortality, poorer physical and mental health, and higher GP consultation and hospital admission rates.

Unemployment also leads to poorer socio-economic status, relative poverty and financial anxiety[11]

A recent report by the Health Foundation (September 2020) on 'Using Economic Development to improve health and reduce inequalities', has highlighted the great importance of the link between economic development and public health[12]. Scotland has a national inclusive growth agenda, which aims to achieve economic growth through promoting good quality jobs, equality and sustainability. Community wealth building (CWB) is a people-centred approach to local economic development, which redirects wealth back into the local economy, and places control and benefits into the hands of local people. Anchor Institutions, are large employers with a strong local presence in an area. The Scottish Government is committed to exploring the potential for CWB through Anchor Institutions as an approach to delivering inclusive growth across Scotland.

In NHS Lanarkshire we are involved and committed to this approach through our work around Public Health Priority 5: *A Scotland where we have a sustainable and inclusive economy with equality of outcomes for all*[13]*.* A Public Health Scotland network, sponsored by the Directors of Public Health, is ensuring that Health Boards have the opportunity to work together in agreeing key priorities and sharing local learning in this area.

NHS Boards are taking part in conversation events hosted by the Health Foundation to explore the NHS role as an Anchor Institution as part of a Community Wealth Building approach. The results from these learning events will be published in 2021. There are already good practice examples in Scotland, for example in North Ayrshire partners have developed an Anchor Institute Charter which outlines agreed partnership intentions. Locally, work is being progressed with our procurement team to ensure that our suppliers can identify and progress the community benefits clause within their contracts that reflect our local priorities in terms of both child poverty action plans and Local Outcome Improvement Plans. We are also progressing work with our community planning partners on how we commission Community and Voluntary sector organisations, who are also seen as local 'Anchor organisations' within our community. This places more control into the hands of local people.

NHS Lanarkshire was the first territorial board in Scotland to achieve Living Wage accreditation and this reflects our commitment to the Fair Work agenda in terms of our procurement practices/spend and also as a role model and influencer in our community.

A Lanarkshire Employability Partnership has been created which we are part of and actively seeks to improve employability opportunities for local people, recognising that this can only be achieved if all partners work together. This includes working with our Local Authority partners, Skills Development Scotland, Department for Work and Pensions (DWP), local colleges and schools.

One example of this is the Health and Social Care skills academy (see www.carecareersnl.co.uk) which was launched in 2018 by Health and Social Care North Lanarkshire, in partnership with NHS Lanarkshire and North Lanarkshire Council, to provide curriculum opportunities linked to the health and social care sector. These are targeted at young people in the senior phase of learning and allows pupils to gain qualifications as well as work-related learning experiences which will assist them in gaining employment and will assist in meeting the workforce requirements of this sector. The main areas are health and social care, general nursing and allied health professions.

6.2.1 Employment deprivation

Table 2 above shows Airdrie, Bellshill and Coatbridge all have proportionately more datazones who are *employment deprived* than the North locality.

Figure 2 in Appendix 6 shows the datazones where more than 20% of the datazone population are employment deprived and provides 1, 2 and 3 mile radii around the three proposed sites.

The indicator data for the employment domain of SIMD includes an actual count of people who are employment deprived for each locality. These individuals live in all the datazones in the locality across all SIMD ranks. Table 4 shows that the actual % of people employment deprived is higher than the North Lanarkshire average for Airdrie, Bellshill and Coatbridge but less for the North locality and that there are as many people unemployed in the North locality overall as in Airdrie and Coatbridge.

Table 4: Count of those employment deprived

	No. of Employment deprived	Working Age Population	% locality working age
Airdrie	4297	36576	11.7%
Bellshill	3322	27604	12%
Coatbridge	4154	32830	12.7%
North locality	4679	54923	8.5%
NLC total	24796	**219694**	11.3%

Bothwell/ Uddingston	502	**8081**	6.2%

Note: population figures are based on former NLC local area partnership boundaries/ Health and Social Partnership Integration boundaries. This corresponds with the boundaries used by Public Health Scotland. SIMD population data for income and employment deprivation is 2017 based.

6.2.2 Current University Hospital Monklands employment

Appendix 8 Tables 1, 2 and 3 show that just over half the staff currently employed at UHM reside in SIMD 1 or 2 with the majority of Bands 1,2 and 3 (lower paid) staff residing in SIMD 1. Appendix 8 Table 3 shows that the majority of Band 1 staff (lowest paid) and approximately 47% of Band 2 staff and 37% of Band 3 staff live in the ML6 Airdrie area. A further 23% of each of the Bands1-3 reside in the ML5 area (Coatbridge).

There is an expectation that current staff will be fully supported to move with the hospital relocation and retain their employment at the new site.

6.3 What are the differences between the 3 proposed sites?

6.3.1 Gartcosh

The North locality has proportionately less people suffering from employment deprivation. However, the affluence in this locality masks that there are as many people employment deprived across this area as the other three areas. This area also borders Coatbridge which has proportionately the highest number of people who are employment deprived.

Gartcosh appears to have local amenities and shops relatively near to the hospital site which may allow for the hospital to support the local economy. The site where the hospital is to be based already has the Police Crime campus so has already had development. Relocating the hospital here may support further improvements to the local area in terms of further employment opportunities and economic development.

Only 3% of Band 1 and 5% of Band 2 and 3 staff reside in the North locality postcodes, however, 23% of staff from Bands 1-3, reside in Coatbridge.

There may be opportunities for employment as part of the community hub development on the vacant site, however, it is too early to know what opportunities this may offer to staff.

6.3.2 Glenmavis

The SIMD data shows that Airdrie locality has proportionately more datazones with higher than average employment deprivation relative to the North Lanarkshire position. There are also similar levels of unemployment across Coatbridge and Bellshill.

