East Renfrewshire CHCP

Eastwood Health and Care Centre

Full Business Case
V2
CONTENTS

1 PROJECT TITLE AND PROPOSED INVESTMENT 1
2 EXECUTIVE SUMMARY 2
3 INTRODUCTION 14
4 STRATEGIC CASE 19
5 ECONOMIC CASE 49
6 COMMERCIAL CASE 58
7 THE FINANCIAL CASE 70
8 MANAGEMENT CASE 83
9 CONCLUSION 95
10 LIST OF APPENDIX SECTIONS 98

Appendix A - OBC Approval Letter 99
Appendix B – Statement of Commitment 100
Appendix C – LCC and NPV Calculations 103
Appendix D – Risk Register 106
Appendix E – Schedule of Accommodation 108
Appendix F – Stage 2 Pricing Report 110
Appendix G – Design Statement at Stage 2 111
Appendix H - Programme 113
Appendix I – Stakeholder communication Plan 114
1 Project Title and Proposed Investment

This Full Business Case summarises the planned investment in the development of a new Eastwood Health and Care Centre.

The title of the project is as follows:

“Eastwood Health and Care Centre”

East Renfrewshire Community Health and Care Partnership (CHCP) wishes to facilitate a fundamental change in the way in which health and social care is delivered to the people of Eastwood, which has a significantly ageing population.

This FBC is predicated around providing suitable accommodation to support the further integration of health and care along with wider council and third sector services in line with national policy direction. It will provide a range of health and social care services for the population of Eastwood under one roof and will be more accessible than the current facilities. It will be a more cost effective use of resources reducing back office duplication and replacing a number of buildings which are not fit for purpose. It will provide space for four General Practices as well as 250 CHCP staff. East Renfrewshire Council (ERC) is an equal partner in the project, with £6,133,640 of capital funding secured for the project. This has been confirmed in the Council’s General Funding Capital Plan 2013/14 to 2020/21 paper dated 7 February 2013 which includes up to £6.5m of capital funding, with the £6,133,640 being based on latest modelling.
2 Executive Summary

2.1 Introduction

The following Full Business Case (FBC) provides evidence that the proposed project is affordable, deliverable and robust. This FBC is predicated around providing suitable accommodation in the Eastwood area of East Renfrewshire to support the further integration of health and care along with wider council and third sector services in line with national policy direction; replacing current health and care buildings that are not fit for purpose.

The FBC also provides clear guidance on project objectives, timescales, measurability and governance.


2.2 Existing situation

In summary it is considered that the existing service provision in Eastwood fails to provide:

- Facilities which allow a fully person centred service and “one stop shop” for all health and care services integrated with third sector supports
- Premises that promote sustainable primary care services and support a greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement
- A platform for sustaining and expanding clinical services, in line with the developing model of general medical services and clinical services review
- Modern facilities and design that meet the required standard for health related infection
- A workplace that supports the CHCP in attracting and retaining suitable levels and calibre of staff
- Facilities which have a satisfactory carbon footprint due to the poor functional layout and building inefficiencies
- Facilities which meet the required quality standards
- Facilities which are flexible and adaptable
- Facilities that enable effective and efficient use of the CHCP’s resources.
2.3 Strategic Context

The Scottish Government has set out its vision for the NHS in Scotland in the strategic narrative for 2020.

**Our vision is that by 2020** everyone is able to live longer healthier lives at home, or in a homely setting.

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of readmission.

**Achieving Sustainable Quality in Scotland’s Healthcare: A 20:20 Vision**

Underpinning the narrative is the **Quality Strategy**, with the three central ambitions that care should be person centred, safe and effective.

**Delivering Quality in Primary Care (2010)** and the associated progress report (June 2012) set out the strategic direction for primary care as follows:

- Care will be increasingly integrated, provided in a joined up way to meet the needs of the whole person
- The people of Scotland will be increasingly empowered to play a full part in the management of their health
- Care will be clinically effective and safe, delivered in the most appropriate way, within clear, agreed pathways and
- Primary care will play a full part in helping the healthcare system as a whole make the best use of scarce resources.

**Public Bodies (Joint Working) (Scotland) Bill introduced in the Scottish Parliament on 28 May 2013**.

The policy ambition for integrating health and social care services is to improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.

In the most recent document on integration the Cabinet Secretary for Health and Wellbeing sets out the rationale that underpins the Scottish Government’s intention to legislate to require Health Boards and Local Authorities to integrate health and social care services for all adults.
NHS Greater Glasgow and Clyde’s Corporate Plan for 2013-16 sets out the five strategic priorities to move towards achieving their purpose to “Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities” over the next three years, and also sets out the outcomes which will deliver for those five priorities.

The five priorities are:

- early intervention and preventing ill-health
- shifting the balance of care
- reshaping care for older people
- improving quality efficiency and effectiveness
- tackling inequalities.

East Renfrewshire Council and the Community Planning Partnership in East Renfrewshire have prioritised 5 outcomes in our Single outcome Agreement:

SOA1: All children in East Renfrewshire experience a stable and secure start to their lives and are supported to succeed.

SOA2. East Renfrewshire residents are fit and active and have the skills for learning, life and work.

SOA3. East Renfrewshire is a thriving, attractive and sustainable place for residents and businesses to grow.

SOA4. East Renfrewshire residents are safe and supported in their communities and homes.

SOA5. Older people in East Renfrewshire are valued; their voices are heard and they are supported to enjoy full and positive lives for longer.

Cross-cutting themes

As well as the strategic outcomes there are also a number of cross cutting themes which are woven through the SOA, these are;

- prioritising prevention and early intervention;
- building the capacity of individuals and assets of communities to enable the realisation of outcomes;
- using data and evidence to guide and prioritise our approach
- tackling and reducing inequalities among and between communities; and
improving health.

2.4 Background

The existing health facilities are provided through a number of buildings of varying quality as outlined in section 4.3. Two examples are shown below.

![Clarkston Medical Centre](image)

**Clarkston Medical Centre**

*Figure 2.1*

The current health services provided in Eastwood are unable to support the required focus on providing care for older people as outlined in “Reshaping Care for Older People - A Programme For Change 2011-21”.

To address the ageing population issue, in the new Health and Care Centre general medical services will be at the core of service provision, providing through access to health care and an accessible pathway to CHCP and wider services. These services will be wrapped around GP practice clusters to ensure patients are supported with management of long term conditions, maximise their independence and are enabled to live in their own homes and community. Practices will, in collaboration with other health and social care professionals, identify those people with long term conditions who are at highest risk and provide appropriate anticipatory responses to their care needs. A key objective will be integrated working which will aim to reduce unnecessary admissions to hospital.

2.5 Service Objectives

This project is consistent with the objectives identified within the NHS Greater Glasgow and Clyde Corporate Plan 2013-16, which sets out the strategic direction for the Board. The strategic aims of
the project are also consistent with the draft East Renfrewshire Single Outcome Agreement 2013-16. It will also support the achievement of the Board’s share of national targets as set out within the Local Delivery Plan.

The project will also provide the facilities to enable a step change in the way staff will work at the new Health and Care Centre, through new ways of working and agile working.

2.6 Case for Change

The aim of the project is to both overcome the shortcomings of the current GP, NHS and Council buildings and facilitate and enable changes in service provision to meet the specific needs of the local population. At the same time this will also improve the working environment of the staff and GPs.

The work on this aspect of the project was based on understanding the implications of major national and local drivers for change:

The Health and Care Policy Agenda:

- Improving outcomes for people who have a range of complex support needs, and for their carers and families as well
- Putting the leadership of clinicians and care professionals at the heart of service delivery for people with health and care support needs
- Establishing a public service landscape in which different public bodies are required to work together, and with their partners in the third and independent sectors, using their combined resources, to achieve maximum benefit for patients, service users, carers and families.

Changes in population

- Meeting the demographic changes including the ageing population
- Increasing demands for service so that continuing to offer more of the same is no longer an affordable and sustainable model

Changing model of care and support

- Care is person centred with clinical and professional expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway with more services being delivered in the community
- Greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement, aligning health and care services around clusters of GPs
- Supporting individuals and communities to look after and improve their health and wellbeing

2.7 Critical Success Factors

The key stakeholders have undertaken a review of the Investment Objectives and potential benefits, identifying Critical Success Factors (CSFs). These CSFs are included in section 4.10 and
were used in the scoring of the three options at the Option Appraisal Workshop held on 28 February 2013.

There has also been a considerable amount of experience and learning gained from the new Barrhead Health and Care Centre project, which through knowledge transfer and collaborative working will be utilised in the new Eastwood Health and Care Centre.

2.8 Summary of Short listed Options

The short list of feasible options for the project is summarised as follows:

<table>
<thead>
<tr>
<th>OPTION 1</th>
<th>“do minimum”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This option would incur minor interior upgrade works to improve the buildings. This option would fail to meet the service and project objectives, but has been included as an option to provide a baseline so that the extra benefits and costs of the other options can be measured against it.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTION 2</th>
<th>“new build – Drumby Crescent, Clarkston”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This option would allow the replacement of a number of current poor quality health centre premises and the relocation of other services and staff to a new purpose-built health and care centre located at Drumby Crescent, Clarkston.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTION 3</th>
<th>“new build – Ayr Road, Newton Mearns”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This option would allow the replacement of a number of current poor quality health centre premises and the relocation of other services and staff to a new purpose-built health and care centre located on Ayr Road, Newton Mearns.</td>
</tr>
</tbody>
</table>

Table 2.1
2.9 The Preferred Option

The preferred option to emerge from the option appraisal exercise was **Option 2 – new build at Drumby Crescent, Clarkston.**

During early 2012 East Renfrewshire Council conducted an Options Appraisal exercise considering potential sites for a new combined health centre. In doing so they reviewed available sites in the patient / customer population area. They also collated data from their own in-house Technical Teams and had exploratory discussions with Planning and Roads Depts. The Options Appraisal exercise concluded that the site at Drumby Crescent was their preferred option. Following advice from the Scottish Government early in 2013, East Renfrewshire CHCP were advised that the Drumby Crescent site could not be the only option considered in the OBC and that the Ayr Road site (long list Option 10) should also be evaluated at OBC stage. A further Options Appraisal workshop was therefore held on 28 February 2013 to evaluate each of the three new short list options of “Do minimum”, “New Build Drumby Crescent” and “New Build Ayr Road”.

The result of the scoring of these options set out in detail in the OBC is shown in the table below. This confirmed the new build option at Drumby Crescent as the highest ranking option.
The preferred option promotes team and partnership working, has the capacity for other partners and organisations to use space within the new facility, has a design that allows out of hours use of the building, facilitates agile and mobile working and has the flexibility for remodelling and redesign.

2.10 Results of economic and financial appraisal/s

The following tables are expanded upon fully within this document and provide a summary of the economic and financial appraisals that have been undertaken to validate the delivery options.

The capital cost estimates for the options short-listed are detailed as follows:

Capital Cost Estimates.

<table>
<thead>
<tr>
<th>Option</th>
<th>Initial Capital Cost Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPTION 1 – “do minimum” – Retain existing facilities.</td>
<td>£1,200,000</td>
</tr>
<tr>
<td>OPTION 2 - “new build – Drumby Crescent, Clarkston”</td>
<td>£14,909,393*</td>
</tr>
<tr>
<td>OPTION 3 - “new build – Ayr Road, Newton Mearns”</td>
<td>£15,086,144*</td>
</tr>
</tbody>
</table>

Table 2.2

* Based on Initial Capital Cost estimates plus Prelims (10.83%), Overheads & Profit (4%), New Project Development Fee (7.67%), Additional Management Costs (2.54%), DBFM Fees (2.13%), Hubco (1.83%).
The table below shows the value for money analysis for the short listed options.

**VfM Analysis**

<table>
<thead>
<tr>
<th>25 year Life Cycle</th>
<th>Option 1 - Do Minimum</th>
<th>Option 2 - New build, Drumby Crescent, Clarkston</th>
<th>Option 3 - New build, Ayr Road, Newton Mearns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appraisal Element</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit Score</td>
<td>a 33.00%</td>
<td>85.00%</td>
<td>50.00%</td>
</tr>
<tr>
<td>Rank</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Net Present Cost –</td>
<td>b £17,151,853</td>
<td>£24,629,235</td>
<td>£24,805,985</td>
</tr>
<tr>
<td>Includes risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost per benefit point</td>
<td>£519,753.12</td>
<td>£289,755.70</td>
<td>£496,119.70</td>
</tr>
<tr>
<td>Rank</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Table 2.3**

2.11 **Outcome**

The results of the Economic and Financial Analysis consolidate the position of **Option 2** as the preferred option.

2.12 **Benefits Realisation**

The Benefits Criteria articulated in this document are all desirable outcomes for the project that can be achieved by the Preferred Solution, **Option 2**.

In summary, it is anticipated that the following benefits will be realised as a result of the proposed Investment.
<table>
<thead>
<tr>
<th>Class</th>
<th>Relative Value</th>
<th>Relative Timescale</th>
<th>Benefits criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility will enable greater integration of health social care wider public, independent and third sector services.</td>
<td>High</td>
<td>Long-term</td>
<td>Qualitative and Quantitative Direct Non cash releasing</td>
</tr>
<tr>
<td>People will be at the heart of the new facility enabling the delivery of personalised and co-produced services, supports and pathways.</td>
<td>High</td>
<td>Long-term</td>
<td>Qualitative Direct Non cash releasing</td>
</tr>
<tr>
<td>Improved access to services through having all services on the same site will enable the delivery of “one-stop shop” services and single point of access.</td>
<td>High</td>
<td>Long-term</td>
<td>Qualitative Direct Non cash releasing</td>
</tr>
<tr>
<td>Improved clinical effectiveness through improved facilities and pathways.</td>
<td>High</td>
<td>Long-term</td>
<td>Qualitative Direct Non cash releasing</td>
</tr>
<tr>
<td>Collocation of Primary, Community Health, Social Care, and Independent services will facilitate better co-ordination of care with a greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement resulting in a reduction in rates of hospital admission and bed use.</td>
<td>High</td>
<td>Long-term</td>
<td>Qualitative and Quantitative Direct Cash releasing (balance of care)</td>
</tr>
<tr>
<td>Flexible accommodation will enhance ability to remodel and redesign services in response to changing policy context and local requirements.</td>
<td>High</td>
<td>Long-term</td>
<td>Qualitative and Quantitative Direct Non Cash releasing</td>
</tr>
<tr>
<td>Operational</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationalisation of NHS and Council estate</td>
<td>Medium</td>
<td>Medium-term</td>
<td>Quantitative Direct Cash releasing</td>
</tr>
<tr>
<td>Facilitate agile and mobile working for staff teams</td>
<td>Medium</td>
<td>Medium-term</td>
<td>Qualitative &amp; Quantitative Direct Non cash releasing</td>
</tr>
<tr>
<td>Sharing of administration and back office support services</td>
<td>Medium</td>
<td>Medium-term</td>
<td>Quantitative Direct Cash releasing</td>
</tr>
<tr>
<td>Improved staff training and development through greater opportunities of shared learning and reflective practice</td>
<td>Medium</td>
<td>Medium-term</td>
<td>Quantitative Direct Non cash releasing</td>
</tr>
</tbody>
</table>
2.13 Cost of Preferred Option – Stage 2

At completion of stage 2 Hubco has provided maximum tender cost for the provision of Option 2 – New Build at Drumby Crescent - as follows:

<table>
<thead>
<tr>
<th>Output</th>
<th>Eastwood Health and Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Expenditure (capex &amp; development costs)</td>
<td>£14,675,415</td>
</tr>
<tr>
<td>Total Annual Service Payment</td>
<td>£33,215,000</td>
</tr>
</tbody>
</table>

Table 2.5

2.14 Summary of Key Dates

A summary of the estimated key project dates is provided in the table below:

<table>
<thead>
<tr>
<th>Project Phases</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIG approval of OBC</td>
<td>13 August 2013</td>
</tr>
<tr>
<td>FBC to CIG meeting</td>
<td>17 December 2013</td>
</tr>
<tr>
<td>Start on Site</td>
<td>March 2014</td>
</tr>
<tr>
<td>Completion date</td>
<td>11 June 2015</td>
</tr>
<tr>
<td>Services Commencement</td>
<td>11 June 2015</td>
</tr>
</tbody>
</table>

Table 2.6
2.15 Scottish Capital Investment Manual (SCIM) Compliance

This FBC has been prepared in accordance with the requirements of the Scottish Capital Investment Manual (SCIM) and presents the programme’s objectives, benefits, risks, costs and other relevant information.
3 Introduction

3.1 Outline Business Case

In compliance with the requirements of the Scottish Capital Investment Manual (SCIM) an Outline Business Case, was developed and was approved by the Capital Investment Group (CIG) on 13th August 2013; see Appendix A for a copy of the approval letter.

The Outline Business Case presented the Strategic Case for the project, and this has been reviewed within this Full Business Case.

3.2 FBC Purpose and Compliance

The overall purpose of the Full Business Case (FBC) is to justify and demonstrate the proposals for the development of the new Eastwood Health and Care Centre. Specifically the purpose of this FBC is to:

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

This FBC complies with and meets the requirements of the Scottish Government Health Directorate (SGHD) Capital Investment Manual (June 2010). The preparation of the Full Business Case forms part of Phase 3 of the SCIM guidance covering the following sections.

- Step 8: Procuring the Value for money solution (revisiting, updating and completing the Strategic and Economic cases in respect of the FBC).
- Step 9: Contracting for the Deal (revisiting, updating and completing the Commercial and Financial cases in respect of the FBC).
- Step 10: Ensuring successful delivery (revisiting, updating and completing the Management case in respect of the FBC)

3.3 FBC Structure

The structure and content of the Full Business Case is based on the need to justify proposed decision making, demonstrate the expected outcomes of the project and the expected benefits that will be delivered. It defines what has to be done to meet the
strategic objectives identified in the Outline Business Case and prepares the way to proceed to financial close and contract signature.

The following table illustrates the structure of the Full Business Case, reflecting the current Scottish Government Health Directorate guidance and accepted best practice in Business Case development.

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Project Title and Summary of Proposed Investment</td>
<td>As stated</td>
</tr>
<tr>
<td>2. Executive Summary</td>
<td>Provides a summary of the Full Business Case (FBC) content and findings.</td>
</tr>
<tr>
<td>3. Introduction</td>
<td>Provides the background and methodology used in preparing the FBC.</td>
</tr>
<tr>
<td>4. Strategic Case</td>
<td>Reviews the case for change, scope and underlying assumptions as set out in the OBC.</td>
</tr>
<tr>
<td>5. Economic Case</td>
<td>Revisiting the OBC options, assumptions, procurement process and updates the economic case.</td>
</tr>
<tr>
<td>6. Commercial Case</td>
<td>Sets out the agreed deal and contractual arrangements.</td>
</tr>
<tr>
<td>7. Financial Case</td>
<td>Sets out the financial implications of the deal.</td>
</tr>
<tr>
<td>18. Management Case</td>
<td>Sets out agreed arrangements for project and change management, benefits realisation, risk and contract management and post project evaluation.</td>
</tr>
<tr>
<td>11. Conclusion</td>
<td>Provides a summary of the findings within the FBC.</td>
</tr>
</tbody>
</table>

Table 3.1

3.4 Procurement Approach to Date

The hubco route has been established to provide a strategic long-term programme approach in Scotland to the procurement of community-focused buildings that derive enhanced community benefit.

Delivery is provided through a joint venture company (hub West Scotland) which brings together local public sector Participants, Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).

The Eastwood Health and Care Centre project will be bundled with the new Maryhill Health Centre for the purpose of delivery of both projects at the same time – the purpose of this approach and the benefits were outlined in the summary report to this and Maryhill Health Centre OBC’s.
3.5 Design Approach

Hub West Scotland, on behalf of the Participants and Scottish Government Health Directorate via SFT, were asked to manage and develop a reference design for Primary Healthcare using the Eastwood Health and Care Centre as the test project. The objective of the reference project was to develop and test two different creative responses to the integrated services agenda and to demonstrate that “Excellent design is achievable within good value Affordability Caps”.

