

FAIRER SCOTLAND DUTY ASSESSMENT OF UNIVERSITY HOSPITAL MONKLANDS REPLACEMENT PROJECT

SUMMARY VERSION

Version 3: 13 November 2020

Introduction

NHS Lanarkshire completed a Fairer Scotland Duty (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. 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 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 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.

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 (SHIAN).

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.

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.

Methodology

Further consultation with stakeholders has been undertaken to further 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 at UHM
- Consideration of findings from the MRP Phase 2 consultation telephone survey and focus groups

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 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 workshop attendees were made up of stakeholders with particular knowledge of the local area and population.

A range of data sources were 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 (2018)
- Relevant academic literature and reports (2020)
- MRP Phase 2 Survey (2020)

Results

The stakeholder session and staff focus groups identified a range of positive and negative impacts which are worthy of further consideration. 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 interrelated high level themes:

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

Table 1 Summary of evidence and differences between sites

	What did stakeholders tell us?	What does the data/evidence tell us?	Are there differences between the three sites?		
			Gartcosh	Glenmavis	Wester Moffat
Multiple deprivation and income inequality	<p>Stakeholders are concerned 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 in terms of loss of income, increased travel costs and loss of the community asset.</p> <p>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.</p> <p>The MRP survey and focus groups reported a greater</p>	<p>People of low income have poorer physical and mental health than more affluent people.</p> <p>Multiple deprivation is where people in communities are experiencing disadvantage across different aspects of their lives and these areas have a significantly greater burden of disease.</p> <p>Resilience in communities is related to identity, and focuses on connectedness, financial security and opportunity, or about positive feelings about place. Having a sense of control and involvement in local decision making are also important to good wellbeing.</p>	<p>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.</p> <p>It should be noted that Gartcosh takes in some of the deprived areas of Coatbridge within a 3-mile radius. Coatbridge has two of the 1% most deprived datazones in Scotland.</p> <p>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</p>	<p>The Airdrie locality has the highest number of SIMD 1 areas and the least amount of SIMD 5 areas amongst the UHM catchment.</p> <p>The Airdrie locality has proportionately more people who are income deprived than the North locality as do Coatbridge and Bellshill.</p> <p>In terms of crude numbers Airdrie has more income deprived people than Coatbridge and Bellshill.</p> <p>Airdrie and Coatbridge residents make most use of the hospital for outpatients and unscheduled care and those from the most</p>	<p>The Airdrie locality has the highest number of SIMD 1 areas and the least amount of SIMD 5 areas amongst the UHM catchment.</p> <p>The Airdrie locality has proportionately more people who are income deprived than the North locality as do Coatbridge and Bellshill.</p> <p>In terms of crude numbers Airdrie has more income deprived people than Coatbridge and Bellshill.</p> <p>Airdrie and Coatbridge residents make most use of the hospital for outpatients and unscheduled care and those from the most</p>

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	<p>impact of the hospital move regardless of the chosen site for those living in more deprived areas who relied on public transport or walking.</p>		<p>careful consideration in terms of increasing hospital capacity, infrastructure and staffing.</p> <p>The actual number of people who are income deprived in North locality is more than other areas but the overall proportion is less.</p> <p>Residents from the North locality proportionately make up less of the outpatient and emergency presentations at UHM in part due to the proximity to GG&C acute sites.</p>	<p>deprived areas attend more than those from the least deprived.</p> <p>Those who miss appointments are also more likely to be from areas of deprivation.</p> <p>UHM has been in the Airdrie area for over 40 years and is regarded as a community asset to local people and to staff.</p>	<p>deprived areas attend more than those from the least deprived.</p> <p>Those who miss appointments are also more likely to be from areas of deprivation.</p> <p>UHM has been in the Airdrie area for over 40 years and is regarded as a community asset to local people and to staff.</p>
Employment and economy	<p>Stakeholders are keen the new hospital build creates and retains jobs for those living in the local area.</p> <p>Lower paid staff have concerns around maintaining employment</p>	<p>Unemployment brings poorer health outcomes and is associated with increased mortality, poorer physical and mental health, and higher GP consultation and hospital admission rates.</p>	<p>The North locality has proportionately less people suffering from employment deprivation. However, this masks that there are as many people employment deprived</p>	<p>The SIMD data shows that Airdrie locality has proportionately more datazones with higher than average employment deprivation relative to the North Lanarkshire position.</p>	<p>The SIMD data shows that Airdrie locality has proportionately more datazones with higher than average employment deprivation relative to the North Lanarkshire position.</p>