Glenmavis appears to have less local amenities and shops near to the hospital site, in comparison to the other proposed sites, so there may be less opportunity for the hospital to support the local economy. Given this site has not yet been developed, relocating the hospital here may support an improvement to the local area in terms of employment opportunities and economic development.

We know from the workforce data that many lower paid staff reside in the Airdrie area, or in the neighbouring area of Coatbridge, thus moving the hospital from this area may reduce the jobs available in close proximity to where these staff live. There may be opportunities for employment as part of the community hub development on the vacant site, however, it is too early to know what opportunities this may offer to staff.

6.3.3 Wester Moffat

The SIMD data shows that Airdrie locality has proportionately more datazones with higher than average employment deprivation relative to the North Lanarkshire position. There are also similar levels of unemployment across Coatbridge and Bellshill.

Wester Moffat appears to have local amenities and shops relatively near to the hospital site which may allow for the hospital to support the local economy. Given this site has not yet been developed relocating the hospital here may support an improvement to the local area in terms of employment opportunities and economic development.

We know from the workforce data that many lower paid staff reside in the Airdrie area, or in the neighbouring area of Coatbridge, thus moving the hospital from this area will reduce the jobs available in close proximity to where these staff live.

There may be opportunities for employment as part of the community hub development on the vacant site, however, it is too early to know what opportunities this may offer to staff.

6.4 What are the limitations of this assessment?

This assessment has taken into consideration current SIMD data and datazones which are based on ranking areas made up of populations of 345 to just under 1,600 people. It is also important to note the different ways that SIMD has been presented above in terms of overall SIMD area ranks and individuals who are income deprived across all SIMD areas. We have not undertaken an economic analysis and therefore cannot robustly make any assessment on future economic impacts.

The construction of the new hospital will bring positive economic impacts regardless of where it is sited. The demolition of the old hospital will also bring positive socio-economic impacts related to employment. There wouldn't be easily demonstrable site-specific differential economic impacts, given that they are all in North Lanarkshire and it is very difficult to generate robust economic data below local authority level. Trading impacts on local shops and businesses are difficult to ascertain without being underpinned by survey information that could easily be too hypothetical to be relied upon, for example if the hospital goes to site x, then y% might use the local hairdresser/ grocer/ restaurant within z km radius and spend £a.

We have presented data at a point in time and this may change as there are other economic developments in each of the areas under consideration. Appendix 9 summarises potential areas of development from the North Lanarkshire Council Local Development Plan and briefly outlines the ambitions of The Plan for North Lanarkshire. Workforce data will also be subject to change over time.

6.5 How can concerns be mitigated and opportunities maximised by NHS Lanarkshire?

As an Anchor Institution, the new hospital presents an excellent opportunity for NHS Lanarkshire to build on their good work to date to support an inclusive, sustainable economy in their decision making around procurement, fair work, recruitment and retention of staff; and capital Investments.

- Maximise community benefit opportunities through procurement processes related to the demolition and build process including facilitating training and employment opportunities for those in the most socio-economically disadvantaged areas.
- Choosing a site close to local amenities and shops or with the opportunity to develop this to support both staff/ patients and the local economy and ensure good access, ideally with active travel routes.
- Apply Fair Work practices such as flexible working to ALL staff regardless of their role, to support them to maintain or gain employment at the new hospital or the community hub on the existing UHM site.

- As part of our broader aims consider development of an Anchor Institute strategy or partnership charter which supports Community Wealth Building.
- Establish NHS Lanarkshire executive level leadership and governance for the employability agenda to support National and local employability programmes and a whole system plan.
- Work with local employability partners to support lower paid staff who are unable to sustain employment at new site.
- Further develop the North Lanarkshire's Health and Social Care Skills Academy to maximise opportunities for the local area opportunities.
- Continue to work in partnership with Community Planning Partners, including the Community and Voluntary Sector to understand emerging local issues and priorities and ensure we listen to seldom heard voices and those with lived experience.

7.0 Transport and connections

7.1 What did stakeholders tell us?

- A 2016 staff and patient survey collated for the SYSTRA Monklands Replacement/Refurbishment Project (MRRP) Site Appraisal 2017[14] gathered the views of 385 staff respondents, out of a possible 2,000 (at that time) and the views of 123 visitors to the hospital. The survey found only 9% of staff currently use public transport and 7% for visitors. 3% of staff walk to work whilst 6% of visitors walk. 1% of staff cycle to work and cite distance, lack of time and traffic as reasons for not cycling. However, over a third of staff said they would consider cycling if there were lockers and changing facilities. The survey found that 86% of those visitors to the hospital surveyed (125 people), arrived by car or taxi with 49.5% of them citing there is no direct public transport available and logistics as to why they could not use public transport. This survey replicates the findings of Transport Scotland Local Area Analysis, 2016[15].
- The survey found reasons given for not using public transport (staff and visitors) included inadequacy of public transport routes and timetables and unreliability of services. Staff also cited the requirement for a car to use whilst at work.
- Both staff and visitors who responded to the survey said the availability of discounted fares and improved routes and services would encourage use of public transport.
- Concerns re poor public transport were also highlighted by stakeholders and staff consulted in 2020 regarding transport outwith core working hours and the costs and time taken to travel if the hospital is moved out of Airdrie.
- Staff noted many lower paid staff undertake split shifts. Staff can go home in-between at present, but couldn't if hospital was sited further away, so expressed a desire for the hospital to remain as close to the current UHM as possible. Many staff have two jobs as contracts are part-time, so travel and the time taken is very important. They also noted that staff have been able to walk to work when the weather is bad.
- Stakeholders noted concern around managing caring responsibilities if journey time to the hospital was greater.
- Concern has been expressed about increased travel congestion around the new hospital site.
- Wester Moffat having a railway line, was considered by the stakeholders consulted, a more appealing site over Glenmavis.
- The recent MRP Phase 2 Survey Report[6] asked about mode of travel to the current UHM site. This showed a greater use of public transport (19% usage) than the earlier SYSTRA survey. However, walking was recorded as 3% compared to the previous 6%. No mention is made of other forms of active travel such as cycling.