East Renfrewshire CHCP has appointed various groups to ensure that visibility and accountability is achieved at various levels of the organisation and this includes a wide range of stakeholders involved in the project. The following diagram represents the key levels in the governance process.

![Figure 3.1](image-url)
The organogram below demonstrates East Renfrewshire CHCP’s approach to the governance of this project up to Full Business Case (FBC) stage.

Figure 3.2
3.6 Further Information

For further information about this Full Business Case please contact:-

Joe Ferguson
NHS GGC
Capital Property Projects Manager

Tel 0141 211 3931
M - 07903 680983
Email joe.ferguson@ggc.scot.nhs.uk
4  Strategic Case

4.1  Profile of East Renfrewshire CHCP

East Renfrewshire Community Health & Care Partnership (CHCP) is an integrated health and social care concurrent partnership, between East Renfrewshire Council and NHS Greater Glasgow and Clyde. Established since the 1st April 2006, it has a very strong track record of delivering integrated community health, primary care and social care.

The purpose of East Renfrewshire CHCP is to:

- manage local NHS and social care services
- improve the health of its population and close the inequalities gap
- play a major role in community planning
- achieve better specialist care for its population
- achieve strong local accountability and
- drive NHS and Local Authority planning processes.

The CHCP covers the East Renfrewshire Council area with a population of around 90,000 of which around 24,000 are in Levern Valley and 66,000 in Eastwood. East Renfrewshire’s older population is growing quicker than in many neighbouring areas. One in five people living in East Renfrewshire is aged over 65 years but by 2020 it will be one in four. The oldest population is growing most rapidly. The number of people aged over 85 is growing by 5% per year.

Generally people in East Renfrewshire are living longer healthier lives than most other people in Scotland as a result of improved healthcare and economic prosperity, but the CHCP is facing increasing demands as there is a direct relationship between ageing and the need for greater levels of support. The major users of health and care services are aged over 85 and the number of people in this age group is expected to increase the most. This steep rise in the numbers of older people will bring a significant rise in the demand for the range of interventions to enable people to live safely in their communities.

4.2  Strategic Aims

This project is consistent with the outcomes identified within the NHS Greater Glasgow and Clyde Corporate Plan 2013-16, which sets out the strategic direction for the Board. It will also support the achievement of the board’s share of national targets as set out within the Local Delivery Plan and East Renfrewshire Single Outcome Agreement.

NHS Greater Glasgow and Clyde’s purpose, as set out in the Board’s Corporate Plan 2013 – 16 is to “Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health with cause health inequalities.”
The Corporate Plan sets out the following five strategic priorities:

- Early intervention and preventing ill-health
- Shifting the balance of care
- Reshaping care for older people
- Improving quality, efficiency and effectiveness
- Tackling inequalities.

The Corporate Plan sets out key outcomes for each of the five priorities. This project is consistent with the following outcomes:

The outcomes for early intervention and preventing ill-health are:

- Improve identification and support of vulnerable children and families
- Enable disadvantaged groups to use services in a way which reflects their needs
- Increase identification of and reduce key risk factors (smoking, obesity, alcohol use)
- Increase the use of anticipatory care planning
- Increase the proportion of key conditions, including cancer and dementia, detected at an early stage
- Enable older people to stay healthy.

The outcomes for shifting the balance of care are:

- Fewer people cared for in settings which are inappropriate for their needs and only patients who really need acute care are admitted to hospital
- There are agreed patient pathways across the system with roles and capacity clearly defined including new ways of working for primary and community care
- We offer increased support for self care and self management with reduced demand for other services
- More carers are supported to continue in their caring role.

The outcomes for reshaping care for older people are:

- Clearly defined, sustainable models of care for older people
- More services in the community to support older people at home to provide alternatives to admission where appropriate
- Increased use of anticipatory care planning which takes account of health and care needs and home circumstances and support
Improved partnership working with the third sector to support older people

Improved experience of care for older people in all our services.

The outcomes for improving quality, efficiency and effectiveness are:

- Delivering care which is demonstrably more person centred, effective and efficient
- Patient engagement across the quality, effectiveness and efficiency programmes
- Developing the Facing the Future Together (services redesign and workforce development) programme.

The strategic aims of the project are also consistent with the draft East Renfrewshire Single Outcome Agreement 2013-16.

East Renfrewshire Council and the Community Planning Partnership in East Renfrewshire have prioritised 5 outcomes in our Single outcome Agreement:

SOA1: All children in East Renfrewshire experience a stable and secure start to their lives and are supported to succeed.

SOA2. East Renfrewshire residents are fit and active and have the skills for learning, life and work.

SOA3. East Renfrewshire is a thriving, attractive and sustainable place for residents and businesses to grow.

SOA4. East Renfrewshire residents are safe and supported in their communities and homes.

SOA5. Older people in East Renfrewshire are valued; their voices are heard and they are supported to enjoy full and positive lives for longer.

Cross-cutting themes

As well as the strategic outcomes there are also a number of cross cutting themes which are woven through the SOA, these are;

- prioritising prevention and early intervention;

- building the capacity of individuals and assets of communities to enable the realisation of outcomes;

- using data and evidence to guide and prioritise our approach

- tackling and reducing inequalities among and between communities; and

- improving health.
East Renfrewshire CHCP Development Plan and Outcome Delivery Plan provide evidence of performance to date and plans to address these outcomes along with national and local targets.
4.3 Existing Arrangements

4.3.1 Eastwood Facilities

The CHCP is currently delivering services from a range of NHS and Council buildings across the Eastwood area including Clarkston Clinic, Clarkston Social Work Office, Lygates Social Work Office, Seres Road, and CHCP HQ.

The Clarkston Clinic and Social Work Offices are currently operating from two adjacent buildings. The clinic is owned by the NHS and the social work office by the Council. Both buildings were built in the mid 60s and their layout, design, size and location do not lend themselves to development or expansion to provide modern health and social care services. Access and parking is poor. Clarkston Clinic is in the top 25 NHS Greater Glasgow and Clyde (NHSGGC) community clinic premises in need of substantial investment.

In addition, the NHS partly owns and partly leases premises at Seres Road which house the Community Mental Health Team, and although it has in the past been extended, there is no more scope for future expansion. There are also limited facilities to consult with patients, which result in staff travelling to and from clinical sites from other bases. The CHCP also leases premises at Lygates in Newton Mearns which provides office accommodation for staff and a variety of drop in/clinic services.

There is no space for local Anticoagulation Clinics, which are operated by the Acute Division to run in GP or NHS premises and therefore these currently run from local community halls at Fairweather and Crookfur Pavilion, neither of which is considered fit for purpose.

CHCP headquarters are located in a business unit in Thornliebank with overflow accommodation in the Council HQ at Eastwood Park and 2 portacabins on the same site.

Third and independent sector services are housed in a number of other council sites. The Carers Centre currently operates from the Lodge and a cottage on the Eastwood Park site.

There are also a number of local GP practices in the Eastwood area that do not have premises that are entirely fit for purpose as identified in a recent GP premises survey, and who are interested in finding more suitable alternative premises within the area.

The CHCP has undertaken a footfall survey of patients attending Clarkston Clinic to understand how the clinic is utilised, where patients live who attend the clinic and how they travel to the clinic. The majority of people using Clarkston Clinic live in or near the Clarkston area. In addition the CHCP has analysed information about the local GP practices within Eastwood, including details of the area of residence of their practice populations in order to consider how to ensure that any new facility is accessible to the current patient population.
<table>
<thead>
<tr>
<th>Location/Facility</th>
<th>Services</th>
<th>Reason for Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarkston Clinic</td>
<td>Community Older People’s Team&lt;br&gt;Health visitors&lt;br&gt;District Nurses&lt;br&gt;Podiatry&lt;br&gt;Physiotherapy&lt;br&gt;Primary Care Mental Health&lt;br&gt;Addictions clinics&lt;br&gt;Third Sector Advice and Support to Older People</td>
<td>Reprovision of facility to enable safe, effective, patient centred care&lt;br&gt;Release accommodation&lt;br&gt;Collocation of rehabilitation and enablement integrated health and care services</td>
</tr>
<tr>
<td>Clarkston Social Work Offices</td>
<td>Children and Families social work&lt;br&gt;Adult social work</td>
<td>Release accommodation&lt;br&gt;Collocation of rehabilitation and enablement integrated health and care services</td>
</tr>
<tr>
<td>Seres Road</td>
<td>Older people’s mental health&lt;br&gt;Third sector dementia support</td>
<td>Reprovision of facility to enable safe, effective, patient centred care&lt;br&gt;Release accommodation&lt;br&gt;Collocation with rehabilitation and enablement</td>
</tr>
<tr>
<td>Lygates</td>
<td>Transition Team&lt;br&gt;ILS Team&lt;br&gt;Welfare Rights Team&lt;br&gt;Primary Care Mental Health&lt;br&gt;Addictions clinics</td>
<td>Release accommodation for alternative use</td>
</tr>
<tr>
<td>CHCP HQ</td>
<td>CHCP Directorate&lt;br&gt;CHCP Senior Management Planning, Commissioning, Finance&lt;br&gt;Pharmacy Support&lt;br&gt;Rehabilitation &amp; Enablement</td>
<td>Release accommodation&lt;br&gt;Collocation of rehabilitation and enablement integrated health and care services</td>
</tr>
<tr>
<td>HQ2</td>
<td>Learning and Development&lt;br&gt;Training suite&lt;br&gt;Care First Team&lt;br&gt;HR support</td>
<td>Scrap portacabin&lt;br&gt;Collocation of support services</td>
</tr>
<tr>
<td>Fairweather hall</td>
<td>Anticoagulant clinic</td>
<td>Relocation of clinic to enable safe, effective, patient centred care</td>
</tr>
<tr>
<td>Crookfur Pavilion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Eaglesham Road</td>
<td>Sheddens Medical Practice&lt;br&gt;GMS Medical services to 2336 patient population</td>
<td>NHSGGC GP Premises ranking 5&lt;br&gt;Converted shop cannot be brought up to full standard. for modern GMS</td>
</tr>
<tr>
<td>400 Clarkston Road, Muirend</td>
<td>Maclean Practice&lt;br&gt;GMS Medical services to 8126 patient population</td>
<td>NHSGGC GP Premises ranking 10&lt;br&gt;Converted terrace house cannot be brought up to full standard for modern GMS.</td>
</tr>
<tr>
<td>Clarkston Medical Centre 75 Busby Road</td>
<td>Drs Castle, Simmons, Boardman &amp; King, GMS Medical services to 6431 patient population&lt;br&gt;Drs Morrice, Mason &amp; Fraser, Clarkston Medical Centre&lt;br&gt;GMS Medical services to 6791 patient population</td>
<td>NHSGGC GP Premises ranking 22&lt;br&gt;Converted house cannot be brought up to full standard for modern GMS.</td>
</tr>
<tr>
<td>Location/Facility</td>
<td>Services</td>
<td>Reason for Inclusion</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>Giffnock Medical Centre, Fenwick Road, Giffnock</td>
<td>GMS Medical services to 5620 patient population</td>
<td>NHSGGC GP Premises ranking 32 Converted house cannot be brought up to full standard for modern GMS</td>
</tr>
</tbody>
</table>

Table 4.1

4.4 Geographical Position and Population Comparisons

Population Estimates and Projections
There is a long-term increase in the older population in East Renfrewshire. Overall the rise over the three decades is from 10,400 aged 65 and over in 1981 to 16,277 in 2011. This growth is projected to continue rising, to over 19,000 by 2020s. The increase in the numbers of people aged over 65 will be 53% over the projection period.

Figure 4.1 Percentage increase in age groups from 1981 - 2020
There are also changes in particular age groups within this overall trend. The most marked increase is in the 80 - 84 and over 85 age groups with rises of 85% and of 171% respectively.

There are variations in this trend across East Renfrewshire
Clarkston and Williamwood have the largest proportion in the 0-16 age group (23%); The largest proportion of the over 65s are found in Giffnock and Netherlee (both at 21.8%).

The evidence shows a direct relationship between ageing and the need for greater levels of support. This steep rise in the numbers of older people will bring a significant rise in the demand for the range of interventions to enable people to live safely in their communities. It will also impact on hospital admissions. Over 65 year olds make up 15% of our population, but account for 41% of emergency admissions and 66% of bed days in hospital. NHS GGC’s population is expected to increase by 2.4% by 2020, and the over 65s will increase by 12.9%. Between 2020 and 2030 the population aged 65+ increases by a further 22%. At current rates of service use, this would require an extra 350 beds every 10 years if change is not made. For organisations delivering services, working in a traditional model and continuing to offer more of the same is no longer an affordable and sustainable model.
4.5 Existing Business Strategies

4.5.1 General

The planned investment in the Eastwood area of East Renfrewshire is directly linked to re-design of health and care services.

The overall business strategy for the area is to facilitate a fundamental change in the way in which health and social care is delivered to the people of Eastwood, which has a significantly ageing population. The underlying aim is to reshape services from a customer’s point of view. Health and care services will develop and grow through partnerships with the people who use the services, their carers and families, council and other public sector services, voluntary organisations and other providers.

A number of factors identified in national and local strategies and plans have influenced how services in Eastwood will develop in response to such expectations and opportunities. These factors indicate how the need for health and social care is changing and the opportunities that are emerging to provide services in different and better ways.

4.5.2 National Strategies

The national strategies and recently published guidance which have influenced the development of local plans are:

The Scottish Government has set out its vision for the NHS in Scotland in the strategic narrative for 2020.

**Our vision is that by 2020** everyone is able to live longer healthier lives at home, or in a homely setting.

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of readmission.

*Achieving Sustainable Quality in Scotland’s Healthcare: A 20:20 Vision*

Underpinning the narrative is the **Quality Strategy**, with the three central ambitions that care should be person centred, safe and effective.
Delivering Quality in Primary Care (2010) and the associated progress report (June 2012) set out the strategic direction for primary care as follows:

- Care will be increasingly integrated, provided in a joined up way to meet the needs of the whole person
- The people of Scotland will be increasingly empowered to play a full part in the management of their health
- Care will be clinically effective and safe, delivered in the most appropriate way, within clear, agreed pathways and
- Primary care will play a full part in helping the healthcare system as a whole make the best use of scarce resources.

Public Bodies (Joint Working) (Scotland) Bill introduced in the Scottish Parliament on 28 May 2013

The policy ambition for integrating health and social care services is to improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.

In the most recent document on integration the Cabinet Secretary for Health and Wellbeing sets out the rationale that underpins the Scottish Government’s intention to legislate to require Health Boards and Local Authorities to integrate health and social care services for all adults.

A number of other national strategies and recently published guidance have influenced the development of local plans including:

- The five Strategic Outcomes of the Scottish Government. (Wealthier and Fairer; Smarter; Healthier; Safer and Stronger, and Greener)
- Local Delivery Plan targets (HEAT) 2013/14
- Christie Commission in Commission on the Future Delivery of Public Services (2011),
- Renewing Scotland’s Public Services (2011)
- Reshaping Care for Older People: A Programme For Change 2011–21
- Self-directed Support: A National Strategy for Scotland (published October 2010)
- Scotland’s National Dementia Strategy
Living and Dying Well: A National Action Plan for Palliative and End of Life Care in Scotland.

4.5.3 Local Strategies

NHS Greater Glasgow and Clyde’s Corporate Plan for 2013-16 sets out the five strategic priorities to move towards achieving their purpose to “Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities” over the next three years, and also sets out the outcomes which will deliver for those five priorities.

The five priorities are:

- early intervention and preventing ill-health
- shifting the balance of care
- reshaping care for older people
- improving quality efficiency and effectiveness
- tackling inequalities.

East Renfrewshire Council and the Community Planning Partnership in East Renfrewshire have prioritised 5 outcomes in our Single outcome Agreement:

- SOA1: All children in East Renfrewshire experience a stable and secure start to their lives and are supported to succeed.
- SOA2. East Renfrewshire residents are fit and active and have the skills for learning, life and work.
- SOA3. East Renfrewshire is a thriving, attractive and sustainable place for residents and businesses to grow.
- SOA4. East Renfrewshire residents are safe and supported in their communities and homes.
- SOA5. Older people in East Renfrewshire are valued; their voices are heard and they are supported to enjoy full and positive lives for longer.

Cross-cutting themes

As well as the strategic outcomes there are also a number of cross cutting themes which are woven through the SOA, these are:

- prioritising prevention and early intervention;
- building the capacity of individuals and assets of communities to enable the realisation of outcomes;
- using data and evidence to guide and prioritise our approach
- tackling and reducing inequalities among and between communities; and
- improving health.
Clinical Services Review

NHSGGC is currently reviewing the shape of clinical services beyond 2015 to make sure we can adapt to future changes, challenges and opportunities. The Clinical Services Fit for the Future programme is designing a new strategy for Greater Glasgow and Clyde which aims to ensure that:

- Care is patient centred with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway
- Services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements
- Sustainable and affordable clinical services can be delivered across NHSGGC
- The pressures on hospital, primary care and community services are addressed.

The Case for Change sets out the key issues which will have to be addressed to ensure high quality care in the future, and provides the basis for the development of service models. It describes nine key themes:

1. The health needs of our population are significant and changing
2. We need to do more to support people to manage their own health and prevent crisis
3. Our services are not always organised in the best way for patients
4. We need to do more to make sure that care is always provided in the most appropriate setting
5. There is growing pressure on primary care and community services
6. We need to provide the highest quality specialist care
7. Increasing specialisation needs to be balanced with the need for co-ordinated care which takes an overview of the patient
8. Healthcare is changing and we need to keep pace with best practice and standards
9. We need to support our workforce to meet future changes.

The Joint Strategic Commissioning Plan for Older People’s Services in East Renfrewshire describes the local strategy for older people in response to the key ambitions as set out by the Christie Commission in Commission on the Future Delivery of Public Services (2011), namely:

Taking demand out of the system through preventative actions and early intervention to tackle the root causes of inequality and negative outcomes. Through investment in a range of preventative approaches which focus on early intervention, proactive anticipatory care and Support at Home.

Working more closely with individuals and communities to understand their needs and mobilise a wide range of local talents and assets in response to these needs, and to support self-reliance and community resilience. The CHCP is committed to continued community engagement to listen to what older people think and ensure this shapes the
care and support that is available and provided in East Renfrewshire, through ongoing co-production via the Public Partnership Forum, Older People’s Reference Group, the Carers Seniors Forum and East Renfrewshire’s Third Sector Interface partners Voluntary Action.

Tackling fragmentation and complexity in the design and delivery of public services by improving coherence and collaboration between agencies and sectors; and Joint partnership working among all the partners, agencies and sectors through appropriate joint representation in planning and governance frameworks for the Reshaping Care for Older People agenda.

Improving transparency, challenge and accountability to bring a stronger focus on value for money and achieving positive outcomes for individuals and communities. Evaluation, review and reflection are built in to the local process.

The way NHS GGC East Renfrewshire CHCP work is changing. In the current challenging financial climate, NHS Greater Glasgow and Clyde as an organisation is looking closely at what they do and how they do it. Becoming a more flexible and agile workforce can assist in transforming and streamlining the organisation. Agile working is about modernising working practices and is broadly based on the following principles:

- Work takes place at effective locations and at effective times
- Flexibility becomes the norm rather than the exception
- Employees have more choice about where they work, subject to service considerations
- Space is allocated to activities, not to individuals
- The cost of doing work is reduced
- There is effective and appropriate use of technology
- Employees have the opportunity to lead balanced and healthy lives
- Work has less impact on the environment.

The positive impact of agile working can benefit the business, the individual and the environment.