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	<p>should the site move further away, particularly those who work two jobs or work split shifts</p> <p>Opportunities should be considered for supporting the local economy through procurement and supporting local businesses</p> <p>There should be opportunities for employment at the community hub which will be built on the existing UHM site</p> <p>There are concerns regarding employment opportunities being lost to areas out with Lanarkshire, particularly if the site is moved to Gartcosh which is near Glasgow.</p>	<p>Unemployment also leads to poorer socio-economic status, relative poverty and financial anxiety.</p> <p>There is a strong link between economic development and health. Scotland has a national inclusive growth agenda, which aims to achieve economic growth through promoting good quality jobs, equality and sustainability.</p> <p>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.</p> <p>Anchor Institutions are large employers with a strong local presence in an</p>	<p>across this area as the other three areas.</p> <p>This area also borders Coatbridge which has proportionately the highest number of people who are employment deprived.</p> <p>Gartcosh appears to have local amenities and shops in proximity 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 employment further opportunities and economic development.</p>	<p>There are also similar levels of unemployment across Coatbridge and Bellshill.</p> <p>Glenmavis appears to have less local amenities and shops near to the hospital site 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.</p> <p>Workforce data 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 thus moving the hospital from this area will reduce the</p>	<p>There are also similar levels of unemployment across Coatbridge and Bellshill.</p> <p>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.</p> <p>Workforce data 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 thus moving the hospital from this area will reduce the</p>

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		<p>area. The Scottish Government is committed to exploring the potential for CWB through anchor institutions as an approach to delivering inclusive growth across Scotland.</p> <p>NHS Lanarkshire are involved in work to progress this agenda in terms of procurement, employability and Fair Work.</p> <p>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 in order to support improved employment and economic opportunities.</p>	<p>Workforce data shows only 3% of Band 1 and 5% of Band 2 and 3 staff reside in the North locality postcodes however 23% reside in Coatbridge. The expectation is that staff will be supported to move to the new site.</p> <p>A larger hospital at Gartcosh may result in slightly more employment opportunities.</p> <p>There may be opportunities for employment as part of the community hub development on the vacant site.</p> <p>Employment opportunities for Lanarkshire residents may be lost to people from Glasgow given proximity of site to the city.</p>	<p>jobs available in close proximity to where these staff live. The expectation is that staff will be supported to move to the new site.</p> <p>There may be opportunities for employment as part of the community hub development on the vacant site.</p> <p>Employment opportunities for Lanarkshire residents may be lost to people from West Lothian.</p>	<p>jobs available in close proximity to where these staff live. The expectation is that staff will be supported to move to the new site.</p> <p>There may be opportunities for employment as part of the community hub development on the vacant site.</p> <p>Employment opportunities for Lanarkshire residents may be lost to people from West Lothian.</p>
Transport and connections	A 2017 survey to support the MRP found 9% of staff	Transport is essential to connect individuals to	82% of the population within UHM catchment	39% of the population within UHM catchment	62% of the population within UHM catchment

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	<p>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. 86% of visitors to the hospital arrived by car or taxi.</p> <p>Reasons given for not using public transport included inadequacy of public transport routes and timetables and unreliability of services.</p> <p>Both staff and visitors said the availability of discounted fares and improved routes and services would encourage use of public transport</p> <p>Concerns re poor public transport were also highlighted by</p>	<p>communities and for access to education, work, retail, leisure and health.</p> <p>Affordable, accessible transport can be considered a determinant of health and wellbeing itself¹.</p> <p>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.</p> <p>Research has suggested that access to concessionary travel passes has population-wide benefits. Levels of physical activity increased as did a sense of belonging whilst reducing social exclusion.</p>	<p>area can currently access Gartcosh within an hour by public transport.</p> <p>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</p> <p>There is a requirement to walk distances of 1.3 and 1.6km (out with the 400m maximum) from the hospital to the nearest bus stops and 750m (maximum walk 800m) to the railway station.</p> <p>There are no Sunday bus services available to Coatbridge.</p> <p>The train line services Cumbernauld and Easterhouse but not Airdrie, Coatbridge or</p>	<p>area can currently access Glenmavis within an hour by public transport.</p> <p>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</p> <p>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.</p> <p>The railway stations of Airdrie and Drumgelloch are 5km south of the site, therefore considerably out with the 800m walking distance.</p>	<p>area can currently access Wester Moffat within an hour by public transport.</p> <p>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.</p> <p>There are no bus stops within 400m of the site with the closest stop just under 1km away.</p> <p>Wester Moffat will have more buses operating Monday to Saturday than the other sites and has significantly more Sunday services operating.</p> <p>The train line services Airdrie and Coatbridge but not Cumbernauld or Bellshill or South Lanarkshire areas.</p>