- Whilst 56% of respondents stated they had their own car, 22% responded to say that they had accessed the hospital via friends or relatives taking them to their appointments; taxis or patient transfer ambulances.
- The survey highlighted the concerns stated in the SYSTRA[14] survey of staff and patients around the issue of poor public transport accessibility.
- The MRP survey[6] and focus groups found that for all sites, residents greatest concerns were seeing an increase in the distance they would need to travel to access any of the new sites and they had concerns over ease of transport to get there.
- The MRP survey and focus groups also found that pedestrians and public transport users reported there would be a higher negative effect on them, regardless of where the site was placed.
- There has been an acknowledgment that current public transport links could be better and plans are in place to mitigate this regardless of the site chosen.

7.2 What does the data/evidence tell us?

Transport is essential to connect individuals to communities and for access to education, work, retail, leisure and health. Transport poverty can exclude individuals and communities, diluting socio-economic wellbeing for all. Affordable, accessible transport can be considered a determinant of health and wellbeing itself[16,17].

NHS Lanarkshire commissioned a comprehensive travel analysis of the three sites. This was conducted by technical advisors from WSP and overseen by Transport Scotland, North Lanarkshire Council and Strathclyde Partnership for Transport (SPT). The report produced, Monklands Replacement Project (MRP) Transport Strategy[18], highlighted that public transport provision to the sites is currently inadequate and a commitment to improve on these services has been made once the site is chosen.

Transport links in and out of North Lanarkshire are good, however, connections within the area are poor. There has been a decline in bus journeys by 23% whilst road and rail use has increased by 8% and 34% between 2008 and 2017[19].

Travel and transport have numerous impacts on our health. Research has suggested that access to concessionary travel passes has population-wide benefits irrespective of age and socio-economic status. Levels of physical activity increased as did a sense of belonging whilst reducing social exclusion[20, 21]. Appendix 10 summarises the changing demographics and usage of concessionary fares across Lanarkshire.

As outlined earlier, outpatient attendances are predominantly from the Monklands catchment area and highest within SIMD 1 across the localities. The workforce data shows that 67% of UHM staff live within SIMD 1, 2 and 3 with 29% living in SIMD 1 areas. Analysis of distance travelled to work in relation to staff grade, highlights that many staff in lower-paid roles banded 1, 2 and 3, live closest to UHM and travel between 2.4 and 7.2 miles (see Appendix 8). The staff in these roles are likely to bear most of the economic impact on moving to a new site.

Consideration must be given to satisfaction levels with public transport as a barrier to usage. The Scottish Household Survey of 2018, found that 56% of North Lanarkshire residents were happy with public transport (satisfaction rate dropping yearly from 2007) but 25% (rate increasing yearly) were very dissatisfied[22]. 53% of those in SIMD 1 and 61% in SIMD 2 were happy with the services provided. Whilst most attendances at UHM are from SIMD 1, most DNA occurrences are also within SIMD 1 and particularly those from Airdrie despite closer proximity to the current site. There is therefore the potential to increase DNA rates due to extended travel time and costs.

The MRP Transport Strategy[18] acknowledges that due to the remote nature of all sites, public transport and inter-hospital transport provision will need to be greater than is currently provided at UHM. It is proposed that once a site is selected a more detailed study, which will consider inclusion/inequality, will be undertaken and will include a demand mapping exercise be commissioned to ensure that all within the Monklands catchment have fair access to services.

The following information is taken from the Monklands Replacement Project (MRP) Transport Strategy[18] report. The report reflects current Scottish Government policy which seeks to encourage people to move from car driving to walking, cycling and public transport (modal shift) and provides additional travel time information for each possible site.

Table 5 taken from the MRP Transport Strategy Report[18] summarises indicative scores given to each site on the current status of travel infrastructure and potential availability when development work is complete. The indicative costs of the planned upgrades are also given. Glenmavis requires the least capital input, whilst Wester Moffat requires the most.

Table 5: An indicative score for each candidate site for each mode of travel for both the existing and potential conditions

Blank = Not accessible / ✓ = poor accessibility / ✓✓ = Adequate Accessibility / ✓✓✓ = Good Accessibility

Aspect	Mode	Gartcosh	Glenmavis	Wester Moffat
Existing	Walking	✓		
	Cycling	✓✓		
	Public Transport - Bus			
	Public Transport - Rail	✓✓		
	Car	✓✓✓	✓	✓
Potential	Walking	✓		✓
	Cycling	✓✓	✓	✓✓
	Public Transport - Bus	✓✓✓	✓✓✓	✓✓✓
	Public Transport - Rail	✓✓		✓
	Car	✓✓✓	✓✓✓	✓✓✓
Costs	Walking / Cycling / Road Infrastructure	£8.25m	£7.33m	£11.19m
	Public Transport	£2.60m to 3.00m	£2.34 to £2.70m	£1.69m to £2.10m
	Total	**£10.85m to £11.25m**	**£9.67m to £10.03m**	**£12.88m to £13.29m**

7.2.1 Car travel

Appendix 10 Table 1, shows that all three proposed sites are accessible by car and are more accessible to the Monklands catchment population than the existing site. All sites can be accessed by car within 30 minutes by those living within the Monklands catchment area. Appendix 10 Tables 2 and 2a, gives detailed information on the drive-time analysis for the various localities that the hospital serves. These tables were updated in March 2020 to include an analysis of the Wester Moffat site.

Given that 86% of staff and 70% of hospital visitors travel by car, there requires a modal shift to encourage a more active and sustainable way to travel such as improved public transport and an increase in travel concessions.

In terms of car travel, the area most impacted by the move to a new site, irrespective of which site is chosen, is Coatbridge. Airdrie and Plains are most affected if the move is to Gartcosh. In terms of income and employment deprivation, Coatbridge is the hardest hit and increased travel fares and miles travelled, could make travel to the hospital inaccessible. A more detailed analysis of the impact of the move on all areas of Lanarkshire requires to be undertaken as areas of deprivation have not been included in the current analysis.