New technologies can enable much of the work we do to be carried out from many locations other than offices. Agile working is a strategic approach to implementing:

- A range of flexible working options
- Environments that enable flexibility
- Technologies that support the practice of agile working
- New forms of collaboration that reduce the need for physical meetings and travel
- Culture change to enable greater organisational agility
Underlying agile working is a commitment to modernise working practices, doing more with less, working wherever and however is most appropriate to get the job done. It is also about working smarter to de-clutter offices and reduce our dependency on paper documents and physical resources. While there are some statutory obligations to retain paper documents, the reasons for using and generating paper are becoming less compelling.

4.5.4 East Renfrewshire CHCP Development Plan

East Renfrewshire CHCP, as a partnership, is accountable to both parent organisations – NHS Greater Glasgow & Clyde (NHSGGC) and East Renfrewshire Council (ERC). As such, the CHCP works to two sets of broad planning guidance designed to meet the specific requirements of each organisation and aims to produce integrated planning and accountability documentation.

The CHCP Development Plan is built around NHSGGC planning and policy frameworks which aim to ensure a consistency of approach across the NHS Board area. It also integrates the CHCP contribution to East Renfrewshire’s Single Outcome Agreement (SOA) and aligned actions to the key outcomes thought the Outcome Delivery Plan (ODP).

By investing in the redevelopment and modernisation of health services in the Eastwood area of East Renfrewshire, it is clear there are a large number of positive benefits that will be achieved.

**Strategic/Service**
- Infrastructure designed to facilitate and sustain the changes and outcomes for integrated Primary Care, Community Health and Social Care Services
- Promote sustainable primary care services and support a greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement
- Enable speedy access to clear and agreed health and care pathways
- Sustain and grow partnership working between public, third and independent sector
- Facilitate service remodelling and redesign in response to changing policy context and public engagement and involvement.

**Efficiency**
- Enable the rationalisation of NHS and Council estate and reduction in back office costs by reducing duplication and sharing services wherever possible.
- Facilitate agile and mobile working for staff teams.
4.5.5  Quality Outcomes

The Quality Strategy sets out NHS Scotland’s vision to be a world leader in healthcare quality, described through 3 quality ambitions: effective, person centred and safe.

**Person-centred** - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

**Safe** - There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

**Clinically Effective** - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

These ambitions are articulated through the 6 Quality Outcomes that NHS Scotland is striving towards.

- Everyone gets the best start in life, and is able to live a longer, healthier life
- People are able to live at home or in the community
- Healthcare is safe for every person, every time
- Everyone has a positive experience of healthcare
- Staff feel supported and engaged
- The best use is made of available resource.

The Scottish Government has underlined its continued commitment to quality improvement underpinned by performance management where appropriate. The HEAT targets in the following section, therefore support the transformational change in healthcare that is necessary to achieve the 20:20 vision.

4.5.6  HEAT Targets

NHS Greater Glasgow and Clyde’s Local Delivery Plan (submitted to the Scottish Government Health Directorate for approval in March 2013), has been developed to include the 2013/14 HEAT targets. Performance against the HEAT targets will be monitored and reported through the NHS Greater Glasgow and Clyde OPR (Organisational Performance Review) process.

In terms of the Eastwood area, it is clear that the proposed improvements within this FBC will make a significant contribution to the achievement of HEAT targets. In particular the following quality outcomes and HEAT targets are highlighted.
<table>
<thead>
<tr>
<th>HEAT Target</th>
<th>How the new centre will contribute to achievement of target</th>
</tr>
</thead>
<tbody>
<tr>
<td>To increase proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/15</td>
<td>The new centre will improve access to services and earlier treatment.</td>
</tr>
<tr>
<td>At least 80% pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvement in breastfeeding rates and other important health behaviours.</td>
<td>The provision of a new centre will allow maternity services to provide an improved service. There will also be more space to enable health visitors to organise mother and baby sessions, promote breastfeeding etc.</td>
</tr>
<tr>
<td>At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.</td>
<td>Community space will provide opportunities to promote dental health and well-being (e.g. displays etc to promote understanding of benefits of fluoride)</td>
</tr>
<tr>
<td>To achieve 12,910 completed child weight interventions over the 3 years ending March 2014</td>
<td>Health improvement team located in new centre will promote child weight interventions with parents and primary care.</td>
</tr>
<tr>
<td>NHS to deliver universal smoking cessation services to achieve at least 80000 successful quits, including 48,000 in the 40% most deprived SIMD areas</td>
<td>The new centre includes a suite of bookable space for individual and group activity.</td>
</tr>
<tr>
<td>Reduce suicide rate between 2002 and 2013 by 20%</td>
<td>The new centre will include a base for mental health services in a modern, welcoming and non-stigmatising environment. The suite of bookable space can be used by local community organisations that support good mental health and well-being. The social enterprise community café and gardens will support the recovery agenda.</td>
</tr>
<tr>
<td>NHS Scotland to reduce energy –based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction target set in the Climate Change (Scotland) Act 2009.</td>
<td>The new centre will achieve BREAAM excellent, significantly reducing energy consumption levels current in the range of older existing premises</td>
</tr>
<tr>
<td>Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health services (CAMHS) services form 2013, reducing to 18 weeks from December 2014 and 18 weeks referral to treatment for Psychological Therapies from December 2014.</td>
<td>There is insufficient clinical space in current facilities for the range of clinics that CAMHS services would like to run locally. The new centre will provide additional space for CAMHs to increase local access to their services by providing sessions in the new centre along with speech and language services and social work children and families’ services.</td>
</tr>
<tr>
<td>Reduce rate of emergency inpatient days for people aged 75 and over</td>
<td>Design of the new centre will support better anticipatory care and more integrated working between CHCP health and care rehabilitation and enablement services and GP practices. The local carer’s centre and Alzheimer’s Scotland Early Diagnostic support service along with other third sector organisations will have access to space in the health centre to run information/ training/advice sessions for carers an older people. Collocation of GPs, CHCP and third sector services will improve co-ordination of support to older people and their carers, including those with dementia</td>
</tr>
<tr>
<td>Further reduce health care associated infections</td>
<td>The new centre will be designed to high standards of infection control.</td>
</tr>
</tbody>
</table>
Over recent years, a significant amount of work has gone into establishing outcomes and related measures for health and community/social care. The National Performance Framework enables partners to jointly drive and track progress towards delivery of agreed outcomes through better integration.

**Health and Social Care Quality Measurement Framework**

![Figure 4.4](image-url)
The diagram illustrates how various sets of outcomes and indicators/measures relate to each other. The three levels of measurement are defined as follows:

**Level 1** - high-level outcomes used to drive health and social care quality nationally over time, where progress is reported nationally by a small set of selected national indicators;

**Level 2** - publicly accountable indicators and targets for Health Boards, Community Planning Partnerships and Health and Social Care Partnerships used to drive short to medium term improvement and agreed to impact significantly and positively on the level 1 outcomes; and

**Level 3** - extensive range of indicators/measures used for local improvement and performance management, including core sets of specific indicators for national programmes.

Health and social care **quality outcomes** are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. It is intended that the proposed full set of health and social care quality outcomes will eventually replace the six Quality Outcomes, be included in all Single Outcome Agreements.

A suite of indicators and measures is under development. These include measures from **all three levels** of the proposed Health and Social Care Quality Outcomes Framework. It is expected that the provision of integrated services within the proposed Eastwood Health and Care Centre would contribute significantly to these.

<table>
<thead>
<tr>
<th>Health and Social Care Quality Outcomes</th>
<th>How the new centre will contribute to achievement of outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthier living</strong></td>
<td>The centre will promote a feeling of wellbeing, and also provide direction to the range of services on offer (public and third sector), encouraging people to use these as appropriate to their needs, and health information zone where it is expected that volunteers will help people source information and support to manage their health and wellbeing. The shared social space is designed to become a stand-alone community space allowing groups to come together for mutual support and events to be held such that the facility is a familiar part of community life and promotes a feeling of ‘community ownership’. .</td>
</tr>
<tr>
<td><em>Individuals and communities are able and motivated to look after and improve their health and wellbeing, resulting in more people living in good health for longer</em></td>
<td></td>
</tr>
<tr>
<td><strong>Independent living</strong></td>
<td>Rehabilitation and Enablement services working from the centre and in partnership with primary care will deliver a range of preventative approaches which focus on early intervention, proactive anticipatory care and Support at Home. Collocation of GPs, CHCP and third sector services will improve co-ordination of support.</td>
</tr>
<tr>
<td><em>People with disabilities, long term conditions or who become frail are able to live as safely and independently as possible in the community, and have control over their care and support.</em></td>
<td></td>
</tr>
</tbody>
</table>
### Health and Social Care Quality Outcomes

<table>
<thead>
<tr>
<th>Positive experiences and outcomes</th>
<th>How the new centre will contribute to achievement of outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>People have positive experiences of health, social care and support services, which help to maintain or improve their quality of life</td>
<td>All staff in the centre are committed to delivering a personal outcomes approach through the use of Talking Points. Outcomes are defined as what matters to people using services, as well the end result or impact of activities. This approach means working with the person to identify what is important to them in life, what they wish to achieve, and then working with the person to plan steps on how to achieve their goals.</td>
</tr>
<tr>
<td>Carers are supported</td>
<td>The local carer’s centre and Alzheimer’s Scotland Early Diagnostic support service will be collocated in the centre enabling better coordinated support to carers. Working in partnership with primary care services an anticipatory care approach to carer’s health will be promoted.</td>
</tr>
<tr>
<td>People who provide unpaid care to others are supported and able to maintain their own health and wellbeing.</td>
<td></td>
</tr>
<tr>
<td>Services are safe</td>
<td>Child and adult support and protection services will be based in the building and promote the safeguarding of vulnerable individuals in conjunction with a risk enabling approach.</td>
</tr>
<tr>
<td>People using health, social care and support services are safe guarded from harm and have their dignity and human rights respected.</td>
<td></td>
</tr>
<tr>
<td>Engaged workforce</td>
<td>The layout of the facility will encourage close and easy working both within groups and between them, and flexibility in use to allow change over time. The design of working and rest area will support staff’s personal needs such that they feel valued in their work and their wellbeing is supported.</td>
</tr>
<tr>
<td>People who work in health and social care services are positive about their role and supported to improve the care and treatment they provide.</td>
<td></td>
</tr>
<tr>
<td>Effective resource use</td>
<td>The development of this centre will enable:</td>
</tr>
<tr>
<td>The most effective use is made of resources across health and social care services, avoiding waste and unnecessary variation.</td>
<td>• Efficiencies from the provision of integrated services</td>
</tr>
<tr>
<td></td>
<td>• Reduced running cost of energy efficient facility</td>
</tr>
<tr>
<td></td>
<td>• Reduced facilities cost as a result of moving from multiple old premises to a modern building</td>
</tr>
<tr>
<td></td>
<td>• Efficiencies in non clinical support as the need for duplication of back office support over multiple locations is removed</td>
</tr>
</tbody>
</table>

#### Table 4.3

4.7 Clinical and Service Need

**General**

Having established the objectives of the planned project and considered the current provision, this section demonstrates there is a continued, and increasing, clinical and service need and establishes the deficiencies in current provision and existing facilities in the Eastwood area.

**Clinical and Service Need**

The CHCP is in the process of aligning services for older people and people with disabilities to groups of GP practices. Evidence suggests that when older people are
admitted to hospital it is an appropriate admission at the time. However, there is also evidence to suggest that better joint care planning in the weeks and months prior to an admission might prevent the exacerbation which results in the admission. The CHCP is looking to put in place robust and integrated anticipatory care arrangements which will involve the wider multi-disciplinary team in planning ahead for individuals.

Where a need emerges for a response to a person's needs the CHCP aims to improve the ability of services to respond in a co-ordinated manner. At present experience suggests that our pathways are complex to navigate for both service users and service providers. In aligning health and care services around clusters of GPs the CHCP anticipates being better able to manage the pathway and ensure the best response by the right person. Feedback from local practices where social work liaison arrangements have been piloted suggests that regular contact and feedback builds confidence in shared working to support people living in the community.

The cluster teams will provide a wide range of activity alongside GP colleagues.

- Rehabilitation
- Assessment for care services
- Accessing a range of services including, care at home, short breaks (respite) and long term care.

Evidence suggests that locality clusters of about 25,000 to 30,000 populations are likely to be most productive. In East Renfrewshire the CHCP has sought to build on the clusters of GP practices set up for peer to peer learning purposes. This creates 3 clusters of about 30,000 for East Renfrewshire. Two of these will be in the Eastwood area.

The pre-existing social work and rehabilitation team staffing resources have been re-aligned to the 3 GP clusters. The 100 staff involved come from a range of disciplines including nurses, social workers, physiotherapists, occupational therapists and a number of para-professional staff.

Each cluster service will be overseen by a Service Manager who’s role will include operational management of the service and ensuring the development linkage with GP practices in their cluster. In parallel with this there are changes in a range of other services particularly in response to the needs of the ageing population through the Reshaping Care for Older People programme, including collocation older people’s mental health services, advanced nurse practitioners and third sector.

4.8 Existing facilities and constraints.

Due to the significant changes in General Medical Services, the accommodation in the current buildings does not meet current or future needs. Recent surveys have identified some poorly performing GP premises, with one GP practices in the Eastwood area of East Renfrewshire CHCP in the top 10 practices and the other 4 in the top 40 practices in NHSGG&C which are in need of investment and have little opportunity for room for expansion on their current sites. Inadequate space in existing General Practices premises for other clinicians to offer health care services to the patient population e.g. maternity,
diabetic and other nurse specialists, primary care mental health, prescribing support pharmacists

Clarkston Clinic is ranked in the top 25 poorly performing community buildings in East Renfrewshire, there is significant pressure on the few clinical rooms. The building is limiting the level of services able to be delivered to local people including CAMHS, physiotherapy, podiatry, primary care mental health.

Neither current Clarkston Clinic nor the linked Clarkston Social Work Offices can be extended. Service delivery from these building is constrained and planned collocation of cluster teams is putting pressure on other staff groups operating from the building.

There is no more scope for future expansion of the premises at Seres Road which house the Community Mental Health Team. The limited facilities to consult with patients, result in staff travelling to and from clinical sites from other bases and reduce the number of clinical appointments that can be offered.

In summary it is considered that the existing service provision in Eastwood fails to provide:

- Facilities which allow a fully person centred service and “one stop shop” for all health and care services integrated with third sector supports.
- Premises that promote sustainable primary care services and support a greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement
- A platform for sustaining and expanding clinical services, in line with the developing model of general medical services and clinical services review
- Modern facilities and design that meet the required standard for health related infection
- A workplace that supports the CHCP in attracting and retaining suitable levels and calibre of staff
- Facilities which have a satisfactory carbon footprint due to the poor functional layout and building inefficiencies
- Facilities which meet the required quality standards
- Facilities which are flexible and adaptable
- Facilities that enable effective and efficient use of the CHCP’s resources.
4.8.1 Health and Safety deficiencies of the Eastwood health facilities.

There are a number of DDA issues associated with the buildings providing existing services. An example of difficulties in access is shown below.

![Figure 4.5](image)

**Figure 4.5**

4.9 Property Strategy

East Renfrewshire Council’s Corporate Asset Management Plan sets out a framework for asset management planning across the Council’s asset base. A detailed property asset review has been undertaken and completed, and a draft asset disposal strategy for land and property assets is being finalised. This forms a framework that supports new department structures, modernisation of services and improves distribution of functions of the Council. The Asset Management Plan encourages consideration of opportunities for partnership working with Community Planning Partners including the voluntary sector.

At a departmental level asset management proposals should provide scope for improved networking, sharing of common resources, opportunities for improving communication and streamlining services to customers. In addition they are expected to provide an opportunity for cost savings by disposal of less efficient properties.

NHS GG&C’s Property and Asset Management Strategy April 2012 to March 2016 was approved by the Scottish Government in April 2013. This outlines the plans for the coming years which are in line with the Boards Corporate and Service plans. The strategy
seeks to optimise the utilisation of assets in terms of service benefit and financial return in line with government policy. The strategy has a range of policy aims, one of which is to support and facilitate joint asset planning and management with other public sector organisations and the provision of the new Eastwood Health and Care Centre is one of a number of projects which meet this requirement but also support all of the other aims and objectives of the strategy.

4.10 Investment Objectives

A summary of the SMART objectives set out in the OBC, is provided below:

Customer

- Improved satisfaction with physical environment that conveys sense of value and wellbeing
- Access to a range of services and supports in a single location
- Improved service co-ordination so that they receive the best possible care and support from the professional with the skills best suited to their needs
- Services working in partnership with them and their families with a greater focus on them maintaining their independence and wellbeing
- Premises that are accessible by car and public transport.

Strategic / Service

- Infrastructure designed to facilitate and sustain the changes and outcomes for integrated Primary Care, Community Health and Social Care Services
- Promote sustainable primary care services and support a greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement
- Enable speedy access to clear and agreed health and care pathways
- Sustain and grow partnership working between public, third and independent sector
- Facilitate service remodelling and redesign in response to changing policy context and public engagement and involvement.

Efficiency

- Enable the rationalisation of NHS and Council estate and reduction in back office costs by reducing duplication and sharing services wherever possible
- Facilitate agile and mobile working for staff teams.
- Deliver a more energy efficient building, reducing CO2 emissions and contributing to a reduction in whole life costs.
Design

- Achieve a BREEAM Healthcare rating of ‘Excellent’
- Achieve a high design quality in accordance with the Board’s Design Action
- Plan and guidance available from A+DS
- Meet statutory requirements and obligations for public buildings e.g. DDA.

Population reach

- Located close to majority of Eastwood patient / customer population.

4.11 Business Scope

The project scope developed in this FBC, is essentially the design and development of facilities that meet the Investment Objectives described in Section 4.10. However, in order to establish project boundaries, a review was undertaken by key stakeholders, and the following items were established in relation to the limitation of what the project is to deliver. In line with the renewed emphasis on employability on the Single Outcome agreement and in the Council’s Outcome Delivery Plan the inclusion of a community café has received a greater priority. This will to be run as a social enterprise and training facility for people with learning disability and on their recovery journey. Costs for this will be attributed to the East Renfrewshire Council element of capital funding.