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	<p>stakeholders and staff consulted in 2020</p> <p>A second MRP survey in 2020 of 500 residents (with 40% from SIMD 1) found 19% reporting using public transport.</p> <p>Staff noted many lower paid staff undertake split shifts or two jobs so travel and the time taken is very important. Concerns were also raised around managing caring responsibilities if journey time to the hospital was greater.</p>	<p>Outpatient attendances are predominantly from the UHM catchment and highest within SIMD 1 across the localities.</p> <p>Workforce data shows that 67% of UHM staff live within SIMD 1, 2 and 3 with 29% living in SIMD 1 areas.</p>	Bellshill or South Lanarkshire areas.		
Environment	<p>Stakeholders are keen to have accessible space to be able to walk on hospital grounds and that this is natural greenspace if possible.</p> <p>There are concerns about the Gartcosh site being next to a motorway due to</p>	<p>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 morbidity⁸.</p>	<p>The proposed site is within Gartcosh Business Interchange on the former site of the former Gartcosh Steel Mill.</p> <p>The site has walking and cycling infrastructure connected to the wider sustainable network. To</p>	<p>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.</p> <p>To the West is Darngavil Road, which is rural road with no road markings.</p>	<p>Around Wester Moffat, the land east of the North Calder Water and north of Inver House is designated as Green Belt.</p> <p>The site is currently agricultural land containing farm buildings.</p>

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	<p>risk of exposure to air pollution</p> <p>There are ongoing concerns that there is land contamination at the Glenmavis site.</p> <p>There are concerns about the proximity of a flooded quarry (though not part of the site) and by a golf club, which may hamper progression of walkways, at the Wester Moffat site.</p> <p>Community stakeholders perceive that the Wester Moffat site is free of land contamination.</p> <p>There are concerns about congestion, particularly in the vicinity of the Gartcosh and Glenmavis sites where there are other ongoing build developments</p>	<p>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.</p> <p>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.</p> <p>There is an increasing amount of research around the positive impacts of greenspace on</p>	<p>the West of the site is the Scottish Crime Campus and the Gartcosh Nature Reserve.</p> <p>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.</p> <p>The initial indicative overall capacity of 3,000 new homes is subject to change.</p> <p>Housing developments are currently under way, with more activity on the Gartcosh (West) side of the M73.</p> <p>The homes under construction are not low-cost therefore, will not benefit those with income deprivation.</p>	<p>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.</p> <p>No settlements are within a 30-minute walk of the site.</p> <p>A Sustrans National Cycle route is around 4.9km South of the site.</p> <p>The site is currently rural with limited road, walking, cycling and public transport access, however,</p> <p>The construction of the EALR is essential to make this site accessible as a hospital site. Construction of the EALR is expected to start between 2024 and 2026.</p> <p>This will afford faster, more reliable, more direct</p>	<p>There is limited vehicular, walking and cycling access.</p> <p>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. Stepends Road which is a single-track, rural road close to the site, has no footpath. However, West of the site is the Craighens 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.</p> <p>The construction of the EALR is essential to make this site accessible as a hospital site. Construction of the EALR is expected to start between 2024 and 2026.</p>

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		<p>physical and mental health.</p> <p>Research evidence supports the benefits of greenspace on acute sites and in the community on patients mental and physical recovery and contributing to reducing staff stress levels and increased productivity.</p>	<p>Construction of new homes and 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.</p> <p>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</p>	<p>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.</p> <p>There are plans to develop new housing and this could potentially mean low-cost housing being made available, though this is not confirmed.</p> <p>The site is above the snowline and could present issues regarding access in winter.</p> <p>There are significant health and wellbeing opportunities afforded by the natural greenspace of this site.</p> <p>It is still to be understood how much of this site can</p>	<p>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.</p> <p>Improved travel infrastructure will also allow local residents to connect more easily with other areas within North Lanarkshire and beyond. There are significant health and wellbeing opportunities afforded by the natural greenspace of this site.</p>

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			<p>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 nearby Gartcosh Nature Reserve in terms of access to natural greenspace.</p>	<p>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, social cohesion benefits to the wider community if the greenspace area is developed and made accessible.</p> <p>Improved travel infrastructure will also allow local residents to connect more easily with other areas within North Lanarkshire and beyond.</p>	<p>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, social cohesion benefits to the wider community if the greenspace area is developed and made accessible.</p> <p>Improved travel infrastructure will also allow local residents to connect more easily with other areas within North Lanarkshire and beyond.</p>

Limitations of 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/employment deprived across all SIMD areas.
- The construction of the new hospital will bring positive economic impacts regardless of where it is sited. The demolition and regeneration of the old hospital will also bring positive impacts. 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.
- We have presented data at a point in time and this may change due to wider factors and changes in economic and social development and policies. Most notably, we are aware of the negative economic impact of COVID-19 on local unemployment and health and wellbeing. Workforce data will also be subject to change over time.
- How we deliver healthcare is changing with increased digitisation and community satellite clinics delivered closer to home thus the acute presentations reported now may change significantly by the time the new hospital is built.
- 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 which will be an important consideration in terms of socio-economic impact.
- Assessment is being made on the assumption that the proposed plans for upgrading of road and travel infrastructure will be delivered.

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 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.

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 East Airdrie Link Road (EALR) 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.