7.2.2 Public transport

"Guidelines for Planning for Public Transport in Developments" Institution of Highways and Transportation (IHT, 1999)[23], states

"*New Developments should be located so that public transport trips involve a walking distance of less than 400m from the nearest bus stop or 800m from the nearest railway station*".

Appendix 10 Table 3, shows the current accessibility by public transport to the proposed sites is not as good as that provided to the current site. Proposed changes to bus services will alleviate some of these issues as can be seen in Table 7 above. However, consideration must be given to those staff and visitors who have childcare and/or caring responsibilities and staff with early/late shift patterns.

7.2.3 Bus services

A planning requirement will also be placed on NHS Lanarkshire (as developer). This requirement (Section 75 of The Planning etc. (Scotland) Act 2006 (amendment order 2011) – contribution towards transport)[24] will ensure that access to bus services is at least equivalent to existing Monklands for all sites.

Table 6 shows there is a considerable walk from the bus stops to the proposed sites and none are within the 400m guidance for new hospital developments. NHS Lanarkshire will aim to improve the access to any new site via bus services. This will include the construction of a bus interchange immediately at the front door of the hospital, similar to the new hospitals in Forth Valley and Dumfries.

Table 6: Proposed Public Transport bus provision comparing current site with proposed sites and walking distances (all assuming a walking speed of 400m every 5 minutes)

Proposed Site	Buses per hour Mon-Sat	Buses per hour Sunday	UHM provision Mon-Sat	Difference Mon-Sat	UHM provision Sunday	Difference Sunday	Walking Distance	Time taken to walk (mins)
Gartcosh	11	11	14	**v** 3	9	**^** 2	1.3/1.6km	~20
Glenmavis	11	11	14	**v** 3	9	**^** 2	1.9km	~25
Wester Moffat	16	16	14	**^2**	9	**^7**	1/0.9km	~15/10
Legend: Trajectory **v Down ^ Up**								

*Walking times are dependent on level of fitness and ability

7.2.3 Rail services

Table 7, shows that Glenmavis and Wester Moffat sites have train stations situated more than 800m walking distance away from the sites. Gartcosh site is within the 800m walking distance. However, this depends on a level of fitness to walk and must be factored in as a potential barrier to using the train services if there is no railway to hospital site transport.

The Drumgelloch station is on a line which allows rail access to the towns of Airdrie and Coatbridge but not Cumbernauld. The Gartcosh line services Cumbernauld but not Airdrie and Coatbridge.

Table 7: Train services available and approximate walking distances from station to proposed site (all assuming a walking speed of 400m every 5 minutes)

Station	Destinations	Walking Distance	Time taken to walk (mins)
Gartcosh (Gartcosh)	Glasgow Queen Street, Edinburgh and Cumbernauld	750m	~10
Glenmavis (Airdrie/Drumgelloch)	Glasgow Queen Street, Edinburgh, Coatbridge Sunnyside, Blairhill	5km	~45-60
Wester Moffat (Drumgelloch)	Glasgow Queen Street, Edinburgh, Coatbridge Sunnyside, Blairhill	1.3km	~20

*Walking times are dependent on level of fitness and ability.

7.3 What are the differences between the 3 sites?

7.3.1 Gartcosh

82% of the population within UHM catchment area can currently access Gartcosh within an hour by public transport. The indicative scores given by the Transport Strategy report rates the potential for the Gartcosh site as good for car and bus travel, adequate for rail and cycle access and poor for walking access. However, there is a requirement to walk distances of 1.3 and 1.6km (outwith the 400m maximum) from the hospital to the nearest bus stops and 750m (maximum walk 800m) to the railway station. It is also of note that there are no Sunday bus services available to Coatbridge. The train line services Cumbernauld and Easterhouse but not Airdrie, Coatbridge or Bellshill or South Lanarkshire areas.

7.3.2 Glenmavis

39% of the population within UHM catchment area can currently access Glenmavis within an hour by public transport. The indicative scores given by the Transport Strategy report rates the potential for the Glenmavis site as good for car and bus travel, poor accessibility for cycling and not accessible for rail or walking. For Glenmavis, there are no bus stops within 400m of the site as the closest stop is 1.9km away and an hourly service available 7 days a week. However, this is limited in the areas it covers. The railway stations of Airdrie and Drumgelloch are 5km south of the site, therefore, outwith the 800m walking distance.

7.3.4 Wester Moffat

62% of the population within UHM catchment area can access Wester Moffat within an hour by public transport. The indicative scores given by the Transport Strategy report rates the potential for the Wester Moffat site as good for car and bus travel, adequate accessibility for cycling but poor accessibility for rail or walking. However, there are no bus stops within 400m of the site with the closest stop just under 1km away. Wester Moffat will have more buses operating Monday to Saturday than the other sites and has significantly more Sunday services operating. The train line services Airdrie and Coatbridge but not Cumbernauld or Bellshill or South Lanarkshire areas.

7.4 What are the limitations of this assessment?

How we access our hospitals is changing. We are unable to predict with any great certainty how moving the site would affect health outcomes for those living in poverty across all of Lanarkshire.

- Whilst a comprehensive transport analysis has been undertaken, a fuller analysis will be undertaken following site selection. Therefore, there is no evaluation of transport costs to the individual available to undertake a socio-economic assessment at this point. Independent bus services have not been specified in the WSP report, however, may be included as a comprehensive coverage of bus provision.
- The SYSTRA survey[14] undertaken in 2016, whilst in keeping with a national analysis of mode of transport, does not provide full information on shift patterns for staff. The SYSTRA sample is small (19.25% of staff) and has not captured those staff who start earlier than 8am, nor those who work backshifts, nightshifts or split shifts. This does not allow for planning of services to ensure there is provision of public transport at times convenient for starting and finishing these shifts. There were no questions around other considerations of childcare and/or caring responsibilities.