<table>
<thead>
<tr>
<th>Potential Business Scope</th>
<th>Min</th>
<th>Inter</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>To enable the CHCP to provide an integrated service for the Eastwood area spanning primary care, community health, social care, wider council and third and independent sector and acute outreach services in the area.</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To maximise clinical effectiveness and thereby improve the health of the population.</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To improve the quality of the service available to the local population by providing modern purpose built facilities</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To provide accessible services for the population of and surrounding areas.</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To support a greater focus on anticipatory care, prevention, maintenance of independence, recovery, rehabilitation and re-ablement</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To provide flexibility for future change thus enabling the CHCP to continually improve existing services and develop new services to meet the needs of the population served.</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To provide a facility that meets the needs of patients, staff and public in terms of quality environment, functionality and provision of space.</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To provide the opportunity for social enterprise and encourage other entrepreneur activity e.g. community café</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To provide additional council services that are complimentary to the core services provided by the CHCP</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To be part of the delivery of the economic redevelopment of the local area</td>
<td>☒</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.12 Resultant Service Requirements

4.12.1 General

The new centre will provide clinical and service delivery rooms for a range of health and care services, GP consulting areas and office accommodation for staff providing community outreach services along with CHCP management and business support. This will comprise the following Services, divided into categories considered essential “Minimum”, “Intermediate” and those that are desirable “Maximum”:

<table>
<thead>
<tr>
<th>Key Service Requirements</th>
<th>Min</th>
<th>Inter</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP practices</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Consulting room space</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Podiatry</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Physiotherapy</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health visitors</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School nurses</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and Families Social work</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition Team</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Child and adolescent mental health services</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwifery and antenatal clinics</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addiction/DTTO clinics</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation and enablement staff including allied health professionals, social workers, district nurses (2 clusters)</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation and enablement assessment and therapy suite</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Home care re-ablement</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Home care management</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older people’s community mental health services</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult mental health services clinics</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult mental health services</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care mental health services</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carer Support</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth health services</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Health services</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHCP HQ, Admin and support staff</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary care outreach clinics including Anticoagulant</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customer First</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library and learning services</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money advice services</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4.5

4.13 Benefits Criteria

The following are agreed as the key criteria and value against each investment objective, as previously set out in the OBC:

<table>
<thead>
<tr>
<th>Investment objective</th>
<th>Criteria</th>
<th>Design</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Customer</strong></td>
<td>Improved satisfaction with physical environment</td>
<td>Adequate Car parking</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Access to a range of services and supports in a single location</td>
<td>Access to Public, community and green transport</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improved service co-ordination to receive best possible care</td>
<td>Recognisable in the everyday routes around the community</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Services working in partnership with patient/customer</td>
<td>Feels close other local amenities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Promotes sense of wellbeing</td>
<td></td>
</tr>
<tr>
<td><strong>Strategic/Service</strong></td>
<td>Infrastructure designed to facilitate and sustain changes and outcomes</td>
<td>Promote team and partnership working</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>for Primary Care, Community Health and Social Care Services</td>
<td>Capacity for other partners and organisations to use space</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Promote sustainable primary care services</td>
<td>Design allows out of hours use of building</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enable speedy access to clear and agreed health and care pathways</td>
<td>Flexible for remodelling and redesign</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sustain and grow partnership working</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facilitate services remodelling and redesign</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Efficiency</strong></td>
<td>Enable the rationalisation of NHS and Council estate and reduction in</td>
<td>Enable the rationalisation of NHS and Council estate and reduction in</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>back office costs</td>
<td>back office costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facilitate agile and mobile working</td>
<td>Facilitate agile and mobile working</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deliver a more energy efficient building</td>
<td>Deliver a more energy efficient building</td>
<td></td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Achieve a BREEAM healthcare rating of ‘Excellent’</td>
<td>Safe and accessible access</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Achieve a high design quality</td>
<td>DDA compliant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meet statutory requirements and obligations for public buildings</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population Reach</strong></td>
<td>Location close to patient / customer population</td>
<td>Location close to patient / customer population</td>
<td>25%</td>
</tr>
</tbody>
</table>

Table 4.6
4.14 Strategic Risks

Strategic risks have been reviewed as part of the FBC process and will be managed in accordance with the risk management process outlined in the Management Case. The key strategic risks are set out in section 5.7.

The Key Stakeholders have considered the key constraints within which it is essential the project must be delivered. These will clearly have a significant impact on the way the project is procured and delivered. A summary of the key constraints identified is provided as follows.

Financial

East Renfrewshire CHCP, in line with other Boards across Scotland is facing a very challenging financial position. This will mean a very difficult balancing act between achieving Development Plan targets whilst delivering substantial cash savings.

Programme

Eastwood Health and Care Centre cannot start on site until the FBC approval is complete and the transfer to hub has been agreed.

Quality

Compliance with all current health guidance.

Sustainability

Achievement of BREEAM “Excellent” for new build.

4.15 Dependencies

The development of an Eastwood Health & Care Centre cannot be viewed in isolation. The project is linked to the implementation of a number of service redesign and efficiency projects managed through the CHCP’s Transformation Programme with support from the Council’s project management office. These initiatives are outlined in the following table.
Bi weekly CHCP PMO reviews and monthly CHCP Board & Workstream mtgs provide governance (Business Critical Projects highlighted in Red. Amber Projects likely to become critical)

PID, Timeline Plan, Flash/Scorecard Approach plus Flash Reports used to govern projects

Mtgs to focus on achieving next milestones, issues, help reqd and meeting savings targets

5 Workstreams / 40+ Projects/Sub Projects = Phase 1

A. Practice Development x 5
Sponsor – S. Baxter
1. Assessment Support Planning
2. Risk Enablement
3. Policy & Procedures
4. Customer Journey
5. ALS

B. Reshaping Care for older People x 13 +
Sponsor – T. Eltringham
1. Care at Home
2. Day Services Redesign
3. Housing Support
4. Telecare
5. New Phase TBC
6. Res (Rehabilitation and Enablement Service )
7. Redesign
8. Review of District Nursing
9. Change Fund Projects
10. Working together for Older People

C. Learning Disability/Mental Health x 5
Sponsor – T. Eltringham
1. FDP
2. Alltop
3. Day Services
4. Care
5. Respite

D. Infrastructure x 13
Sponsor – J. Murray
1. Individual Budgets
2. Financial Processes & Projects
3. PH (Service Agreements)
4. PH (Housing)
5. PH (Carers)
6. PH (Financial Assessments)
7. Web
8. Business Support Review
9. Phase 1 - Phase 2
10. Phase 1 x 5 Projects
11. Prep
12. Redesign
13. EDCMS
14. ERM Mobile Agile
15. NHS Mobile Agile
16. NHS Mobile
17. Data Protection
18. Eastwood Health and Care Project
19. EDRMS

Table 4.7

This Premises and IT project is an integral part of the CHCP transformation programme as it looks to rationalise the current CHCP estate, maximise the use of accommodation, match accommodation to future staff levels/future service requirements and ensure the CHCP and Technology strategy for both long and short term is incorporated into any decisions on premises

A key assumption in the accommodation schedule for Eastwood Health and Care Centre is that dedicated offices and desk space can be significantly reduced. Moving from a 1-1 desk ratio to 5 to 7 desks for every 10 staff members. The Agile Working Project has been set up to ensure that at least 50% of the aligned CHCP staff are migrated to a new ‘Agile Way of Working’, prior to the opening of Eastwood Health and Care Centre.

The solution is to provide staff with portable devices which they can use from home, a Team Zone in the new building, other East Renfrewshire buildings, client/patient’s home etc. These devices will provide direct access to Emails, Calendars, Shared Drives, Intranet & Internet and patient/client information systems. The scope of this project also includes enablement the development and deployment of an Electronic Document and Records Management System (EDRMS). One of the major benefits of the project is that it will allow a reduction in hardcopy storage space by a minimum of 50% in new and existing buildings it will also ensure key information is available immediately to appropriate staff members when agile working.

East Renfrewshire Council (ERC) is an equal partner in the project, with £6.5 million of capital funding secured for the project. This has been confirmed in the Council’s General Funding Capital Plan 2013/14 to 2020/21 paper dated 7 February 2013. NHSGGC and ERC have previously worked in partnership on the award winning Barrhead Health and Care Centre project and wish to build on this successful collaboration by working with Hubco to develop this new integrated facility.
4.16 Conclusion

Having revisited the strategic case set out in the OBC as noted above, it has been concluded that the case for investment remains as set out in the OBC. In addition, following review it is considered that the scope and underlying assumptions have not altered.
5  Economic Case

5.1  Critical Success Factors

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

<table>
<thead>
<tr>
<th>Key CSFs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic fit</td>
<td>In line with current NHSGGC/ ERC strategies &amp; business policies</td>
</tr>
<tr>
<td></td>
<td>Ability to meet future service requirements / demands</td>
</tr>
<tr>
<td>Supply side capacity</td>
<td>Capacity for needs now – and potential to meet future needs</td>
</tr>
<tr>
<td>Potential value for money (VfM)</td>
<td>Makes best use of available resource</td>
</tr>
<tr>
<td>Affordability</td>
<td>Ability to deliver within budget set by Scottish Government</td>
</tr>
<tr>
<td>Potential achievability</td>
<td>Can be built within HUB timescale (open by June 2015 – on site March 2014)</td>
</tr>
</tbody>
</table>

Table 5.1

5.2  Options Considered

5.2.1  Long List of Options

The following long list of options was established in conjunction with Asset Management support from ERC and NHSGGC and considered at previous stages:
Table 5.2

5.3 The Preferred Way Forward

The preferred option that developed from the OBC was for a new build Health and Care Centre constructed at the Drumby Crescent site, Clarkston. The facility will provide a range of health and care services, GP consulting areas and office accommodation for staff providing community outreach services along with CHCP management and business support.
This option is one that enables and facilitates the CHCP to commence a process of change towards a new model of integrated service delivery that maximises the effectiveness of services and of resources.

The option appraisal exercise demonstrated that this option was most likely to maximise the non-financial benefits from the project, is relatively low in terms of risks and also ranked first in the VfM analysis. It also demonstrated that the option is most likely to have the greatest impact on the increasing health needs of people living in Eastwood and also provides the best opportunity for improving the sustainability envelope i.e. it will achieve BREEAM ‘excellent’.

5.4 Shortlisted Options

5.4.1 Evaluating the Short-listed Options

During early 2012 East Renfrewshire Council conducted an Options Appraisal exercise considering potential sites for a new combined health centre. In doing so they reviewed available sites in the patient/customer population area. They also collated data from their own in-house Technical Teams and had exploratory discussions with Planning and Roads Depts. The Options Appraisal exercise concluded that the site at Drumby Crescent was their preferred option. Following advice from the Scottish Government early in 2013, East Renfrewshire CHCP were advised that the Drumby Crescent site could not be the only option considered in the OBC and that the Ayr Road site (long list Option 10) should also be evaluated at OBC stage. A further Options Appraisal workshop was therefore held on 28 February 2013 to evaluate each of the three new short list options of “Do minimum”, “New Build Drumby Crescent” and “New Build Ayr Road”.

The result of the scoring of these options set out in detail in the OBC is shown in table 5.4 below. This confirmed the new build option at Drumby Crescent as the highest ranking option.
Option 1 - Do Minimum

Option 2 - New build, Drumby Crescent, Clarkston

Option 3 - New build, Ayr Road, Newton Mearns

<table>
<thead>
<tr>
<th>Appraisal Element</th>
<th>Benefit Score</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1 - Do Minimum</td>
<td>32.00%</td>
<td>3</td>
</tr>
<tr>
<td>Option 2 - New build, Drumby Crescent, Clarkston</td>
<td>85.00%</td>
<td>1</td>
</tr>
<tr>
<td>Option 3 - New build, Ayr Road, Newton Mearns</td>
<td>50.00%</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 5.4

5.5 Summary of Economic Appraisal -

The initial capital cost estimates for the options short-listed are detailed as follows:

Initial Capital Cost Estimates.

<table>
<thead>
<tr>
<th>Option</th>
<th>Initial Capital Cost Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPTION 1 – “do minimum” – Retain existing facilities.</td>
<td>£1,200,000</td>
</tr>
<tr>
<td>OPTION 2 - “new build – Drumby Crescent, Clarkston”</td>
<td>£14,909,393*</td>
</tr>
<tr>
<td>OPTION 3 - “new build – Ayr Road, Newton Mearns”</td>
<td>£15,086,144*</td>
</tr>
</tbody>
</table>

Table 5.5

* = These initial Capital Cost estimates were provided by hubco. These costs were based on a 6,190 sqm facility @ £1,466 per sqm plus allowances for cut and fill, piling, water attenuation, culvert diversion and diversion of overhead cables. They also include Prelims (10.83%), Overheads & Profit (4%), New Project Development Fee (7.67%), Additional Management Costs (2.54%), DBFM Fees (2.13%), Hubco (1.83%).

The table below sets out the analysis, including forecast revenue impact and running costs for the short listed options:

VfM Analysis

<table>
<thead>
<tr>
<th>25 year Life Cycle</th>
<th>Option 1 - Do Minimum</th>
<th>Option 2 - New build, Drumby Crescent, Clarkston</th>
<th>Option 3 - New build, Ayr Road, Newton Mearns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appraisal Element</td>
<td>Benefit Score</td>
<td>32.00%</td>
<td>85.00%</td>
</tr>
<tr>
<td>Rank</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
### 25 year Life Cycle

<table>
<thead>
<tr>
<th></th>
<th>Option 1 - Do Minimum</th>
<th>Option 2 - New build, Drumby Crescent, Clarkston</th>
<th>Option 3 - New build, Ayr Road, Newton Mearns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Present Cost – b</td>
<td>£17,151,853</td>
<td>£24,629,235</td>
<td>£24,805,985</td>
</tr>
<tr>
<td>b Includes risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost per benefit point – b/a</td>
<td>£519,753.12</td>
<td>£289,755.70</td>
<td>£496,119.70</td>
</tr>
<tr>
<td>Rank</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Table 5.6**

The results of the benefit scoring exercise indicate a clear hierarchy and consistent gap between the preferred option and the two other options.

### 5.6 Benefits Appraisal

As set out in the OBC and noted above, the list of benefits criteria against which each of the options was scored, comprised:

- Improved satisfaction with physical environment
- Access to a range of services and supports in a single location
- Improved service coordination to receive best possible care
- Services working in partnership with patient/customer
- Infrastructure designed to facilitate and sustain changes and outcomes for Primary Care, Community Health and Social Care Services
- Promote sustainable primary care services
- Enable speedy access to clear and agreed health and care pathways
- Sustain and grow partnership working
- Facilitate services remodelling and design
- Enable rationalisation of NHS and Council estate and reduction in back office costs
- Facilitate agile and mobile working
- Deliver a more energy efficient building
- Achieve BREEAM rating of ‘Excellent’
- Achieve a high design quality
• Meet statutory requirements and obligations for public meetings
• Location close to patient/customer population

The result of the benefits scoring workshop detailed in the OBC is noted in table 5.4 above which indicates that Option 2 – new build at Drumby Crescent is the highest scoring option whilst also meeting all the critical success factors. Costs for this option have been established at stage 2 as a firm cost. These costs are set out in section 7 – The Financial Case, are xxxxxxxxxxxxxxx which is below the OBC figure noted above. This validates the outcome at OBC stage indicating that Option 2 provides the greater economic benefit compared to other options.

5.7 Risk Assessment

As noted in the OBC the risk register drives the ongoing management of risk throughout the remaining phases of the project.

The Board has developed their approach to managing operational risks during the FBC process.

NHS to expand on how this has evolved in terms of the revised combined register and governance. Also consider adding a section on the strategic / operational risks plus associated mitigation (see 4.14)
The project team have reviewed risks during the design and procurement process. A current and fully costed risk register is enclosed at Appendix D. The following table highlights the key risks and scores of the preferred option extracted from this updated Risk Register attached in Appendix D.

<table>
<thead>
<tr>
<th>Ref No</th>
<th>Risk Description</th>
<th>Risk Rating (1-25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Independant contractors (GP’s) failure to commit to project within timescales</td>
<td>20</td>
</tr>
<tr>
<td>9</td>
<td>Lack of resource NHS - Unable to manage project</td>
<td>20</td>
</tr>
<tr>
<td>10</td>
<td>Lack of resource hWS - Unable to manage project</td>
<td>20</td>
</tr>
<tr>
<td>11</td>
<td>Complexity involved in the 4 projects - new territory</td>
<td>20</td>
</tr>
<tr>
<td>13</td>
<td>Failure to agree land exchange on programme with 3rd parties</td>
<td>20</td>
</tr>
<tr>
<td>27</td>
<td>Building is not complete by Q1 2015</td>
<td>20</td>
</tr>
<tr>
<td>32</td>
<td>SI demonstrates utility provision is not sufficient</td>
<td>20</td>
</tr>
<tr>
<td>39</td>
<td>Public launch appeal against project</td>
<td>20</td>
</tr>
<tr>
<td>42</td>
<td>Financial close date is not achieved</td>
<td>20</td>
</tr>
<tr>
<td>63</td>
<td>Commercial deal for land not completed by end of the Financial year 2013</td>
<td>20</td>
</tr>
<tr>
<td>67</td>
<td>Increase in area from stage 1 submission</td>
<td>20</td>
</tr>
<tr>
<td>66</td>
<td>Legal drafting associated with the lease structure (funder requirement)</td>
<td>20</td>
</tr>
<tr>
<td>68</td>
<td>Legal drafting associated with the capital contribution. Impact of capital contribution on financial model</td>
<td>25</td>
</tr>
<tr>
<td>72</td>
<td>Changes in site layout increases the requirements of site take up</td>
<td>20</td>
</tr>
<tr>
<td>76</td>
<td>Enabling works completion impact on programme to financial close</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 5.13

5.7.1 Risk Analysis and potential cost implication

The outcome of the Risk Cost analysis exercise to establish the potential costs associated with the recorded risks at OBC stage was as follows:-

Preferred Option 2 - total risk allowance of £883,673 which represents 7.5% (1% Construction Risk + 6.5% Project Un – Assessed Risk) of the Prime Cost. UPDATE WHEN GET STAGE 2 REPORT

These risks were in addition to the site specific risks identified in the options appraisal.

A risk register has been provided in the stage E cost report. This indicates a costed risk allowance of £248,000 although it has been excluded from the estimate. The stage E costs incorporate provisional allowances of £282,000 for elements still to be designed. This represents circa 3% of the overall costs.

The revised and update costed risk register developed as part of the stage E design illustrates that the retained risk allowance is £xxxxx which represents xx% of the Prime Costs.
5.7.2 Summary and Conclusions

The option appraisal exercise at OBC stage demonstrated that the Preferred Option 2 was most likely to maximise the non financial benefits from the project and is comparatively low in terms of risks. It also demonstrated that the option is most likely to meet the increasing health and care needs of people living in the Eastwood area of East Renfrewshire.

The current risk register at FBC stage, indicates a significant reduction in the level of retained risk for the preferred option as compared to that risk at OBC stage. UPDATE WHEN GET STAGE 2 REPORT

5.8 Sensitivity Analysis

The quantitative assessment of value for money was made using NPV analysis. A summary of the NPV for each option is shown below.

<table>
<thead>
<tr>
<th>25 year Life Cycle</th>
<th>Option 1 - Do Minimum</th>
<th>Option 2 - New build, Drumby Crescent, Clarkston</th>
<th>Option 3 - New build, Ayr Road, Newton Mearns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appraisal Element</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit Score</td>
<td>32.00%</td>
<td>85.00%</td>
<td>50.00%</td>
</tr>
<tr>
<td>Rank</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Net Present Cost –</td>
<td>£17,151,853</td>
<td>£24,629,235</td>
<td>£24,805,985</td>
</tr>
<tr>
<td>Includes risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost per benefit point</td>
<td>£519,753.12</td>
<td>£289,755.70</td>
<td>£496,119.70</td>
</tr>
<tr>
<td>Rank</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
It is clear from the above that Option 2 presented the most favourable option in NPV terms with a net cost per benefit point of £289,755.70. It is noted that for Option 3, Ayr Road to become of greater economic benefit than Option 2, the cost of Option 2 would require to increase by 65% while all costs identified with Option 3 would require to remain as above.

5.9 The Preferred Option

The results of the combined quantitative and qualitative appraisal of the shortlisted options is summarised in table 5.7 above. This shows that Option 2 – New build at Drumby Crescent, gives the lowest cost per benefit point and therefore remains the preferred option.

5.10 Procurement Process

This project is being procured through the hub process via the standard form project agreement (hub DBFM Projects). The hub process sets out in detail the stages of the procurement process including:

- New Project Request
- Stage 1 (submission and approval process)
- Stage 2 (submission and approval process)
- Conclude Project Agreement (financial close)

This full business case aligns with the stage 2 which takes the design development to RIBA stage E. It will also incorporates fixed costs proposed by hubco following a detailed procurement of the design, construction and facility management services via a competitive tendering process to their supply chain.

NOTE - This FBC has been prepared on the basis of preliminary stage two information as the formal stage 2 submissions from hubco, has still to be received. The expectation is that an update of the financial section of the FBC will be provided ahead of the CIG approval process.
6 Commercial Case

6.1 Agreed Scope and Services

As identified in earlier sections, this FBC has confirmed that the preferred option at OBC stage remains the preferred option at FBC. The design proposals have been developed to RIBA stage E through an inclusive process involving key members of the NHS and ERC teams as well as various advisers including technical, financial and legal advisers. This section describes some of the key design development issues including changes since the OBC stage.

6.1.1 The Site

The proposed development site for the new Eastwood Health and Care Centre is located at Drumby Crescent, Clarkston, in the Eastwood area of East Renfrewshire. The site is owned by East Renfrewshire Council but is in process of being purchased by NHS. A planning application for the development was lodged on 27th June 2013 and approval obtained on 9th October 2013.

View to site from Drumby Crescent

Figure 5.8

The stage E design provides for 300 parking spaces on the site. This is split into:

- Patient and staff – 236
- Disabled/Parent child - 32
- Park & ride - 32

In addition a total of 38 spaces have been provided for bicycle parking.
6.1.2 Design Development

Hub West Scotland have reviewed the “Reference Design” with the Eastwood Health and Care Centre stakeholder group and developed the detailed design to stage E. A schedule of accommodation has been arrived at following a number of meetings with the users and project team.

The Schedule of Accommodation is included at Appendix E and totals a gross internal floor area of 6,015sqm, compared to the area at OBC of 5,960sqm.

As part of the exemplar design process, East Renfrewshire CHCP consulted with Architecture and Design Scotland in the development of the stage C design of the Health and Care Centre.

A Design Statement was prepared on behalf of East Renfrewshire CHCP in conjunction with the project team, PSCP and their architects, and was included in the OBC. The stage E design has been developed in accordance with the design requirements outlined at that stage. In addition the stage E design now reflects the ‘Authority Construction Requirements’ including in terms of IT strategy as previously set out in the OBC.

The stage 2 architectural design statement is included at Appendix G.

6.1.3 Surplus Estate

Given the choice of the preferred option, the existing health facilities would become surplus to the requirements of East Renfrewshire CHCP and East Renfrewshire Council. These redundant buildings would be sold off to achieve the best return. The sale of these sites and acquisition of the new site have been excluded from the costs within the FBC.

East Renfrewshire CHCP are in the process of purchasing their portion of the site and this expected to be concluded in Nov 2013. At the end of the 25 year contract, the building will revert to the participants (East Renfrewshire CHCP and East Renfrewshire Council) in proportion to their agreed shares of the building.

6.1.4 Staff to be accommodated in the new facility

The table below highlights the 322 staff intending to move to the new Eastwood Health and Care Centre.

<table>
<thead>
<tr>
<th></th>
<th>RES 1</th>
<th>RES 2</th>
<th>Mental Health</th>
<th>Directorate</th>
<th>C&amp;F</th>
<th>Support Services</th>
<th>Physio &amp; Podiatry</th>
<th>GP’s</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Managers</td>
<td></td>
<td></td>
<td>6</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Service &amp; Team Manager</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>RES 1</td>
<td>RES 2</td>
<td>Mental Health</td>
<td>Directorate</td>
<td>C&amp;F</td>
<td>Support Services</td>
<td>Physio &amp; Podiatry</td>
<td>GP’s</td>
<td>Total</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------</td>
<td>-------</td>
<td>---------------</td>
<td>-------------</td>
<td>-----</td>
<td>------------------</td>
<td>-------------------</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>Business Support</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>18</td>
<td></td>
<td>30</td>
<td>39</td>
</tr>
<tr>
<td>Medical</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td>21</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>SW/SWA</td>
<td>14</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td>25</td>
<td></td>
<td></td>
<td>58</td>
</tr>
<tr>
<td>Nursing Staff</td>
<td>12</td>
<td>11</td>
<td>7</td>
<td></td>
<td></td>
<td>13</td>
<td></td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>Therapy Staff</td>
<td>12</td>
<td>10</td>
<td>8</td>
<td></td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>Planning &amp; Commissioning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Central Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Learning &amp; Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Health Improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Finance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>46</strong></td>
<td><strong>48</strong></td>
<td><strong>25</strong></td>
<td><strong>11</strong></td>
<td><strong>51</strong></td>
<td><strong>80</strong></td>
<td><strong>6</strong></td>
<td><strong>55</strong></td>
<td><strong>322</strong></td>
</tr>
</tbody>
</table>

Table 6.2
6.1.5 Facilities Management (FM)

The Hard FM, such as building repairs and maintenance, of the new building, will be dealt with by the hubco organisation, through the appointment of a Sub Hubco as the Hard FM Service Provider.

Soft FM will be managed by East Renfrewshire CHCP.

*Discussion have been ongoing through the stage 2 design process in order to agree the detailed contractual arrangements in relation to facility management, including service levels. The contract arrangements are broadly in accordance with the standard SFT DBFM contract and have been agreed in principle by the relevant parties as part of the stage 2 process.*

6.1.6 Sustainability

As with all public sector bodies in Scotland, East Renfrewshire CHCP must contribute to the Scottish Government's purpose: ‘to create a more successful country where all of Scotland can flourish through increasing sustainable economic growth’. The Board and the PSCP team are taking an integrated approach to sustainable development by aligning environmental, social and economic issues to provide the optimum sustainable solution.

6.1.6.1 BREEAM

The requirement to achieve a BREEAM Healthcare excellent rating is integral to the business case process. A BREEAM assessment report for the project was included in the OBC and an updated assessment has been completed for the stage E design. This indicates a predicted score of 74.58% which is above the BREEAM Excellent threshold of 70%. In addition to the interim design stage assessment, a final 'post construction stage assessment' will also be undertaken.

6.1.6.2 Summary

The project team has given careful consideration to the ongoing sustainability of the Eastwood Health and Care Centre post completion. After providing a building that is designed and constructed with sustainability as one of the priorities it is then essential that the ongoing management of the facility continues these principles. The agreed contractual arrangements relating to hubco’s ongoing responsibilities in relation to managing the building, reflect this objective. In addition operational policies should be developed by the CHCP to ensure resources are utilised to their maximum and waste is minimised.

This new Health and Care Centre will lead East Renfrewshire CHCP’s journey in reducing their carbon output and make it one of the most environmentally aware buildings in their estate.

By providing this facility, the provision of the services within the new Health and Care Centre will be sustainable for the foreseeable future.

6.1.7 Changes since the OBC

A number of key project issues including design elements have developed significantly since the OBC was submitted. Some of these developments include:
1 Planning status – A planning application was registered with the planning authority on 27th June 2013. Planning approval was obtained on 9th October 2013.

2 Appointment of supply chain members including Morgan Sindall as the main contractor.

3 Total area of the building confirmed at 6,015sqm based upon an agreed schedule of accommodation (5,960sqm at OBC stage).

4 Total occupancy of the building confirmed at 322 across all disciplines (331 at OBC stage).

5 Final area and configuration of the site has been agreed and reflected on the stage E proposals.

6 Discussions are ongoing regarding the purchase of the site including the DV valuation. It is expected this will be concluded in Nov 2013.

7 Stage 1 application for building warrant has been submitted to the local authority and the stage 2 submission is currently being prepared for submission.
6.1.8 Hub initiative

The project is being procured through the hub model which has been developed as a procurement vehicle tailored to meet the community needs of Scotland.

East Renfrewshire Council (ERC) is an equal partner in the project, with £6.31 million of capital funding secured for the project. This has been confirmed in the Council’s General Funding Capital Plan 2013/14 to 2020/21 paper dated 7 February 2013 which includes up to £6.5m of capital funding, with the £6.31m being based on latest modelling.

The charging mechanisms associated with this will be based on the agreed payment process under the “Territory Partnering Agreement”. The costs incurred during this project development will be based on “using the schedule of rates” submitted by the successful PSDP (at tender stage prior to establishment of hubco) but are subject to a “capped” arrangement.

Enabling funds are being provided by hub for this project as follows:

- £500,000 allocated to East Renfrewshire Council to cover site issues such as demolition, surveys, contamination etc. and a further
- £330,000 allocated to NHS GGC towards the purchase price of their portion of the site.

6.1.9 Contractual Arrangements

The hub initiative in the West Territory is provided through a joint venture company bringing together local public sector participants, Scottish Futures Trust (SFT) and a Private Sector Development Partner (PSDP).

The West Territory hubco PSDP is a consortium consisting of Morgan Sindall and Apollo.

The hub initiative was established to provide a strategic long term programmed approach to the procurement of community based developments. To increase the value for money for this project it is intended that the Eastwood Health and Care Centre will be bundled with the similarly timed new Maryhill Health Centre. This will be achieved under a single Project Agreement utilising SFT’s standard “Design Build Finance and Maintain (DBFM) Agreement”. This bundled project will be developed by a Sub-hubco. Sub-hubCo will be funded from a combination of senior and subordinated debt and supported by a 25 year contract to provide the bundled project facilities.

The senior debt is provided by a project funder that will be appointed following a funding competition and the subordinated debt by a combination of Private Sector, Scottish Futures Trust and Participant Investment.

Sub-hubco will be responsible for providing all aspects of design, construction, ongoing facilities management and finance through the course of the project term.
Soft facilities management services (such as domestic, catering, portering and external grounds maintenance) are excluded from the Project Agreement.

Group 1 items of equipment, which are generally large items of permanent plant or equipment will be supplied, installed and maintained by Sub-hubco throughout the project term.

Group 2 items of equipment, which are items of equipment having implications in respect of space, construction and engineering services, will be supplied by East Renfrewshire CHCP, installed by Sub-hubCo and maintained by East Renfrewshire CHCP

Group 3-4 items of equipment are supplied, installed, maintained and replaced by East Renfrewshire CHCP

6.1.10 Risk Allocation

Inherent construction and operational risks are to be transferred to the Sub-hubCo. These can be summarised as follows:

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public</td>
</tr>
<tr>
<td>1 Design risk</td>
<td></td>
</tr>
<tr>
<td>2 Construction and development risk</td>
<td></td>
</tr>
<tr>
<td>3 Transitional and implementation risk</td>
<td></td>
</tr>
<tr>
<td>4 Availability and performance risk</td>
<td></td>
</tr>
<tr>
<td>5 Operating risk</td>
<td></td>
</tr>
<tr>
<td>6 Variability of revenue risks</td>
<td></td>
</tr>
<tr>
<td>7 Termination risks</td>
<td></td>
</tr>
<tr>
<td>8 Technology and obsolescence risks</td>
<td></td>
</tr>
<tr>
<td>9 Control risks</td>
<td></td>
</tr>
<tr>
<td>10 Residual value risks</td>
<td></td>
</tr>
<tr>
<td>11 Financing risks</td>
<td></td>
</tr>
<tr>
<td>12 Legislative risks</td>
<td></td>
</tr>
</tbody>
</table>

Table 8.1

6.1.11 Shared risks

Operating risk is shared risk subject to East Renfrewshire CHCP and Sub-hubCo responsibilities under the Project Agreement and joint working arrangements within operational functionality.

Termination risk is shared risk within the Project Agreement with both parties being subject to events of default that can trigger termination.
While Sub-hubCo is responsible to comply with all laws and consents, the occurrence of relevant changes in law as defined in the Project Agreement can give rise to compensate Sub-hubCo.

6.1.12 Key Contractual Arrangements

The agreement for Eastwood Health and Care Centre will be based on the SFT’s hub standard form Design Build Finance Maintain (DBFM) contract (the Project Agreement). The Project Agreement is signed at Financial Close. Any derogation to the standard form position must be agreed with SFT.

During the development of stage 2, the parties have been progressing development of the contractual documentation. The current status is that the stage E design is now market tested and reflects the collaborative approach in terms of design development and contractual terms.

Once the FBC is approved, parties will work towards financial closure and formalisation of the various contractual arrangements will take place. Sub-hubCo will delegate the design and construction delivery obligations of the Project Agreement to its building contractor. A collateral warranty will be provided in terms of other sub-contractors having a design liability. Sub-hubCo will also enter into a separate agreement with a FM service provider to provide hard FM service provision.

The term will be for 25 years.

Termination of Contract – as the NHS will own the site, the building will remain in ownership of the NHS throughout the term, but be contracted to Sub-hubCo. On expiry of the contract the facility remains with East Renfrewshire CHCP

The preferred option site will be owned by both NHS GGC and East Renfrewshire Council. The building will remain in both of their ownerships throughout the term (although contracted to Sub –hubco) and on termination will revert to both NHS GGC and East Renfrewshire Council.

East Renfrewshire CHCP cannot free up all the capital funding required for the development. It is therefore intended that East Renfrewshire CHCP enter into an agreement with hubco to deliver the new facility under DBFM under revenue costs arrangement (with land owned by East Renfrewshire Council).

Service level specifications have been developed and details the standard of output services required and the associated performance indicators. Sub-hubCo will provide the services in accordance with its method statements and quality plans which indicate the manner in which the services will be provided.

East Renfrewshire CHCP will not be responsible for the costs to Sub-hubCo of any additional maintenance and/or corrective measures if the design and/or construction of the facilities and/or components within the facilities do not meet the Authority Construction Requirements.

Not less than 2 years prior to the expiry date an inspection will be carried out to identify the works required to bring the facilities into line with the hand-back requirements which are set out in the Project Agreement.
Sub-hubCo will be entitled to an extension of time on the occurrence of a Delay Event and to an extension of time and compensation on the occurrence of Compensation Events.

East Renfrewshire CHCP has set out its construction requirements in a series of documents. Sub-hubCo is contractually obliged to design and construct the facilities in accordance with the Authority’s Construction Requirements.

East Renfrewshire CHCP has a monitoring role during the construction process and only by way of the agreed Review Procedure and/or the agreed Change Protocol will changes occur. Sub-hubCo may be entitled to an extension of time and additional money if East Renfrewshire CHCP requests a change.

East Renfrewshire CHCP and Sub-hubCo will jointly appoint an Independent Tester who will also perform an agreed scope of work that includes such tasks as undertaking regular inspections during the works, certifying completion, attending site progress and reporting on completion status, identifying non compliant work and reviewing snagging.

East Renfrewshire CHCP will work closely with Sub-hubCo to ensure that the detailed design is completed prior to financial close. Any areas that do remain outstanding will, where relevant, be dealt with under the Reviewable Design Data and procedures as set out in the Review Procedure.

The Project Agreement details the respective responsibilities towards malicious damage or vandalism to the facilities during the operational terms. East Renfrewshire CHCP have an option to carry out a repair itself or instruct Sub-hubCo to carry out rectification.

Compensation on termination and refinancing provisions will follow the standard contract positions.

6.2 Method of Payment

East Renfrewshire CHCP will pay for the services in the form of an Annual Service Payment.

A standard contract form of Payment Mechanism will be adopted within the Project Agreement with specific amendments to reflect the relative size of the project, availability standards, core times, gross service units and a range of services specified in the Service Requirements.

East Renfrewshire CHCP will pay the Annual Service Payment to Sub-hubCo on a monthly basis, calculated subject to adjustments for previous over/under payments, deductions for availability and performance failures and other amounts due to Sub-hubCo.

The Annual Service Payment is subject to indexation as set out on the Project Agreement by reference to the Retail Price Index published by the Government’s National Statistics Office. Indexation will be applied to the Annual Service Payment on an annual basis. The base date will be the date on which the project achieves Financial Close.

Costs such as utilities and operational insurance payments are to be treated as pass through costs and met by East Renfrewshire CHCP. In addition East Renfrewshire CHCP is directly responsible for arranging and paying all connection, line rental and
usage telephone and broadband charges. Local Authority rates are being paid directly by East Renfrewshire CHCP.

6.3 **Agreed Personnel Arrangements**

ERC and NHS GGC have agreed that there will be no requirement for TUPE transfer between both parties.

6.4 **Agreed Implementation Timescale**

The agreed implementation timetable is:

- FBC submission for CIG Meeting – 12th Nov 2013
- CIG meeting - 17th Dec 2013
- Planning Approval – 9th October 2013
- Financial Close -29th January 2014
- Site Start – March 2014
- Construction Completion – 11th June 2015
- Service Commencement - 11th June 2015

6.5 **Agreed Accountancy Treatment**

The project will be delivered under a Design Build Finance Maintain (DBFM) service contract with a 25 year term. The assets will revert to NHSGG&C and East Renfrewshire Council at the end of the term for no additional consideration.

The Scottish Future Trust’s paper, “Guide to NHS Balance Sheet Treatment” states:

“under IFRS [International Financial Reporting Standards], which has a control based approach to asset classification, as the asset will be controlled by the NHS it will almost inevitably be regarded as on the public sector’s balance sheet”.

The DBFM contract is defined as a service concession arrangement under the International Financial Reporting Interpretation Committee Interpretation 12, which is the relevant standard for assessing PPP contracts. This position will be confirmed by NHS GGC's auditors before the Full Business Case is adopted. As such, the scheme will be “on balance sheet” for the purposes of NHS GG&C’s financial statements.

NHS GG&C will recognise the cost, at fair value, of the property, plant and equipment underlying the service concession (the health centre) as a non-current fixed asset and
will record a corresponding long term liability. The asset's carrying value will be determined in accordance with International Accounting Standard 16 (IAS16) subsequent to financial close, but is assumed to be the development costs for the purposes of internal planning. On expiry of the contract, the net book value of the asset will be equivalent to that as assessed under IAS16.

The lease rental on the long term liability will be derived from deducting all operating, lifecycle and facilities management costs from the unitary charge payable to the hubco. The lease rental will further be analysed between repayment of principal, interest payments and contingent rentals.

The overall annual charge to the Statement of Comprehensive Net Expenditure will comprise of the annual charges for operating, lifecycle and maintenance costs, contingent rentals, interest and depreciation.

The facility will appear on NHSGG&C’s balance sheet, and as such, the building asset will incur annual capital charges. NHSGG&C anticipate it will receive an additional ODEL IFRS (Out-with Departmental Expenditure Limit) allocation from SGHD to cover this capital charge, thereby making the capital charge cost neutral.

6.5.1 ESA95 (European System of Accounts 1995)

As a condition of Scottish Government funding support, all DBFM projects, as revenue funded projects, need to meet the requirements of revenue funding. The key requirement is that they must be considered as a "non-government asset" under ESA95.

For an asset to be classified as a non-government asset under ESA 95, two of the following three risks have to have been transferred to the private sector provider:

- Construction Risk;
- Availability Risk; and/or
- Demand Risk.

The standard form hub DBFM legal documentation has been drafted such that construction and availability risk are transferred to hubco. On this basis, it is expected that the Eastwood scheme will be treated as a "non-government asset" for the purposes of ESA 95. We note that any capital contribution may affect this position and so we consider the East Renfrewshire Council capital contribution below.

Scottish Futures Trust have advised that capital contributions should not exceed 45% of a hub scheme’s total capital costs so as not to breach the construction risk requirement. The table below sets out our analysis of the proposed capital contribution to the Eastwood scheme:

<table>
<thead>
<tr>
<th>Proposed Capital</th>
<th>Total Bundle</th>
<th>Percentage</th>
<th>Eastwood</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>contribution</td>
<td>capex</td>
<td>scheme capex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>£6.132m</td>
<td>£25.902m</td>
<td>£14.675m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.7%</td>
<td>41.80%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 9.11

As Eastwood is to be bundled with the Maryhill project this risk diminishes significantly. hub West Scotland has committed in its Stage 1 submission to engage with all key stakeholders (NHS GG&C, East Renfrewshire Council and SFT) to reach an agreement as to how to draw down this capital funding in a manner which does not breach ESA95 requirements.

NOTE - UPDATE STATEMENT AND TABLE WHEN WE GET FINAL STAGE 2 COSTS FOR EASTWOOD AND MARYHILL

__________________________
7 The Financial Case

THIS ENTIRE SECTION WILL BE REWRITTEN UPON RECEIPT OF THE STAGE TWO REPORT AND MODELS. CURRENTLY LEFT AS OBC.

It is proposed that the Eastwood Health and Care Centre project will be one of two schemes contained within the Eastwood – Maryhill DBFM bundle being procured through hub West Scotland by NHS Greater Glasgow & Clyde (NHSGG&C)

The financial case for the preferred option, option 2 New Build Eastwood Health and Care Centre at Drumby Crescent, Clarkston sets out the following key features:

- Revenue Costs and associated funding
- Capital Costs and associated funding.
- Statement on overall affordability position
- Financing and subordinated debt.
- The financial model
- Risks
- The agreed accounting treatment and ESA95 position.

7.1 Revenue Costs & Funding

7.1.1 Revenue Costs and Associated Funding for the Project

The table below summarises the recurring revenue cost with regard to the Eastwood Health and Care Centre scheme.