- SIMD level data is not a reliable indicator for individual deprivation as disadvantage occurs in multiple ways across the SIMD spectrum. Therefore, it is difficult to make assessment of public transport needs when not all areas of Lanarkshire have been assessed.
- Assessment is being made on proposed plans for upgrading of road and travel infrastructure, therefore, until the capital investment has secured the commencement of works, this is a tentative assessment only.
- There is currently no community transport hub for UHM, therefore, this cannot be factored into this assessment. However, NHS Lanarkshire has committed to capital investment in this.

7.5 How can concerns be mitigated or positive impacts maximised by NHS Lanarkshire?

An affordable, accessible transport system connecting to UHM, is vital for communities of all ages particularly when attendances at hospital are highest amongst those from SIMD 1.

The MRP Transport Strategy acknowledges that due to the remote nature of all sites, public transport and inter-hospital transport provision will need to be greater than is currently provided at UHM. It is proposed that once a site is selected a more detailed study which will consider inclusion/inequality and will include a demand mapping exercise be commissioned to ensure that all within the Monklands catchment have fair access to services.

In relation to hospital re-provision, Transport Scotland's National Transport Strategy 2 (NTS2) will follow the Sustainable Investment Hierarchy to support the Sustainable Transport Hierarchy to make better use of existing capacity, optimising existing transport networks and systems and reduce unsustainable travel methods[25]. The vision for this is to reduce inequalities; take climate action; help deliver inclusive economic growth and, improve our health and wellbeing.

This is supported by recommendations 14 and 15 of the North Lanarkshire Fairness Commission[26]. The recommendations centre on analysis of public transport particularly in isolated communities and in the creation of community transport hubs. Taking this approach can lead to improved travel outcomes as well as improved health and wellbeing outcomes.

It is vital that we ask staff in particular, what they need in terms of provision of public transport. As the Scottish Government moves to a more active and sustainable travel vision of the future, we must ensure that we do not disadvantage staff and visitors in terms of connection to the new site. The current UHM site invokes a sense of belonging to the staff and stakeholders we spoke with and it is important that we harness this and ensure they feel a part of the new hospital and have a desire to work and visit there.

The following mitigating actions are recommended:

- Conduct a comprehensive staff survey with a particular set of questions about travel mode, travel time, shift pattern, childcare responsibilities and caring responsibilities.
- Consideration of the extension of existing services to ensure that this does not cause travellers, whether staff or visitors, to have an extended travel time. Consideration to be given to fares as this will disproportionately affect those furthest away.
- Consider provision of subsidised childcare facilities in the new UHM to allow staff to access childcare at their site of work, therefore reducing need for extra public travel time and costs.
- Consider a community transport hub that connects public transport to the proposed sites. This would mitigate the issues around walking for those with limited abilities and where there have been delays in public transport for starting shifts. Transport should be accessible for those who use walking aids or are wheelchair users.
- Consider active travel options for staff. This can be in the form of a bike loan or as part of the cycle to work scheme (Cyclescheme) with support to purchase a bike. Partnership with Cycle Scotland and SUSTRANS and Lanarkshire Green Partnership for Health, has seen the provision of free bikes, bike loans and supporting infrastructure to enable safer walking, cycling and wheeling and safe storage of bikes whilst on site. These initiatives should be supported at the new site with protected cycling routes.
- Consider expanding concessionary, discounted and/or free travel for specific groups on public transport. This could also be available for staff in key worker roles, particularly as projected population statistics suggest an ageing population requiring increasing care.
- Improvement of routes to bus stops and railway stations with an Infrastructure to support walking such as street lights have to be factored in to any costing.
- Improvement in services to rural areas would help encourage more staff and visitors to use public transport.

8.0 Environment

8.1 What did stakeholders tell us?

- Staff focus groups have outlined the desire of staff to have accessible space to be able to walk on hospital grounds and that this is natural greenspace if possible.
- There are concerns about the Gartcosh site being next to a motorway due to risk of exposure to air pollution. The MRP survey[6] also reported concerns around toxic contamination at this site.
- There are ongoing concerns that there is land contamination at the Glenmavis site. Plains Community Council have campaigned to address the issues of past sewage sludge deposits since 2013. However, the land owner refuted these claims during the consultation process. The land report from Curie and Brown is found at this link https://www.nhslanarkshire.scot.nhs.uk/download/mrp-glenmavis-site-report-revised/
- Community stakeholders have raised concerns about the proximity of a flooded quarry (though not part of the proposed site) and by a golf club, which may hamper progression of walkways, at the Wester Moffat site.
- Community stakeholders perceive that the Wester Moffat site is free of land contamination.
- There are concerns about congestion, particularly in the vicinity of the Gartcosh and Glenmavis sites where there are other ongoing build developments

8.2 What does the data/evidence tell us?

Air pollution is shown to be of great detriment not only to the environment and climate change, but to the health and wellbeing of individuals and population health leading to increasing levels of mortality and morbidity[27, 28].

Nitrous Oxide (NO) and in particular, Particulate Matter (PM) measured in $PM_{2.5}$ and PM_{10}, are the pollutants most cited as being as contributing factors to the development of numerous conditions, including asthma, cancer, cardiovascular and respiratory diseases. In Scotland, 2.8% of annual mortality (approximately 1,500 early deaths per year) are estimated to be attributable to long-term exposure to $PM_{2.5}$ [28,29,30,31].

The most vulnerable in our communities, children and older people, are most impacted by air pollution which is compounded for those living in areas of greater socio-economic deprivation as we know these areas suffer from poorer air quality further deepening social inequalities[32,33,34,35]

It is of note that people living within proximity of major roads have an increased risk of developing childhood asthma and mortality overall. However, it is not clear what proportion of these impacts are related to transport generated air pollution[29].