In addition to the revenue funding required for the project, capital investment will also be required for land purchase including site investigation (£1,020k) equipment (£500k) and subordinated debt investment (£360k) Details of all the revenue and capital elements of the project together with sources of funding are presented below:

Recurring Revenue Costs Table

<table>
<thead>
<tr>
<th>First full year of operation</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Additional Recurring Costs</strong></td>
<td>£’000</td>
</tr>
<tr>
<td>Unitary Charge (including risk and net of ERC capital contribution)</td>
<td>1,098.7</td>
</tr>
<tr>
<td>Depreciation on Equipment</td>
<td>50.0</td>
</tr>
<tr>
<td>Heat, Light &amp;Power, Rates &amp; Domestics services</td>
<td>386.3</td>
</tr>
<tr>
<td>Client Facilities Management (FM) Costs</td>
<td>15.5</td>
</tr>
<tr>
<td><strong>Total Additional Recurring costs for Project</strong></td>
<td>1,550.5</td>
</tr>
</tbody>
</table>

Table 9.1
7.1.2 **Unitary Charge.**

The Unitary Charge (UC) is derived from both the hub West Scotland Stage 1 submission dated 17th May 2013 and the Annex D Financial Model Eastwood v3 and represents the risk adjusted Predicted Maximum Unitary Charge of £1,098.7k pa based on a price base date of November 2012.

East Renfrewshire Council (ERC) will make a capital contribution equal to the value of the capital and finance cost for its share of the building, thereby eliminating its proportion of the unitary charge relating to capital & financing. The UC figure presented above is therefore a net UC figure after ERC’s capital contribution. The UC will be subject to variation annually in line with the actual Retail Price Index (RPI) which is estimated at 2.5% pa in the financial model.

7.1.3 **Depreciation**

Depreciation of £50k relates to a 5% allowance assumed for capital equipment equating to £500k including VAT and is depreciated on a straight line basis over an assumed useful life of 10 years.

7.1.4 **HL&P, Rates & Domestic Costs**

HL&P costs are derived from existing Health Centre costs and a rate of £19.61/m² has been used.

Rates figures have been provided by external advisors and an allowance for water rates of £2.60/m² has also been included.

Domestic costs are derived from existing Health Centre costs and a rate of £20.38/m² has been used.

7.1.5 **Client FM Costs**

A rate of £2.60/m² has been provided by the Boards technical advisors based on their knowledge of other existing PPP contracts.

7.1.6 **Costs with regard to Services provided in new Health Centre**

NHS staffing and non pay costs associated with the running of the health centre are not expected to increase with regard to the transfer of services to the new facility. Council staff costs are also not expected to rise and whilst non-pay costs are still under review any increase would be addressed within the Council’s budget deliberations and will not be an issue for the project.

7.1.7 **Recurring Funding Requirements – Unitary Charge (UC)**

A letter from the Acting Director – General Health & Social Care and Chief Executive NHS Scotland issued on 22nd March 2011 stated that the Scottish Government had agreed to fund certain components of the Unitary Charge as follows:

100% of construction costs;

100% of private sector development costs;

100% of Special Purpose Vehicle (SPV) running costs during the construction phase;

100% of SPV running costs during operational phase;
50% of lifecycle maintenance costs.

Based on the above percentages the element of the UC to be funded by SGHD is £859.8k which represents 78.3% of the total UC, leaving NHSGG&C and ERC to fund the remaining £238.9k (21.7%). This split is tabled below:

<table>
<thead>
<tr>
<th>UNITARY CHARGE</th>
<th>Unitary Charge £’000</th>
<th>SGHD Support %</th>
<th>SGHD Support £’000</th>
<th>NHSGGC Cost £’000</th>
<th>ERC Cost £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capex incl group1equipment (Net)</td>
<td>890.1</td>
<td>100</td>
<td>824.1</td>
<td>0</td>
<td>66.0</td>
</tr>
<tr>
<td>Life cycle Costs NHS</td>
<td>71.5</td>
<td>50</td>
<td>35.7</td>
<td>35.8</td>
<td>0</td>
</tr>
<tr>
<td>Life cycle Cost ERC</td>
<td>45.8</td>
<td>0</td>
<td>0</td>
<td>45.8</td>
<td></td>
</tr>
<tr>
<td>Hard FM NHS</td>
<td>55.6</td>
<td>0</td>
<td>0</td>
<td>55.6</td>
<td>0</td>
</tr>
<tr>
<td>Hard FM ERC</td>
<td>35.7</td>
<td>0</td>
<td>0</td>
<td>35.7</td>
<td></td>
</tr>
<tr>
<td><strong>Total Unitary Charge including Risk</strong></td>
<td><strong>1098.7</strong></td>
<td></td>
<td><strong>859.8</strong></td>
<td><strong>91.4</strong></td>
<td><strong>147.5</strong></td>
</tr>
</tbody>
</table>

Table 9.2

### 7.1.8 Sources of NHSGG&C recurring revenue funding

The table below details the various streams of income and reinvestment of existing resource assumed for the project.

<table>
<thead>
<tr>
<th>NHSGG&amp;C Income &amp; Reinvestment</th>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing Revenue Funding – Depreciation</td>
<td>26.2</td>
</tr>
<tr>
<td>Existing Revenue Funding - HL&amp;P, Rates &amp; Domestic costs NHSGG&amp;C</td>
<td>182.8</td>
</tr>
<tr>
<td>Additional Revenue Funding – HL&amp;P, Rates &amp; Domestic costs GPs contribution</td>
<td>149.0</td>
</tr>
<tr>
<td>Additional Revenue Funding via GPs</td>
<td>100.6</td>
</tr>
<tr>
<td><strong>Sub total</strong></td>
<td><strong>458.6</strong></td>
</tr>
<tr>
<td>East Renfrewshire Council Unitary Charge</td>
<td>81.5</td>
</tr>
<tr>
<td>East Renfrewshire Council Unitary Charge Risk</td>
<td>66.0</td>
</tr>
<tr>
<td>East Renfrewshire Council running costs</td>
<td>156.9</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td><strong>304.4</strong></td>
</tr>
<tr>
<td><strong>Total Recurring Revenue Funding</strong></td>
<td><strong>763.0</strong></td>
</tr>
</tbody>
</table>

Table 9.3
7.1.9 **Depreciation**

Annual costs for depreciation outlined above relate to current building and capital equipment. The budget provision will transfer to the new facility.

7.1.10 **H, L & P, Rates & Domestic Costs & GP’s Contribution**

All heat, light & power, rates and domestic budget provision for current buildings will transfer to the new facility. This is reflected above in the NHSGG&C contribution. Current budget provision for rent / rates of existing GP premises will also transfer to the new facility as reflected above.

7.1.11 **Additional Revenue Funding**

This relates to indicative contributions from GPs within the new facility.

7.1.12 **East Renfrewshire Council**

Budget provision for existing Council premises will transfer to the new facility. Should any shortfall be identified this will be addressed through the Council revenue budget process and therefore does not pose any financial risk.

7.1.13 **Summary of revenue position**

In summary the total revenue funding and costs associated with project are as follows:

<table>
<thead>
<tr>
<th>Recurring Revenue Funding</th>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGHD Unitary Charge support</td>
<td>859.8</td>
</tr>
<tr>
<td>NHSGG&amp;C recurring funding per above</td>
<td>458.6</td>
</tr>
<tr>
<td>NHSGGC funding from ERC per above</td>
<td>304.4</td>
</tr>
<tr>
<td><strong>Total Recurring Revenue Funding</strong></td>
<td>1,622.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Recurring Revenue Costs</th>
<th>1,550.5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net surplus at OBC stage</strong></td>
<td>72.3</td>
</tr>
</tbody>
</table>

*Table 9.4*

The above table highlights that at OBC and Stage 1 Submission stage, the Board has a surplus of £72.3k which will assist the Board in dealing with any cost pressures within the other NHSGG&C front runner hub DBFM projects.

7.2 **Capital Costs & Funding**

Although this project is intended to be funded as a DBFM project i.e. revenue funded, there are still requirements for the project to incur capital expenditure. This is detailed below:
Capital costs and associated funding for the project

<table>
<thead>
<tr>
<th>Capital Costs</th>
<th>£'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land purchase &amp; Fees</td>
<td>1,020</td>
</tr>
<tr>
<td>Group 2-5 equipment Including VAT NHS</td>
<td>500</td>
</tr>
<tr>
<td>Sub debt Investment</td>
<td>360</td>
</tr>
<tr>
<td><strong>Total Capital cost</strong></td>
<td><strong>1,880</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sources of Funding</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSGG&amp;C Formula Capital</td>
<td>860</td>
</tr>
<tr>
<td>SGHD Capital</td>
<td>1,020</td>
</tr>
<tr>
<td><strong>Total Sources of Funding</strong></td>
<td><strong>1,880</strong></td>
</tr>
</tbody>
</table>

Table 9.5

7.2.1  Land Purchase

A capital allocation for the land purchase of £1,020k including the cost for survey fees has been incorporated in NHSGG&C’s 2013/14 capital plan.

7.2.2  Group 2-5 Equipment

An allowance of £500k including VAT has been assumed for the Eastwood Project. An equipment list is currently being developed which will also incorporate any assumed equipment transfers. It is therefore anticipated the current equipment allowance of £500k will reduce at FBC stage.

7.2.3  Sub Debt Investment

In its letter dated 6th July 2012, the Scottish Government set out the requirement for NHS Boards in relation to investment of subordinated debt in hub DBFM schemes.

“each NHS Board with a direct interest in the project being finance will be required to commit to invest subordinated debt, up to a maximum of 30% of the total subdebt requirement (i.e. the same proportion as the local participant ownership of hubco)”. At this stage of the project it is assumed that the Board will be required to provide the full 30% investment. Confirmation will be requested from the other participants during the stage 2 process. The value of investment assumed at OBC stage is £360k for which NHSGG&C has made provision in its capital programme.

7.2.4  Non Recurring Revenue Costs

There will be non-recurring revenue costs in terms of advisors’ fees and removal/commissioning costs associated with the project which have been calculated at £160k. These non recurring revenue expenses have been recognised in the Board’s financial plans.

7.2.5  Disposal of Current Health Centre

The OBC is predicated on the basis that the existing Health Centre, which is not fit for purpose, will be disposed of once the new facility becomes available. There will be a
non recurring impairment cost to reflect the run down of the facility. The net book value as at 31st March 2013 is £725k. Following disposal, any resultant capital receipt will be accounted for in line with recommendations contained in CEL 32 (2010).

7.3 Statement on Overall Affordability

The current financial implications of the project in both capital and revenue terms as presented in the above tables confirm the projects affordability. The position will continually be monitored and updated as we progress towards Full Business Case (FBC).

7.4 Financing & Subordinated Debt

7.4.1 hubco’s Financing Approach

hub West Scotland (hWS) will finance the project through a combination of senior debt, subordinated debt and equity. The finance will be drawn down through a sub-hubco special purpose vehicle that will be set-up for the two projects.

The senior debt facility will be provided by either a bank or insurance company. It is likely they will provide up to 90% of the total costs of the projects. The remaining balance will be provided by hWS’ shareholders in the form of subordinated debt (i.e. loan notes whose repayment terms are subordinate to that of the senior facility) and pin-point equity. It is currently intended that the subordinated debt will be provided to the sub-hubco directly by the relevant Member.

7.4.2 Current finance assumptions

The table below details the current finance requirements from the different sources, as detailed in the Eastwood financial model submitted with hubco’s Stage 1 submission.

<table>
<thead>
<tr>
<th></th>
<th>Eastwood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Debt (£000)</td>
<td>8,280</td>
</tr>
<tr>
<td>Sub debt (£000)</td>
<td>1,199</td>
</tr>
<tr>
<td>Equity (£000)</td>
<td>0.01</td>
</tr>
<tr>
<td>Total Funding</td>
<td>9,480</td>
</tr>
</tbody>
</table>

Table 9.6

The financing requirement will be settled at financial close as part of the financial model optimisation process.

7.4.3 Subordinated debt

In its letter dated 6th July 2012, the Scottish Government set out the requirement for NHS Boards in relation to investment of subordinated debt in hubco:
“each NHS Board with a direct interest in the project being financed will be required to commit to invest subordinated debt, up to the maximum of 30% of the total sub debt requirement (i.e. the same proportion as the local participant ownership of hubco)”.

Therefore our expectation is that subordinated debt will be provided in the following proportions: 60% private sector partners, 30% NHS Greater Glasgow & Clyde and 10% Scottish Futures Trust. However, we note that East Renfrewshire Council may take up its option to invest in the project, which may reduce the investment requirement for NHS GG&C, though this is not confirmed at this stage.

The value of the required subdebt investment is as follows:

<table>
<thead>
<tr>
<th>Proportion of subdebt</th>
<th>NHS GG&amp;C</th>
<th>SFT</th>
<th>hubco</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>£ subdebt</td>
<td>359,746</td>
<td>119,915</td>
<td>719,493</td>
<td>£1,199,155</td>
</tr>
</tbody>
</table>

Table 9.7

NHS Greater Glasgow & Clyde confirms that it has made provision for this investment within its capital programme.

It is assumed the sub-ordinated debt will be invested at financial close, and therefore there would be no senior debt bridging facility.

7.4.4 Senior Debt

hubco has proposed that the senior debt will be provided by Aviva. hubco's review of the funding market has advised that Aviva currently offers the best value long term debt for the projects. This is principally because of:

- Aviva’s knowledge and experience in the health sector
- Aviva’s appetite for long term lending to match the project term
- Aviva’s lower overall finance cost in terms of margins and fees
- Aviva’s reduced complexity of their lending documentation and due diligence requirements.

At the current time, hubco has not run a formal funding competition, as Aviva offers the best value finance solution within the senior debt market. However, hubco are constantly reviewing the funding market, and if long term debt options appear in the market that are competitive with Aviva’s offer, then a more formal review will take place. As part of the hub process, no funding competition is required at this stage of the process.
The principal terms of the senior debt, which are included within the financial model, are as follows:

<table>
<thead>
<tr>
<th>Metric</th>
<th>Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margin during construction</td>
<td>2.25%</td>
</tr>
<tr>
<td>Margin during operations</td>
<td>2.25%</td>
</tr>
<tr>
<td>Arrangement fee</td>
<td>1.00%</td>
</tr>
<tr>
<td>Commitment fee</td>
<td>2.25%</td>
</tr>
<tr>
<td>Maximum gearing</td>
<td>90%</td>
</tr>
</tbody>
</table>

**Table 9.8**

An Aviva term sheet, or confirmation of Aviva’s terms have not yet been received from hubco, though NHS GG&C’s financial advisors confirm that these terms modelled are in line with Aviva’s approach in the market currently.

### 7.5 Financial Model

For the purposes of the OBC, Maryhill and Eastwood projects are represented within two separate financial models. This is to ensure transparency at this stage for the two separate authorities (Great Glasgow Health Board and East Renfrewshire Council).

The two models may be combined later in the procurement process to show the bundled projects within one sub-hubco. This will create certain financial efficiencies (for example, in regard to sub hubco management fees), and these are detailed as part of this OBC.

The key outputs and outputs of the financial model are detailed below

<table>
<thead>
<tr>
<th>Output</th>
<th>Eastwood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Annual Service Payment</td>
<td>£33,215k</td>
</tr>
<tr>
<td>Nominal project return</td>
<td>6.47%</td>
</tr>
<tr>
<td>Nominal blended equity return</td>
<td>10.50%</td>
</tr>
<tr>
<td>Gearing</td>
<td>87.5%</td>
</tr>
<tr>
<td>All-in cost of debt (including 0.5% buffer)</td>
<td>5.05%</td>
</tr>
<tr>
<td>Minimum ADSCR(^5)</td>
<td>1.218</td>
</tr>
<tr>
<td>Minimum LLCR(^6)</td>
<td>1.218</td>
</tr>
</tbody>
</table>

**Table 9.9**

---

\(^5\) Annual Debt Service Cover Ratio: The ratio between operating cash flow and debt service during any one-year period. This ratio is used to determine a project’s debt capacity and is a key area for the lender achieving security over the project

\(^6\) The LLCR is defined as the ratio of the net present value of cash flow available for debt service for the outstanding life of the debt to the outstanding debt amount and another area for the lender achieving security over the project
The all-in cost of senior debt includes an estimated swap rate of 2.30%, margin of 2.25% and an interest rate buffer of 0.50%. The buffer protects against interest rate rises in the period to financial close. The current (20th March 2013) Aviva 6% 2028 Gilt, which the underlying debt is priced off, is 2.47%. Therefore, current swap rates are above those assumed in the financial models. However, the interest rate buffer is currently covering this difference.

The financial model will be audited before financial close, as part of the funder’s due diligence process.

7.5.1 Financial efficiencies through project bundling

We illustrate below areas for potential savings within the financial model through bundling.

<table>
<thead>
<tr>
<th>Area for Potential Efficiency</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency fees – the funder’s annual fee for administering the loan may be spread across multiple projects</td>
<td>Currently modelled at £15,000 per annum (construction period) £10,000 per annum (operations period) for both Eastwood and Maryhill</td>
</tr>
<tr>
<td>Due Diligence costs – the appointment of a single team undertaking due diligence leads to financial efficiencies (e.g. single set of project documentation, funding documentation)</td>
<td>Eastwood £108,517 Maryhill £73,570</td>
</tr>
<tr>
<td>Financial modelling – the reduced number of models to build and arrange for audit</td>
<td>Eastwood £27,496 Maryhill £18,641</td>
</tr>
<tr>
<td>Sub hubco management fees – the bundling of project will lead to financial efficiencies, as costs (especially labour costs) can be spread across the projects.</td>
<td>Currently modelled at £100,000 per annum for both Eastwood and Maryhill</td>
</tr>
</tbody>
</table>

Table 9.10

It should be noted that there is not anticipated to be any savings in the funding margins and fees for bundling multiple projects, due to the finance product that Aviva offers.

hubco has set out a number of areas for potential savings within its Stage 1 submission. It has not sought to quantify these at this stage as those numbers will be dependent on information received from supply chain bidders and more certainty over site and programme (e.g. having a single D&B contract). Hubco believe they will be able to assign values to these financial savings during the Stage 2 process.

7.6 Risks

The key scheme specific risks are set out in the Eastwood Health and Care Centre Risk Register, which is held at Appendix C to this Outline Business Case. This has been developed by joint risk workshops with hub West Scotland. The risk register ranks 66
separate risks according to their likely impact (red, amber, green). It is anticipated that the majority of these risks will be fully mitigated, or mitigated to manageable levels in the period prior to FBC submission and financial close.

The unitary charge payment will not be confirmed until financial close. The risk that this will vary due to changes in the funding market (funding terms or interest rates) sits with NHS GG&C. This is mitigated by the funding mechanism for the Scottish Government revenue funding whereby Scottish Government’s funding will vary depending on the funding package achieved at financial closed.

A separate, but linked, risk is the risk that the preferred funder will withdraw its offer. This is a risk which needs to be considered when the funding market for revenue projects is difficult. This will be monitored by means of ongoing review of the funding market by NHS GG&C’s financial advisers and periodic updates from hubco and its funders of the deliverable funding terms (through the Funding Report). This will incorporate review of the preferred lender’s commitment to the project as well. This will allow any remedial action to be taken as early in the process as possible, should this be required. hubco’s financial model currently includes a small buffer in terms of the interest rate which also helps mitigate against this price risk adversely impacting on the affordability position.

The project’s affordability position is reliant on capital funding including a capital contribution from East Renfrewshire Council. Were this withdrawn then the impact would be that NHS GG&C would have to revisit the scheme’s scope or find alternative capital funding for affordability purposes. This risk is considered to be sufficiently mitigated: the Council has approved the capital contribution to the scheme and the contribution has been reported in Council budgets.

At financial close, the agreed unitary charge figure will be subject to indexation, linked to the Retail Prices Index. This risk will remain with NHS GG&C over the contract’s life for those elements which NHS GG&C has responsibility (100% hard FM, 50% lifecycle). NHS GG&C will address this risk through its committed funds allocated to the project.

The affordability analysis incorporates that funding will be sought from GP practices who are relocating to the new health centre. This funding will not be committed over the full 25 year period and as such is not guaranteed over the project’s life. This reflects NHS GG&C’s responsibility for the demand risk around the new facility.

The project team will continue to monitor these risks and assess their potential impact throughout the period to FBC and financial close.

7.7 Accounting Treatment and ESA95

This section sets out the following:

- the accounting treatment for the Eastwood scheme for the purposes of NHS GG&C’s accounts, under International Financial Reporting standards as applied in the NHS; and
- how the scheme will be treated under the European System of Accounts 1995, which sets out the rules for accounting applying to national statistics.
7.7.1 Accounting treatment

The project will be delivered under a Design Build Finance Maintain (DBFM) service contract with a 25 year term. The assets will revert to NHSGG&C and East Renfrewshire Council at the end of the term for no additional consideration.

The Scottish Future Trust's paper, "Guide to NHS Balance Sheet Treatment"7 states:

"under IFRS [International Financial Reporting Standards], which has a control based approach to asset classification, as the asset will be controlled by the NHS it will almost inevitably be regarded as on the public sector's balance sheet".

The DBFM contract is defined as a service concession arrangement under the International Financial Reporting Interpretation Committee Interpretation 12, which is the relevant standard for assessing PPP contracts. This position will be confirmed by NHS GGC’s auditors before the Full Business Case is adopted. As such, the scheme will be “on balance sheet” for the purposes of NHS GG&C’s financial statements.

NHS GG&C will recognise the cost, at fair value, of the property, plant and equipment underlying the service concession (the health centre) as a non-current fixed asset and will record a corresponding long term liability. The asset's carrying value will be determined in accordance with International Accounting Standard 16 (IAS16) subsequent to financial close, but is assumed to be the development costs for the purposes of internal planning. On expiry of the contract, the net book value of the asset will be equivalent to that as assessed under IAS16.

The lease rental on the long term liability will be derived from deducting all operating, lifecycle and facilities management costs from the unitary charge payable to the hubco. The lease rental will further be analysed between repayment of principal, interest payments and contingent rentals.

The overall annual charge to the Statement of Comprehensive Net Expenditure will comprise of the annual charges for operating, lifecycle and maintenance costs, contingent rentals, interest and depreciation.

The facility will appear on NHSGG&C’s balance sheet, and as such, the building asset will incur annual capital charges. NHSGG&C anticipate it will receive an additional ODEL IFRS (Out-with Departmental Expenditure Limit) allocation from SGHD to cover this capital charge, thereby making the capital charge cost neutral.

7.7.2 ESA95 (European System of Accounts 1995)

As a condition of Scottish Government funding support, all DBFM projects, as revenue funded projects, need to meet the requirements of revenue funding. The key requirement is that they must be considered as a "non-government asset" under ESA95.

For an asset to be classified as a non-government asset under ESA 95, two of the following three risks have to have been transferred to the private sector provider8:

- Construction Risk;
- Availability Risk; and/or
- Demand Risk.

The standard form hub DBFM legal documentation has been drafted such that construction and availability risk are transferred to hubco. On this basis, it is expected that the Eastwood scheme will be treated as a “non-government asset” for the purposes of ESA 95. We note that any capital contribution may affect this position and so we consider the East Renfrewshire Council capital contribution below.

Scottish Futures Trust have advised that capital contributions should not exceed 45% of a hub scheme’s total capital costs so as not to breach the construction risk requirement. The table below sets out our analysis of the proposed capital contribution to the Eastwood scheme:

<table>
<thead>
<tr>
<th>Proposed capital contribution</th>
<th>Total bundle capex</th>
<th>Percentage</th>
<th>Eastwood scheme capex</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>£6.132m(^9)</td>
<td>£25.902m</td>
<td>23.7%</td>
<td>£14.675m(^10)</td>
<td>41.80%</td>
</tr>
</tbody>
</table>

Table 9.11

Should Eastwood proceed as a single scheme, then the ESA95 position will need to be carefully monitored, given the proximity to the 45% threshold. This position will be revisited to confirm at full business case stage. Where Eastwood is bundled with another project, or projects, then this risk diminishes.

hub West Scotland has committed in its Stage 1 submission to engage with all key stakeholders (NHS GG&C, East Renfrewshire Council and SFT) to reach an agreement as to how to draw down this capital funding in a manner which does not breach ESA95 requirements.

7.8 Value for Money

The Predicted Maximum Cost provided by Hubco in their Stage 1 submission has been reviewed by external advisers and validated as representing value for money.

The costs have been compared against other similar comparators with adjustment to reflect specific circumstances and industry benchmarks, compliance with method statements and individual cost rates where appropriate.

The Stage 1 submission also provided confirmation that proposals will meet relevant targets and commitments in the KPI’s. In particular, the Stage 1 submission identified that Design Quality and Recruitment and Training as being of significant importance.

---


\(^9\) Taken from financial model and consistent with Stage 1 submission

\(^10\) Stage 1 predicted maximum cost
For Stage 2, Hubco are expected to achieve further value for money through market testing.
8 Management Case

8.1 Overview

This section summarises the planned management approach setting out key personnel, the organisation structure and the tools and processes that will be adopted to deliver and monitor the scheme.

Section 8.2 summarises the approach to the project to date, based on the delivery of the Full Business Case under a DBFM route.

8.2 The remainder of this section looks forward to the planned delivery of the scheme. In particular due recognition is given to how this management structure will operate within the hubco framework and in line with the “Territory Partnering Agreement”, and the standard “DBFM Agreement”. Management Approach up to FBC Stage

An Eastwood Health and Care Centre Project Board has been established to oversee the project, chaired by the CHCP director, who has delegated authority from East Renfrewshire Council to proceed with the project but reports on a regular basis to the Council’s Corporate Management Team and CHCP Committee.

Membership of the group includes representation from:

- CHCP: Planning, Management, Clinical Director
- Public Partnership Forum
- NHSGGC: Capital Planning, Property, Facilities, Capital Accounts
- ERC: Finance, Property and Technical Services
- West Hub Territory
- Hubco.

The Project Board reports to the NHSGGC Hub Steering Group, which oversees the delivery of all NHSGCC hub projects, through the CHCP Director. This Group is chaired by the Glasgow City CHP Director and includes representatives from other Project Boards within NHSGGC, Capital Planning, Facilities, Finance, hub Territory and Hubco.

The CHCP has delegated authority from East Renfrewshire Council to proceed with the project but reports on a regular basis to the Council’s Corporate Management Team and CHCP Committee.

These arrangements are depicted in the following project governance structure diagram.
Figure 10.1

The following key appointments will be responsible for the management of the project.

- **Project Director** – East Renfrewshire CHCP (Julie Murray)
- **Finance Manager** – East Renfrewshire Council (Margaret McCrossan)
- **Finance Manager** – NHS GGC (Alan McCubbin)
- **Project Manager** – NHS GGC (Joe Ferguson)
- **Principle Supply Chain Partner** – Morgan Sindall, **Principle Supply Chain Member (Lead)** – Gareth Hoskings (Clare Kemsley)
The Legal Adviser appointed is Dundas & Wilson (Michael McAulay) and the Financial Adviser is Grant Thornton (Mike Reid).

In addition, the Technical advisor role on the project is being managed by Turner & Townsend (Martin Hamilton and Robert Taggart) with the following sub consultant’s support:

- Architectural Advisor – Gilling Dod (Bryan Pullman/Charles Adnett)
- Cost Adviser – Thomson Gray (James Gibson)
- M&E Advisor – DSSR (Stuart Brand)
- Civil & Structural Advisor – Harley Haddow (Mark Lawler).

8.3 Revised hub Governance and Reporting Arrangements

8.3.1 The hub Project Steering Group has developed a revised governance and reporting structure which impacts on Eastwood project. The key change has been to establish a Project Executive Team, which will have overall responsibility and accountability to the Senior Responsible Officer (SRO) for successful delivery of the programme of hub projects. The Executive team will work alongside the hub Steering Group and the existing governance arrangements, but with a day to day role to focus on delivery, working directly through key interfaces with hub west Scotland.

The proposed governance structure is included below. Five key roles have also been identified comprising:

- The Senior Responsible Officer, - (Robert Calderwood)
- Overall Project (Programme) Director -, (Alex Mackenzie)
- A Commercial Lead, - (Tony Curran)
- A Finance Lead - (tbc)
- A Technical Lead.- (John Donnelly)
8.4 Summary of Procurement Method

As noted previously the preferred solution is the procurement of the scheme under the hub DBFM route. Section 6 summarises the key aspects of this procurement vehicle.

8.5 Project Management and Methodology

The approach to the management and methodology of the project is based on the overriding principles of the "hubco" initiative where East Renfrewshire CHCP will work in partnership with the appointed Private Sector Development Partner to support the delivery of the scheme in a collaborative environment that the "Territory Partnering Agreement", and "DBFM Agreement" creates.
8.6 Project Framework

Whilst East Renfrewshire CHCP will be procuring the project using hubco, with the appointment of the Private Sector Development Partner, the governance approach will be similar to that undertaken for the previous stages of the project.

Project Roles and Responsibilities

East Renfrewshire CHCP will adopt a Governance format for the management of the project as illustrated in the above section. In addition to members of the Project Executive noted above, the key personnel for the management of the scheme are members of the Eastwood Health and Care Centre Project Board and Project Team. Some of the detailed roles and responsibilities are set out in the Project Execution Plan prepared by hubco as well as other documents prepared by the CHCP, however below is set out the roles and summary responsibilities of two key participants.

Project Director:

- Julie Murray, East Renfrewshire CHCP

Capital and Property Services shall be accountable for the preparation of the strategic and project brief in consultation with the User Representative and Project Manager. The Project Director may nominate additional support as required.

The Project Director, will be requested to sanction staged approvals of design reports and documentation, and provide authority to proceed with construction activities in accordance with the established procurement, risk and funding strategy.

The Project Director is responsible for executing the duties of Client within the terms of the Construction (Design and Management) (CDM) Regulations 1994.

PSDP (Private Sector Development Partners)

Project Development Manager:

- Jim Allan, hub West Scotland Ltd

The PSDP Project Development Manager will act as the primary contact for the Project Director for the management of the project delivery. The PSDP Project Manager will report to the Project Director and Project Board on issues of project delivery.

The PSDP Project Development Manager will act under the direction of, and within the limits of authority delegated by the hub west Operations Director. The PSDP Project Development Manager shall establish, disseminate and manage the protocols and procedures for communicating, developing and controlling the project.

The PSDP Project Development Manager will establish a programme for the construction works and shall implement such progress, technical and cost reviews, approvals and interventions as required verifying the solution against the established objectives.

The PSDP Project Development Manager shall manage the team of consultants and the Contractor, so that all parties fulfil their duties in accordance with the terms of appointment and that key deliverables are achieved in accordance with the programme.
The PSDP Project Manager’s primary responsibilities will be to act as single point of contact for the contractor and to continue to provide design services, where applicable.

8.7 Communications and Engagement

In terms of the development of the project to date, the Outline and Full Business Cases have been developed through consultations with the following internal and external stakeholders.

- NHS staff and key leads of departments
- Public representatives
- Local Councillors
- Scottish Futures Trust
- Local Authority Planning Department
- A&DS.

It would be East Renfrewshire CHCP’s intention, with the support of the PSDP to continue to consult widely with various stakeholders associated with the development of the scheme. East Renfrewshire CHCP has prepared a Communication Plan (See Appendix I), to facilitate the communication process including consideration of the following aspects.

- Information to be consulted upon
- All required consultees
- Method of communications
- Frequency of consultations
- Methods of capturing comments and sharing

8.8 Project Programme

A programme for the project has been developed based on assumptions regarding the Full Business Case approval and the successful appointment of the preferred PSDP and the establishment of the “sub hubco”. A summary of the identified target dates is provided as follows.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIG Meeting for FBC</td>
<td>17 December 2013</td>
</tr>
<tr>
<td>Financial Close</td>
<td>29 January 2014</td>
</tr>
<tr>
<td>Site Start</td>
<td>March 2014</td>
</tr>
<tr>
<td>Completion date</td>
<td>11 June 2015</td>
</tr>
<tr>
<td>Services Commencement</td>
<td>11 June 2015</td>
</tr>
</tbody>
</table>
8.9 **Service Continuity and Decant Strategy**

Services will continue to be provided from the existing accommodation until the new property is completed and commissioned. Any delay to the transfer from existing premises will be monitored on a regular basis to advise all parties of any change to the relocation date. There will be no additional costs arising from the provision of service continuity.

All existing premises are within reasonable travel distance to the new facility. It has been located in a central, easily identifiable location with the local authority allowing for limited difficulty in locating the new premises. A process will be put in place to notify all the patients by written communication of the appropriate dates of the service transfer to the new building, with appropriate maps and directions from the current facility. This will be supplemented by information in local media, in Health News (NHS GG&C’s own publication), articles in partner publications/newsletters and frequent postings on Solus Screens and noticeboards in the local premises. Local community organisations and PPF Members will be encouraged to spread the word by talking to members of the public prior to change.

8.10 **Reporting**

The PSDP Project Development Manager will submit regular reports to East Renfrewshire CHCP tabled at Project Board meetings. This will encompass.

- Executive summary highlighting key project issues
- A review of project status including:
  - Programme and Progress, including Procurement Schedules
  - Design Issues
  - Cost
  - Health and Safety
  - Comments on reports submitted by others
- Review of issues/problems requiring resolution.
- Forecast of Team actions required during the following period.
- Identification of information, approvals, procurement actions etc required from the Client
- Review and commentary of strategic issues to ensure East Renfrewshire CHCP objectives are being met.
8.11 Change Management

In conjunction with the requirements of the DBFM contract, the Project Director and PSDP Project Manager will be responsible for maintaining strict control of the project and managing changes as they arise. Also delegated levels of authority will be established to ensure that appropriate decisions are taken at the correct level. The following key processes will be adopted to ensure strict control.

Change Control

A “change control process” will be employed to initiate, monitor and control change (and associated costs). This will include the use of change control forms to seek approval from East Renfrewshire CHCP, for changes before such changes are implemented. Instructions shall be issued to the PSDP where appropriate and in accordance with the contract.

Cost Control

Cost Control procedures will include:

- implementing cost management, reporting and approval procedures
- implementing change control via a process that is within agreed financial delegations or has been the subject of East Renfrewshire CHCP approval
- providing monthly updates on the financial status
- monitoring and reporting changes in the cost plan to the Client and for recommending control decisions to the Client that should be implemented to secure cost objectives
- directing that appropriate cost estimates be prepared at each reporting stage
- advising the Client on their financial commitments

The PSDP Project Manager’s monthly report to the Client will include a financial review.

8.12 Benefits Realisation

As set out in the OBC, the list of benefits criteria against which each of the options was scored, comprised:

- Improved satisfaction with physical environment
- Access to a range of services and supports in a single location
- Improved service coordination to receive best possible care
- Services working in partnership with patient/customer
- Infrastructure designed to facilitate and sustain changes and outcomes for Primary Care, Community Health and Social Care Services
- Promote sustainable primary care services
- Enable speedy access to clear and agreed health and care pathways
- Sustain and grow partnership working
- Facilitate services remodelling and design
- Enable rationalisation of NHS and Council estate and reduction in back office costs
- Facilitate agile and mobile working
- Deliver a more energy efficient building
- Achieve BREEAM health Care rating of ‘Excellent’
- Achieve a high design quality
- Meet statutory requirements and obligations for public meetings
- Location close to patient/customer population

All of the options were assessed as delivering these benefits each to a differing level. The selected preferred option was assessed as having a very strong probability of delivering the benefits set out above.

To achieve successful change management outcomes key staff will continue to be involved in a process of developing detailed operational policies and service commissioning plans.
8.13 Risk Management

Previously key stakeholders undertook an exercise to establish the key risks associated with the proposed investment. Key business, service, environmental and financial risk were established.

Notwithstanding the above, consideration has been given to the risk management strategy for the subsequent stages of the scheme. The following summarises the general risk management strategy for the Full Business Case stage of the project and beyond.

At the early stage of the Full Business Case stage detailed consideration was given to the allocation of risk, in accordance with the general requirements of the DBF&M contract.

A risk register has been developed, based on the preferred option. Detailed consultation has taken place to understand the clear allocation of risk between the parties and the required actions.

The Board will manage these risks through a series of workshops to establish, monitor and mitigate these risks as the project develops.

Table 10.3

8.13.1 General Approach to Risk Management

hWS’s Risk Management Core Process forms part of the New Project Development and Delivery is a structured approach to dealing with the uncertainty and potential events that could adversely affect performance. This structured approach to managing risk is adopted on this project. The CEO of hWS, supported by the Operations and supply chain director is responsible for implementing the risk management core process and for mitigating risk as appropriate.

The Project Development Manager will manage the risk associated with the Project, in summary will:

- Ensure that risk is managed in a consistent and proactive way through delivery and into operation;
- Accurately cost all risks;
- Ensure visibility and sharing of risk information across the company and between shareholders: and
- Safeguard the delivery of hWS's objectives.

8.13.2 Project Specific Risk Management

This Core Process Risk Management procedure has been formally adopted from the start of the Stage 1 development process.
The Partnerships Director (PD) will support NHS and ERC which will include risk management as part of an Ongoing Partnering Services.

### 8.13.3 Inclusion in Stage 2 proposals

The risk log has been used as the primary risk management tool throughout the Stage 2 development process. When the Stage 2 proposals are approved, the contract is awarded and the project moves into the preconstruction and subsequent construction phases, the project risk register will continue to be utilised as the primary risk management tool on the project.

### 8.14 Contract Change

The arrangements established for change control through the design and construction process are noted above and will be governed by the contractual arrangements set out in the project agreement. In addition it is recognised that this contract relates to a 25 year concession period and that management of that ongoing contract, including the management of change will be key to a successful investment. The Project Agreement establishes procedures which control the contractual arrangements associated with ongoing change.

### 8.15 Post Project Evaluation

It is recognised that a post project evaluation has to be carried out for this project in accordance with best practice and current guidance.

Following satisfactory completion of the project, a Post Project Evaluation (PPE) will be undertaken. The focus of the PPE will be the evaluation of the procurement, design and construction process and the lessons to be learned made available to others. The report will review the success of the project against its original objectives, its performance in terms of time, cost and quality outcomes and whether it has delivered value for money. It will also provide information on key performance indicators.

The PPE would be implemented (in accordance with the SCIM guidance documentation) in order to determine the project’s success and learn from any issues encountered. It will also assess to what extent project objectives have been achieved, whether time and cost constraints have been met and an evaluation of value for money.

This review will be undertaken by senior member of the Project Board with assistance as necessary from the PSDP Project Managers.

The following strategy and timescales will be adopted with respect to project evaluation.

- A post project evaluation will be undertaken within 6 months after occupation.
- The benefit realisation register, will be used to assess project achievements.
- Clinical benefits through patient and carer surveys will be carried out and trends will be assessed.
In parallel with the Post Project Evaluation the review will incorporate the views of user groups and stakeholders generally.

The proposed approach and methodology to carrying out the PPE was set out at length within the OBC and is not repeated here.

8.16 Contingency Plan

In compliance with the Civil Contingencies Act (Scotland) 2005, East Renfrewshire Community Health and Care partnership has in place a business continuity plan to ensure there is no significant disruption to the services provided by it.

The plan is updated regularly and provides a basis for response to unforeseen risks and combinations of risks. It identifies the roles and services provided by the CHCP and prioritises these in order of the need for their re-establishment.

In order to support the business continuity plan, the CHCP and each service/facility has also developed a detailed plan which translates the overall principles set out into tangible action in each location.

Much of the activity set out in plans will be relevant to the new Health and Care centre. Immediately prior to it becoming operational plans will be reviewed and amended to reflect the situation in the new building.