Children are most affected by air pollution, therefore, in building a hospital for the future, optimisation of greenspace with investment in active travel infrastructure in tandem with counteracting air pollution is a necessity.

Four areas of Coatbridge, one in Airdrie and one in Chapelhall are monitored for air quality by North Lanarkshire Council. It is significant that air pollution has been high in the Coatbridge areas given the levels of socio-economic deprivation and levels of co-morbidities[34].

There is an increasing amount of research around the impacts of greenspace on health. Evidence suggests that these impacts are positive in terms of health and wellbeing irrespective of socio-economic status[35, 36]. Evidence from the Faculty of Public Health: Our Natural Health Service briefing statement[36], outlines the key benefits of greenspace on physical and mental health and wellbeing.

Of note, this paper also cites research evidence that patients required less pain relieving medication and had better post-operative recovery outcomes, where they had hospital window access to greenspace. Likewise, for patients suffering from stress, who experienced reduced levels of fear and anger. Staff also benefitted from reduced stress and increased productivity [36, 37, 38, 39, 40, 41].

In building a new hospital, greenspace must be a consideration to support improved patient and staff health and wellbeing, particularly given the depressed socio-economic status of the local authority area. Greenspace could also offer local residents an area to enjoy outdoor gyms akin to that already in existence on the adjacent grounds to University Hospital Wishaw.

8.3 What are the differences between the 3 proposed sites?

Information from the WSP MRP Transport Strategy[17] has been used to review the environmental information of the proposed sites.

8.3.1 Gartcosh

The proposed site is within Gartcosh Business Interchange on the former site of the former Gartcosh Steel Mill. The site has walking and cycling infrastructure connected to the wider sustainable network. To the West of the site is the Scottish Crime Campus and the Gartcosh Nature Reserve. East of the site is Junction 2A of the M73.

Gartcosh & Glenboig is identified as one of the 3 Community Growth areas in North Lanarkshire that were originally designated in 2006. The initial indicative overall capacity of 3,000 new homes is subject to change. Housing developments are currently under way, with more activity on the Gartcosh (West) side of the M73. The homes under construction are not low-cost therefore, will not benefit those with income deprivation.

Construction of new homes and building of the hospital could coincide which will negatively impact air quality through increased traffic and construction machinery to the area. There is a risk of exposure to land contaminant during any excavation and construction. Therefore, these developments pose increased risks to the residents and construction workforce through impaired air quality.

Taking cognisance of the research around the impact of air pollution, it is important to note that this site is in close proximity to the M73 motorway and major roads. Added to this is the new home construction projects potentially generating exposure to land contamination and increased traffic, albeit on a temporary basis. However, this is potentially very disruptive to the lives of residents of this area with the potential for long-term health impacts. Mitigating factors are the availability of good walking and cycling infrastructure and access to the Gartcosh Nature Reserve. Whilst these are beneficial to the health and wellbeing of staff, patients and visitors, it is important to understand if these negate the potential impacts of air pollution from the roads in close proximity to the site.

8.3.2 Glenmavis

The proposed site is North of Airdrie and East of the A73 Stirling Road (2.5km away) and is considered a mix of Green Belt and Countryside. To the West is Darngavil Road, which is rural road with no road markings. The closest walkway is approximately 1.5km away to the North of the site and Airdrie town centre is 2.5km to the South of the site. No settlements are within a 30-minute walk of the site. A SUSTRANS National Cycle route is around 4.9km south of the site. The site is currently rural with limited road, walking, cycling and public transport access, however, NLC are planning construction of the Pan-Lanarkshire (Pan-Lan) orbital route, which includes construction of the East Airdrie Link Road (EALR). This will afford faster, more reliable, more direct access to/from the strategic road network. It is anticipated that this development will reduce traffic congestion and improve air quality on the A73 through Chapelhall as well as bring development opportunities. Construction of the EALR is expected to start between 2024 and 2026[40].

There are plans to develop new housing and this could potentially mean low-cost housing being made available, though this is not confirmed.

The site is above the snowline and could present issues regarding access in winter.

The current site at Glenmavis has limited options for walking, cycling and transport and therefore requires investment as is planned by the construction of the EALR. This has the potential to bring development opportunities to the area. However, it is vital that these roadworks are completed prior to the construction of the hospital if this site is selected, as without this, the site is very limited in terms of socio-economic development. There are significant health and wellbeing opportunities afforded by the natural greenspace. It is still to be understood how much of this site can be developed as a natural resource for health and wellbeing as part of the hospital site and it is more rural than the other sites in terms of access. Development of this environment has the potential to bring physical, psychological, socio-economic and social cohesion benefits to the wider community by improving access routes, particularly if the greenspace area is made accessible[41,42]. Improved travel infrastructure will also allow local residents to connect more easily with other areas within North Lanarkshire and beyond.

8.3.3 Wester Moffat

Around Wester Moffat, the land east of the North Calder Water and north of Inver House is designated as Green Belt. The site is currently agricultural land containing farm buildings. There is limited vehicular, walking and cycling access. There is a SUSTRANS cycle route (NCR 75) approximately 600m north of the site. However, this may cross into private land, as may any walking routes. This needs to be clarified with the farm owner. Current access to the site is via farm tracks and farm vehicles only. Stepends Road which is a single-track, rural road close to the site, has no footpath. However, west of the site is the Craigens Road and Towers Road with footpaths on both sides linking to the centre of Airdrie via the A89, though this does not currently connect to the site.

As above, akin to the Glenmavis site, the construction of the EALR is essential to make this site accessible as a hospital site.

However, it is still to be understood how much of this site can be developed as a natural resource for health and wellbeing as part of the hospital site. Development of this environment has the potential to bring physical, psychological, socio-economic and social cohesion benefits to the wider community by improving access routes, particularly if the greenspace area is accessible[41,42]. Improved travel infrastructure will also allow local residents to connect more easily with other areas within North Lanarkshire and beyond.

8.4 What are the limitations of this assessment?

- The EALR is not yet in construction, therefore, we cannot adequately assess the benefits of developing the Glenmavis and Wester Moffat sites.
- We do not have an assessment of the air quality around the 3 proposed sites and the potential impact of construction (road and building works).

8.5 How can concerns be mitigated or positive impacts maximised by NHS Lanarkshire?

- In choosing the site for the hospital, there has to be a commitment to completion of necessary roadworks and infrastructure enabling active travel and connecting communities building social cohesion. This is particularly important for the rural locations of the proposed sites at Glenmavis and Wester Moffat.
- Assessment of the emissions of air pollutants produced by transport and industry in proximity to the sites currently and extrapolating to include projected increase in emissions due to increased traffic. These increases will impact on air quality particularly for those walking and cycling to work and to those living close to the hospital sites.
- Construction sites should seek to employ methods that reduce impacts on the environment as much as possible and should be in line with the Cleaner Air for Scotland Act 2015[38] and the North Lanarkshire Council Air Quality Action Plan 2018-2021[34].
- Ensure that greenspace is provided either by utilising the natural landscape of the site chosen or created to benefit staff and patient health and wellbeing and the wider community.
- Promote active travel where possible and particularly in close proximity to the site by working with partners to provide cycling, walking and wheeling infrastructure and access to bikes.

9.0 Impact of COVID-19

COVID-19 has had significant impact on the health and wellbeing of the nation both directly and indirectly. Evidence shows that the consequences of the disease and the resultant direct and indirect impacts, are most severe amongst people who are socio-economically disadvantaged and experiencing inequality. People living in SIMD 1 are known to be at greater risk of COVID-19 infection and whilst there are complex reasons for this, structural health and social inequalities underpin the increased risk.

We now know that COVID-19 is a multi-system disease with the potential for long-term harm. The longevity of these effects on individuals and communities are not yet fully understood, however, we do know that the impacts are not just physical.

Looking at the wider impacts on the people of North Lanarkshire, the unemployment claimant count has increased by 84% since March 2020 (see Appendix 6 Table 1). Whilst this has a direct effect on personal finances, evidence suggests that loss of good employment is detrimental to emotional, physical and psychological health (with a 67% rise in mortality rates)[43]. Therefore, the impact of unemployment leads to poorer health outcomes and increased mortality and morbidity rates. Add to this the potential impacts of 'long-COVID' and the ageing population of North Lanarkshire, the demand for primary and secondary care services could increase significantly.

Delivery of care throughout the pandemic has changed. Urgent and emergency care visits decreased, but rose again with lifting of lockdown. Elective surgery and outpatient appointments were cancelled and have borne the brunt of the indirect impacts of lockdown. Psychological and mental health services have also seen an increase in demand. Staff working across health services have had to adapt to new working conditions and fear of taking the infection home. 'Near Me' technology and remote consultations across primary and secondary care have been rolled out and are likely to remain in place with provision of face-to-face consultations as required. However, whilst there are advantages to remote consultations, there are also negative consequences to be considered, particularly in terms of connectedness and social isolation.

The direct and indirect impacts of COVID-19 are likely to stretch long into the future. With Community Planning Partners, we must adopt a holistic planning approach that is not only focussed on the hospital build itself, but is place based and community facing supporting those in our communities suffering the greatest deficits to their social, physical and emotional wellbeing. Building a hospital that embraces greenspace as part of its therapeutic prescriptions and offers a community transport system that enables our communities, particularly in areas of deprivation, to access hospital services at the right time for them; will acknowledge the detriments to individuals and communities and offer some mitigation for the impact of COVID-19.

10.0 Summary points

The following points summarise the evidence presented in the assessment:

- The SIMD data shows that there is more density of multiple deprivation in Airdrie, Coatbridge and Bellshill localities than North locality and the proportion of the population affected by income and employment deprivation is higher. Coatbridge has two datazones in the 1% most deprived in Scotland. Despite this, when looking at crude numbers of people affected by income and employment deprivation North locality has more people adversely affected due to the size of the locality.
- NHS Lanarkshire's patient flow analysis (see Appendix 5) shows that 82.4 % of outpatient attendances are from the Monklands catchment and a significant proportion of outpatient and unscheduled care attendances come from the most deprived SIMD quintiles in Airdrie, Coatbridge and Bellshill (33%, 26% and 14% respectively). In the North locality population, just over 7% of outpatient attendances are from the most deprived quintile. Local DNA data shows those living in areas of deprivation are also more likely to miss appointments.
- NHS Lanarkshire (as an anchor institution) have an important role to play in creating a sustainable and inclusive economy in their decision making in relation to procurement, employability, capital investments and fair work practices and in supporting the local economy e.g. by encouraging use of local retailers and businesses by staff and visitors.
- A larger number of lower paid workers (bands 1-3) at UHM live close to the site in comparison to higher paid staff so relocation will affect this group more, particularly those who work two jobs or split shifts. Lower paid staff are also more likely to live in SIMD areas 1 and 2 in comparison to higher grades of staff.
- The data in terms of travel show there will not be a significant detrimental impact for staff and visitors as long as the proposed road enhancements are made to Wester Moffat and Glenmavis as well as the improvements in public and community transport. Staff have expressed concern not only in how they will travel but also in terms of the extra time it will take them. Fair work practices such as flexible working and family friendly policies could be maximised to support staff if needed.
- The greenspace surrounding the new site will be advantageous to health and wellbeing of both staff and patients and potentially local residents and has been a factor in both the stakeholder workshop and staff focus groups. The Airdrie sites have more direct access to natural greenspace within the hospital site than the Gartcosh site which is close to a motorway and in a business centre. However, it should be noted that there is a nature reserve close by to the Gartcosh site which has the potential to offer access to greenspace.
- As in previous reports, belonging and pride around the hospital staying in Airdrie was a strong theme that emerged from staff and stakeholders consulted. It should be noted that concern was raised about meaningful engagement of communities in the MRP process at this time given the anxieties around the impact of COVID-19.