This plan will also provide the basis for consideration of response to any disruption arising from problems when moving into the new building.
9 Conclusion

NHS GGC East Renfrewshire CHCP has carried out a complete, evidence based review and analysis of the existing and future health requirements of the users of health and care services in the Eastwood area of East Renfrewshire. The Full Business Case represents the collective input of the CHCP, the Primary Care and Community Health and Care staff at existing health facilities, Public Partnership Forum representatives and a wide variety of consultees and stakeholders.

The current facilities for patients, service users, staff and visitors in the Eastwood area are inadequate. The facilities do not comply with various statutory requirements including Disability Discrimination Access (DDA). The existing buildings currently fail to meet modern healthcare standards, in terms of functional requirements, special needs, and compliance with current clinical guidance, fire regulations and infection control measures. Accommodation tends to be cramped and is characterised by inadequate GP consulting rooms, limited community staff accommodation and overcrowded/noisy waiting areas. Furthermore, there is a significant backlog in maintenance. The plant and equipment are well beyond their design life, and hence are inefficient in terms of energy use and carbon footprint.

The preferred option, **Option 2 – New build Health Centre at Drumby Crescent, Clarkston** represents the best investment to provide the required services going forward. This FBC demonstrates that the proposed project is the best value option, and would allow for the fulfilment of the drivers identified in the OBC and this FBC. The new facility would provide a 21st Century environment that would meet the needs and aspirations of the patients, staff and the wider Eastwood community of East Renfrewshire.
## Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>Benefits can be defined as the positive outcomes, quantified or unquantified, that a project will deliver.</td>
</tr>
<tr>
<td>Cost Benefit Analysis</td>
<td>Method of appraisal which tries to take account of both financial and non-financial attributes of a project and also aims to attach quantitative values to the non-financial attributes.</td>
</tr>
<tr>
<td>Design and Development Phase</td>
<td>The stage during which the technical infrastructure is designed and developed.</td>
</tr>
<tr>
<td>Discounted Cash Flows</td>
<td>The revenue and costs of each year of an option, discounted by the respective discount rate. This is to take account of the opportunity costs that arise when the timing of cash flows differ between options.</td>
</tr>
<tr>
<td>Economic Appraisal</td>
<td>General term used to cover cost benefit analysis, cost effectiveness analysis, investment and option appraisal.</td>
</tr>
<tr>
<td>Equivalent Annual Cost</td>
<td>Used to compare the costs of options over their lifespan. Different life spans are accommodated by discounting the full cost and showing this as a constant annual sum of money over the lifespan of the investment.</td>
</tr>
<tr>
<td>Full Business Case (FBC)</td>
<td>The FBC explains how the preferred option would be implemented and how it can be best delivered. The preferred option is developed to ensure that best value for money for the public purse is secured. Project Management arrangements and post project evaluation and benefits monitoring are also addressed in the FBC.</td>
</tr>
<tr>
<td>Initial Agreement (IA)</td>
<td>Stage before Outline Business Case, containing basic information on the strategic context changes required, overall objectives and the range of options that an OBC will explore.</td>
</tr>
<tr>
<td>Net Present Cost (NPC)</td>
<td>The net present value of costs.</td>
</tr>
<tr>
<td>Net Present Value (NPV)</td>
<td>The aggregate value of cash flows over a number of periods discounted to today’s value.</td>
</tr>
<tr>
<td>Outline Business Case (OBC)</td>
<td>The OBC is a detailed document which identifies the preferred option and supports and justifies the case for investment. The emphasis is on what has to be done to meet the strategic objectives identified in the Initial Agreement (IA). A full list of options will be reduced to a short list of those which meet agreed criteria. An analysis of the costs, benefits and risks of the shortlisted options will be prepared. A preferred option will be determined based on the outcome of benefits scoring</td>
</tr>
<tr>
<td>Term</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>analysis, a risk analysis and a financial and</td>
<td>risk analysis and a financial and economic appraisal.</td>
</tr>
<tr>
<td>economic appraisal.</td>
<td></td>
</tr>
<tr>
<td>Principal Supply Chain Partner (PSCP)</td>
<td>The PSCP (Contractor) offers and manages a range of services (as listed in this document) from the IA stage to FBC and the subsequent conclusion of construction works.</td>
</tr>
<tr>
<td>Risk</td>
<td>The possibility of more than one outcome occurring and thereby suffering harm or loss.</td>
</tr>
<tr>
<td>Risk Workshop</td>
<td>Held to identify all the risks associated with a project that could have an impact on cost, time or performance of the project. These criteria should be assessed in an appropriate model with their risk being converted into cost.</td>
</tr>
<tr>
<td>Scope</td>
<td>For the purposes of this document, scope is defined in terms of any part of the business that will be affected by the successful completion of the envisaged project; business processes, systems, service delivery, staff, teams, etc.</td>
</tr>
<tr>
<td>Sensitivity Analysis</td>
<td>Sensitivity Analysis can be defined as the effects on an appraisal of varying the projected values of important variables.</td>
</tr>
<tr>
<td>Value for Money (VfM)</td>
<td>Value for money (VfM) is defined as the optimum solution when comparing qualitative benefits to costs.</td>
</tr>
</tbody>
</table>
## List of Appendix Sections

<table>
<thead>
<tr>
<th>Appendix Ref</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>OBC Approval letter</td>
</tr>
<tr>
<td>B</td>
<td>Statement of commitment</td>
</tr>
<tr>
<td>C</td>
<td>LCC and NPV calculation</td>
</tr>
<tr>
<td>D</td>
<td>Risk Register</td>
</tr>
<tr>
<td>E</td>
<td>Schedule of accommodation</td>
</tr>
<tr>
<td>F</td>
<td>Stage 2 Pricing Report</td>
</tr>
<tr>
<td>G</td>
<td>Design Statement at Stage 2</td>
</tr>
<tr>
<td>H</td>
<td>Programme</td>
</tr>
<tr>
<td>I</td>
<td>Stakeholder Communication Plan</td>
</tr>
</tbody>
</table>
Appendix A - OBC Approval Letter
Appendix B – Statement of Commitment
Appendix C – LCC and NPV Calculations
Appendix D – Risk Register
Appendix E – Schedule of Accommodation
Appendix F – Stage 2 Pricing Report
Appendix G – Design Statement at Stage 2
Appendix H - Programme
Appendix I – Stakeholder communication Plan
Introduction

This paper sets out a proposed stakeholder communications plan for the new health centres being developed through the hub initiative.

Background and aim

Within the Outline Business Case we are expected to include a communications plan.

The aim of the plan is to detail the action to be taken by NHSGG&C to disseminate information about the progress of the development and to encourage effective 2 way communication with our stakeholders (including partners, staff, patients and the public).

Context

The development of 4 new health centres is a major investment in improving health services in Greater Glasgow.

The communications plan takes account of the similarities among the 4 projects – and therefore sets out a range of core communication activity. However due regard must also be taken of the specific requirements of each project.

These are complex projects – with the need to communicate differing levels of detail with different groups of stakeholders depending on the stage of development. Some stakeholders simply need to be kept informed, while others will rightly expect to take an active part in the development process.

Stakeholders

The main stakeholders in the project are:

Internal

- Scottish Government Health Directorate and Government Ministers
- NHS Greater Glasgow and Clyde Board and Performance Review Group
- East Renfrewshire Council
- East Renfrewshire CHCP committee
- West of Scotland Hub Team
- Project Board for each development
- Design Team
- Principal Supply Chain Partner(s)
- Delivery groups/ User Groups/ Task Teams
- CHCP Management Team
- Public Partnership Forum
- Staff Partnership Forum
- CHCP Staff
- GPs moving to centre
- Managers and staff of services and clinics managed out with CHCP e.g. podiatry, physio, maternity, anti coagulation

External

- Local MSPs/Councillors
• Community Planning Partners
• Local community organisations
• Local voluntary sector organisations with a connection to health services
• Local residents
• Local People
• Existing service users and patients
• GPs out with centre
• Staff in NHSGG&C (i.e. wider than Glasgow CHP and East Renfrewshire CHCP)
• Staff in East Renfrewshire Council (wider than East Renfrewshire CHCP staff)

Existing communication mechanisms

Formal Structures / mechanisms for communication with stakeholders
• Project board and delivery group meetings
• CHCP and Council Committee meetings
• NHSGGC Board and Performance Review Group (PRG)
• Hub Steering Group meetings
• Area Forum and Community Council meetings
• CHCP management meetings
• Public Partnership Forum
• GP forum
• Staff Partnership forum
• Third Sector Forum
• Provider and voluntary sector networks
• RCOP groups
• Housing Providers Forum
• Access Panel

Less formal means of communication
• Newsletters and team briefs - NHSGG&C Health News, Staff News, Director’s Brief, East Renfrewshire Council newsletter,
• Web sites (NHSGG&C, East Renfrewshire CHCP and Council)
• SOLUS Screens in community health venues
• PPF newsletters/ e mail communications to people/organisations on local databases
• Local Community Councils (newsletters)

New communication /involvement structures

Public/patient involvement group(s) for each hub project

Public involvement in the development of the new centres will be overseen by the respective Public Partnership Forum (PPF) in each CHCP/Sector. Engagement with the public will extend beyond the PPF committee to include representatives of different patient groups and local voluntary and community organisations who will have links with the service provided in the new health centres.

A sub group of the PPF, led by the respective Head of Planning, supported by their PPF officer, will take responsibility for wider public engagement as the project progresses. This group will comprise 2/3 members of the PPF Executive Committee and representatives of a range of patient groups in the area (as described above). They will report via the PPF Officer to the Delivery Group and also submit regular reports to their respective PPF Executive Committee.
User groups

Each service and/or staff discipline will have a representative on the user group for each project. It is expected that each member of the Delivery Group will communicate regularly with their respective user group – through meetings and/or emails.
## Stakeholder Communication Plan

<table>
<thead>
<tr>
<th>Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.</th>
<th>Information Required: What specific information is required by each stakeholder group?</th>
<th>Information Provider: Who will provide the information?</th>
<th>Frequency of Communication: How often will information be provided?</th>
<th>Method of Communication: By what method will the communication take place?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS Board and/or Performance Review Group (PRG)</strong></td>
<td>Business Case &amp; Briefings</td>
<td>Anne Hawkins on behalf of Partnership Directors</td>
<td>As required for Business Case Approvals etc Submission of OBC and FBC for approval prior to their consideration by CIG</td>
<td>Reports</td>
</tr>
</tbody>
</table>

<p>| <strong>Project Board</strong> | Programme/progress Updates, general Information relating to project, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams. | Project Manager Project Director SRO Relevant Head of Planning Chairs of Task Teams and User Groups Relevant Head of Planning responsible for compilation of each Project Board agenda | Board meeting minutes will be forwarded to the relevant organisation within 10 working days of Board meetings, meeting schedules forwarded as required. Ad hoc between meetings as required. Board papers will be issued 5 working days in advance of Board meetings, except by prior agreement of Project Board Chair or Depute. | All papers issued by email where appropriate including progress, reports agenda’s etc. Telephone/emails as appropriate. |</p>
<table>
<thead>
<tr>
<th>Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.</th>
<th>Information Required: What specific information is required by each stakeholder group?</th>
<th>Information Provider: Who will provide the information?</th>
<th>Frequency of Communication: How often will information be provided?</th>
<th>Method of Communication: By what method will the communication take place?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hub Steering Group</strong></td>
<td>Programme/progress Updates, general Information relating to all 4 projects, meeting schedules, feedback, Board Papers and minutes etc. Briefings for cascading to wider participant teams.</td>
<td>Project Team for each project. Hub West of Scotland</td>
<td>Regular monthly meetings</td>
<td>Reports</td>
</tr>
<tr>
<td><strong>Core Team</strong></td>
<td>Programme/progress Updates, general Information relating to design, construction and affordability of the development, project pipeline updates, meeting schedules, feedback, action list updates.</td>
<td>Core Team members to provide information also to participants as per working group remit.</td>
<td>Weekly tele conference, fortnightly meetings and/or ad hoc as required?</td>
<td>Telephone, email, face to face meetings, reports and briefings.</td>
</tr>
<tr>
<td><strong>Principals Group?</strong></td>
<td>Review of Project Progress, regarding design, construction, affordability, etc</td>
<td>NHS Project Director/Project Manager, Consultant PSC – Project Manager &amp; Cost Adviser, + PSCP Senior Manager</td>
<td>Quarterly or ad-hoc as required</td>
<td>Telephone, email, face to face meetings, briefings</td>
</tr>
<tr>
<td><strong>Scottish Government Health Directorate (SGHD)</strong></td>
<td>Business Case Submissions</td>
<td>Project Manager SRO</td>
<td>As required for Business Case submissions and in advance of CIG meetings for business case approval.</td>
<td>CIG, emails, telephone and ad hoc meetings as required.</td>
</tr>
<tr>
<td><strong>Scottish Ministers</strong></td>
<td>Programme Update, General Information relating to Project.</td>
<td>SRO</td>
<td>As required.</td>
<td>Briefings.</td>
</tr>
<tr>
<td><strong>CHCP Committee</strong></td>
<td>Project Update,</td>
<td>SRO</td>
<td>As per action plan.</td>
<td>As appropriate dependant on issue to be communicated.</td>
</tr>
<tr>
<td>Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.</td>
<td>What specific information is required by each stakeholder group?</td>
<td>Who will provide the information?</td>
<td>How often will information be provided?</td>
<td>By what method will the communication take place?</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Principal Supply Chain Partner (PSCP)</td>
<td>Framework, High Level Information Pack, &amp; Procurement</td>
<td>Project Manager SRO</td>
<td>As stated in High Level Information Pack.</td>
<td>Meetings, correspondence, Bidders Day, meetings, briefings, email and telephone.</td>
</tr>
<tr>
<td>Professional Service Contracts (PSC – PM and CA)</td>
<td>High Level Information Pack Framework &amp; Procurement Information</td>
<td>Project Director Project Manager</td>
<td>As stated in High Level Information Pack.</td>
<td>Meetings, correspondence, Bidders Day, briefings, e-mail and telephone.</td>
</tr>
<tr>
<td>User Groups/Task Teams</td>
<td>Programme Updates, general Information relating to project.</td>
<td>Project Manager SRO Head of Planning</td>
<td>Dependent on stage of development of project - at times frequent and intensive (e.g. design stage), at other times just updating on quarterly basis/</td>
<td>As appropriate dependant on issue to be communicated.</td>
</tr>
<tr>
<td>Service Planning Development Managers</td>
<td>Programme Updates, general Information relating to project.</td>
<td>Project Manager SRO Head of Planning</td>
<td>Dependent on stage of development of project. Will generally be involved in Project Board and/or Delivery Group (or have representative of their service involved)</td>
<td>As appropriate dependant on issue to be communicated. Will receive regular updates through CHP/CHCP /Sector management teams. Should also receive reports from their staff involved in Project Board/Delivery Groups</td>
</tr>
<tr>
<td>Participant Asset and Estate Managers</td>
<td>Programme Updates, general Information relating to project.</td>
<td>Project Manager SRO Head of Planning</td>
<td>As per action plan.</td>
<td>As appropriate dependant on issue to be communicated. Representative of asset and estate management involved in each delivery group</td>
</tr>
<tr>
<td>Legal Team &amp; Property Adviser</td>
<td>Programme Updates, general Information relating to land acquisitions and leases</td>
<td>SRO Project Director Project Manager</td>
<td>As per action plan.</td>
<td>As appropriate dependant on issue to be communicated.</td>
</tr>
<tr>
<td>CHCP Senior Management Team</td>
<td>Programme Updates, general information relating to project.</td>
<td>SRO</td>
<td>As per action plan. Regular updates at meetings</td>
<td>As appropriate dependant on issue to be communicated.</td>
</tr>
<tr>
<td>Stakeholders: Stakeholders are those individuals or groups who will be affected by the programme and resulting projects.</td>
<td>Information Required: What specific information is required by each stakeholder group?</td>
<td>Information Provider: Who will provide the information?</td>
<td>Frequency of Communication: How often will information be provided?</td>
<td>Method of Communication: By what method will the communication take place?</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>PPF &amp; BATH Group LCPP boards in North West, South Glasgow and East Renfrewshire Locality Groups in North West and South Glasgow and East Renfrewshire GP forum in each area (to keep GPs outwith health centres advised of developments)</td>
<td>Programme Updates, general Information relating to Project BATH to review plans in respect of disability access/ease of use by patients with different disabilities.</td>
<td>SRO/Head of Planning Link with NHSGGC Corporate Engagement team re BATH involvement at appropriate stages of development</td>
<td>As per action plan./ depending on local circumstances Regular updates to PPF Executive Committee on public engagement activity Regular reports on progress Update on progress as required - 6monthly or annually</td>
<td>As appropriate dependant on issue to be communicated. Presentation to Forum by Director/Head of Planning (to keep other GPs in area informed)</td>
</tr>
<tr>
<td>CHP/CHCP staff</td>
<td>Project Updates, general information relating to Project Any changes to staff working conditions/practices arising from new developments Staff teams who will be working in new centres</td>
<td>SRO/Head of Planning to provide information to Communications officers who will draft material Head of HR to report Staff Partnership forum Staff Partnership forum representatives are members of CHP/CHCP committee and will therefore be receiving regular updates via Committee reports</td>
<td>As per required. Team briefs Staff newsletter</td>
<td>As appropriate dependant on issue to be communicated Involve staff groups in design of new building via Delivery/user groups. Meet with staff teams to update on progress/ engage in discussion re developments.</td>
</tr>
</tbody>
</table>

*Eastwood Health and Care Centre Full Business Case*
<table>
<thead>
<tr>
<th>Stakeholders:</th>
<th>Information Required: What specific information is required by each stakeholder group?</th>
<th>Information Provider: Who will provide the information?</th>
<th>Frequency of Communication: How often will information be provided?</th>
<th>Method of Communication: By what method will the communication take place?</th>
</tr>
</thead>
<tbody>
<tr>
<td>General public /patients</td>
<td>Regular updates on initial plans and then progress</td>
<td>Head of Planning to liaise with Communication Officer(s) who will disseminate information</td>
<td>As required</td>
<td>NHS and Council Newsletters  E-newsletters  SOLUS screens  Articles in partner newsletters (e.g. local housing organisations)</td>
</tr>
<tr>
<td>Local community and voluntary sector partner organisations</td>
<td>Regular updates on initial plans and then progress</td>
<td>Head of Planning to liaise with Health Improvement team to disseminate among partners  PPF officer to issue regular email updates to organisations on PPF database</td>
<td>As required</td>
<td>Presentation at voluntary sector network meetings  Article in voluntary sector newsletter  E mails through PPF database</td>
</tr>
<tr>
<td><strong>User/Carer/ Reference Groups</strong></td>
<td><strong>Community Councils</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-Shaping Care Reference Group</td>
<td>Busby</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIG ShoutER</td>
<td>Clarkston</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Forum</td>
<td>Eaglesham and Waterfoot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Forum</td>
<td>Giffnock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carers Forum</td>
<td>Netherlee &amp; Stamperland</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addictions User Group</td>
<td>Newton Mearns – James Sandeman or David Jesner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes User Group</td>
<td>Thornliebank</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Learning Disability</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Third Sector</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>ER Carers</td>
</tr>
<tr>
<td>Age UK</td>
</tr>
<tr>
<td>Alzheimer’s Scotland</td>
</tr>
<tr>
<td>Richmond Fellowship</td>
</tr>
<tr>
<td>LAC ( Enable )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Area Forums</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Giffnock &amp; Thornliebank, Netherlee, Stamperland and Williamwood</td>
</tr>
<tr>
<td>Newton Mearns South, Busby, Clarkston and Eaglesham</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Protected Characteristic Groups</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Panel</td>
</tr>
<tr>
<td>Jewish Care</td>
</tr>
<tr>
<td>ERDA</td>
</tr>
<tr>
<td>Faith Forums</td>
</tr>
<tr>
<td>Ethnic Minority Community Forum</td>
</tr>
</tbody>
</table>