- The impact of the COVID-19 pandemic will be more severe on those who are most socio-economically disadvantaged and experiencing inequality.

11.0 Conclusions and Recommendations

Regardless of which site is selected the proposal to rebuild University Hospital Monklands will have positive impacts on the Lanarkshire population. These include socio-economic outcomes such as employment during the build phase and employment at the new site, improved healthcare due to optimal clinical model, potential wider benefits of an improved transport infrastructure and community transport model, wider economic benefits and greenhealth opportunities. Opportunities should be maximised to utilise the role of NHS Lanarkshire as an anchor institute which adopts a community wealth building approach to the new hospital development in order to support the local economy and enhance local employment opportunities.

There will also be a significant socio-economic benefit to the existing area and community through redevelopment of the current site once the hospital is relocated.

Relocating the hospital from Airdrie could have a negative impact on the local Airdrie community, particularly staff and patients/carers on low incomes who do not have access to a car as public transport is not currently sufficient and the commute to the new site may be more expensive and longer for those who live closest to the current UHM.

However, public transport is inadequate across all of North Lanarkshire, thus, whichever site is chosen, it is important to ensure transport routes, especially public transport, enable low income people across the catchment area to access the hospital easily and maximise the potential for employment and wider economic benefit.

Recognising these issues, NHS Lanarkshire commissioned a comprehensive travel analysis of the three sites. This was conducted by technical advisors from WSP and overseen by Transport Scotland, North Lanarkshire Council and Strathclyde Partnership for Transport (SPT). The report produced, Monklands Replacement Project (MRP) Transport Strategy, highlighted that public transport provision to the sites is currently inadequate and a commitment to improve on these services has been made once the site is chosen.

The sense of belonging and pride in the current UHM by the local community should not be under-estimated. The community may feel a sense of loss of a long standing community asset and this may be more acutely felt given the Airdrie area already has significant multiple deprivation. However, there are other deprived areas, most notably Coatbridge and pockets of North locality, which may benefit from the hospital being relocated to the Gartcosh site.

In terms of differences between the three sites Dr Margaret Douglas was asked to summarise her assessment of the evidence presented and concluded the following:

"I don't think the evidence here would identify a clear preferred site based on deprivation levels- from the map, Wester Moffat is nearer for the areas of multiple deprivation in Airdrie but Gartcosh is nearer for Coatbridge, which has a similar level of income deprivation. Glenmavis may be in Airdrie locality but it looks further from the areas of multiple deprivation. Of course transport routes may make sites difficult to access even if they look close on the map. I think the priority should be to maximise the potential of whichever site is chosen – in particular, to improve public transport access for people across Lanarkshire, provide training and to support the local economy. And to retain the previous recommendation about a community health resource on the Monklands site."

Recommendations

There are a number of measures NHS Lanarkshire should consider in order to maximise opportunities to reduce poverty through the new hospital development and to mitigate negative impacts of the hospital relocation.

These include:

- Undertake further consultation and traffic analysis to assess the travel requirements and costs for staff, patients and the community.

- Develop innovative, enhanced and sustainable community and public transport links to the new hospital for the whole Lanarkshire population including consideration of a community transport hub.

- Ensure the new EALR new road infrastructure is developed prior to the hospital opening in order to reduce traffic congestion.

- Facilitate lower paid staff to maintain employment at the new hospital, ensuring that they are not disadvantaged by cost of travel and minimise the impact of travelling time. Consider working with local employability partners to support other opportunities for staff if required.

- Work with community planning partners to improve digital exclusion so that people are not disadvantaged through increased use of technology.

- Routinely examine the causes of non-attendance (DNAs) and frequent attenders to reduce barriers to access and adopt preventative approaches.

- Maximise procurement possibilities and facilitate training opportunities for those in the most socio-economically disadvantaged areas to allow them to benefit from new construction jobs and jobs in the new hospital.

- Prioritise a Community Wealth Building approach and ensure leadership and a whole systems approach to Employability.

- Work with North Lanarkshire Council and the local community to regenerate the old University Hospital Monklands site as part of the overall vision for the town of Airdrie in line with the Plan for North Lanarkshire. The decision by the board to provide community healthcare facilities within the vacated site is welcomed.

- Facilitate greenhealth and active travel opportunities for the new site, considering the health and wellbeing of patients, staff and visitors.

- Consider how the new hospital can be designed to support the local community in terms of supporting access to local amenities, such as local retail, around the new site.

- Ensure the hospital construction site and new hospital employ methods that reduce impacts on the environment as much as possible and should be in line with the Cleaner Air for Scotland Act 2015 and the North Lanarkshire Council Air Quality Action Plan 2018-2021.
- Ensure that the ambitions of “Achieving Excellence”, shifting the balance of care from hospital to local communities, is fully achieved including maximising access to local community satellite clinics for scheduled care.
- Consider provision of subsidised childcare facilities in the new UHM to allow staff to access childcare at their site of work, therefore reducing need for extra public travel time and costs.
- Consider expanding concessionary, discounted and/or free travel for specific groups on public transport.
- Ensure the hospital construction site and new hospital employ methods that reduce impacts on the environment as much as possible and should be in line with the Cleaner Air for Scotland Act 2015 and the North Lanarkshire Council Air Quality Action Plan 2018-2021.

12.0 Fairer Scotland Duty Statement

I can confirm that NHS Lanarkshire has paid due regard to meeting the requirements of Fairer Scotland Duty (FSD) in assessing the impact of the relocation of University Hospital Monklands on inequalities**.** The FSD assessment process that was followed has been validated by Dr Margaret Douglas, Chair of the Scottish Health Inequalities Impact Assessment Network. I advise NHS Lanarkshire that the recommendations outlined above should be implemented as the Monklands Replacement Project is taken forward.

Signed

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Director of Public Health

NHS Lanarkshire

13th November 2020

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APPENDIX Fii